



MUNICIPALITY OF ANCHORAGE
 OFFICE OF THE MUNICIPAL CLERK
 P.O. Box 196650 (632 W. 6th Ave., Ste 250)
 Anchorage, Alaska 99519-6650

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**MESSAGE PRACTITIONER
 APPLICATION**
 (LICENSES ARE NOT TRANSFERABLE)

PLEASE PRINT OR TYPE INFORMATION

Application Date: _____

I, _____, hereby make application for a New or Renewed **MESSAGE PRACTITIONER LICENSE** in accordance with Title 10 of the Anchorage Municipal Code for the 20_____ license year.

Applicant's Name: _____ (Phone) _____

Applicant's Mailing Address: _____ (Zip) _____

Applicant's Street Address: _____ (Zip) _____

Business Name: _____ (Phone) _____

Business Mailing Address: _____ (Zip) _____

Business Street Address: _____ (Zip) _____

Qualifications:

At least one of the following must apply to you for a license to be issued. Indicate which qualification applies by putting a check in the box.

| | |
|--------------------------|---|
| <input type="checkbox"/> | Graduate of a post-secondary education school of massage therapy which requires the successful completion of at least 500 hours of supervised instruction and which is approved by any State. (Supply diploma or certificate of graduation with transcripts) |
| <input type="checkbox"/> | Holds current certification as a massage therapist from a national certification board or a national certification program meeting standards similar to those for persons currently licensed under AS 8.84 as a physical therapist. (Supply copy of certificate) |

Requirements:

- Applicant has provided from the Department of Public Safety, a criminal background check free of any conviction for prostitution or sexual assault within the past ten years.

Note: State of Alaska business license is required.

State of Alaska Business License No. _____ Date Issued _____ Expiration date _____
 (Please attach a copy)

State of Alaska)
) ss:
 Third Judicial District)

_____, being duly sworn, deposes and says that he/she is the individual making the foregoing application and authorized agent for this business that the answers to the questions and other statements contained in this application are true and complete to his/her knowledge.

Subscribed and Sworn to before me this _____ day of _____, 20_____. _____
 Signature of Applicant

 Notary Public
 My commission expires: _____

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|---------------------------|--------------|------|-----------|-------------|
| I.D. Furnished and Number | Fee Paid: \$ | Cash | Check No. | Receipt No. |
| | | | | |