



**Public Health**  
Prevent. Promote. Protect.

City of Norwalk  
Department of Health  
137 East Avenue  
Norwalk, CT 06851  
Phone (203) 854-7821  
www.norwalkhealthdept.org

- New Permit
- Permit Renewal

Application Fee: \$75  
Fees are non-refundable

### Application for Massage Therapist Permit

**INFORMATION REQUESTED ON THIS APPLICATION MUST BE COMPLETE OR APPLICATION WILL BE RETURNED.** All massage therapists are required to renew their permits annually.

#### Checklist for Massage Therapist Applicants:

##### Make sure all items have been completed and/or included

- Completed Application. Provide ALL information requested.
- Copy of document with Proof of Age (such as a driver's license or birth certificate)
- Two Portrait Photographs of Applicant
- Complete set of fingerprints from Applicant, taken by the Norwalk Police Department
- Certified Copy of State of CT Massage Therapy License
- Application Fee: Payable to the Norwalk Department of Health

Name of Applicant (Massage Therapist): \_\_\_\_\_

Name of Massage Establishment: \_\_\_\_\_

Home Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Color of Hair: \_\_\_\_\_ Color of Eyes: \_\_\_\_\_

Massage Therapist License # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Applicant Must Provide the Following:

- Copy of document with Proof of Age (such as a driver's license or birth certificate)
- Two portrait photographs, at least two inches by two inches
- Complete set of fingerprints, taken by the Norwalk Police Department

**Business/Occupation or Employment History:** Please provide your business, occupation, or employment history for the previous three years.

Name of Business or Occupation:	Address:	Dates:
Description of Services or Duties:		
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Description of Services or Duties:

Have you ever been convicted of any offenses other than motor vehicle violations within the past ten years?  
YES ( ) NO ( ).

If YES, state the place and date of conviction, the nature of the offense and any further explanation.

I have not been convicted of a felony or any of the crimes listed in City Code 65-11 and I understand that any false statement made herein, which I do not believe to be true and which is intended to mislead a public servant in the performance of their official function, is punishable in Connecticut pursuant to state statute (C.G.S. Sec. 53a-157b). I further understand that any statement in this application that is determined to be false or inaccurate shall constitute grounds for the permit or certificate not to be issued, or if issued before the facts are known, shall be cause for revocation. My signature below attests to the accuracy, completeness, and to the truth of all information supplied on this application. I declare, under penalties of False Statement, that the answers to the above questions are true and correct.

I authorize the City of Norwalk to conduct a criminal background check to assist in making a determination as to my eligibility for a permit to practice massage therapy. I understand that the application fee does not cover the cost of the fingerprinting and the background check.

Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_\_

**City of Norwalk Approvals:**

<u>Department</u>	<u>Signature</u>	<u>Date</u>
Police Department	_____	_____
Health Department	_____	_____

**Office Use Only**

Date Application Received: \_\_\_\_\_