

# 142

## 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	<b>License Number:</b> _____	Date Stamp
	<b>Application Date:</b> _____	
	<b>Expiration Date:</b> November 13 <sup>th</sup> , _____	
	<b>Received By:</b> _____	
	_____	
<b>1 Applicant Information:</b>		
Name: _____		
Address: _____	City,St,Zip: _____	
_____	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.		