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**CITY OF KENMORE, WA**  
**Massage Practitioner License Renewal**



18120 68<sup>th</sup> Ave NE, Kenmore, WA 98028

425-398-8900

www.kenmorewa.gov

Staff use Area	License Number: _____	Date Stamp
	Application Date: _____	
	Expiration Date: _____	
	Received By: _____	
	_____	
<b>1 Applicant Information:</b>	Name: _____	
	Address: _____ City,St,Zip: _____	
	Email: _____ Phone: _____	
	Date of Birth: _____	Place of Birth: _____
	_____	
<b>2 Employment Information:</b>	Business Name: _____	
	Business Owner Name: _____	
	Address: _____ City,St,Zip: _____	
	Phone: _____	
<b>3 Conditions:</b>	Please initial to the left to acknowledge compliance with each statement related to the massage practitioner license as required by KMC 5.45.	
	initial	I am renewing my Kenmore license; previous information submitted to the City is still accurate.
		I am 18 years of age or older.
		I am licensed with the State of Washington.
<b>4 Applicant Signature:</b>		
	I affirm the information above is true and accurate.	

Please note that all massage practitioners require a license that is separate from the business license. If you have any new or unlicensed massage practitioners working in your place of business, be sure that they obtain a license from the City of Kenmore.