

MASSAGE ESTABLISHMENT LICENSE INFORMATION UPDATE FORM

Account #	

Election del vices decitori	
Name of Massage Establishment ("dba"	·):
Please Check All That Apply:	
Add Massage Practitioner(s)	Update Name of Designated Agent
Remove Massage Practitioner(s)	Update List of Services Provided
Add Massage Therapist(s)	Update Sketch/Diagram of Business Premises (please attach separate sketch/diagram)
Remove Massage Therapist(s)	Change Mailing Address
Add Manager(s)	Other (Specify)
Remove Manager(s)	
	anges to the information currently on file with the City Clerk on file will be presumed to be complete and accurate.
number, and start date or end date of employment of the start date or end date or	ioners or managers, please include their full name, license nent, as applicable.
	(Additional info on back)
I swear under penalty of perjury that I have read statements made herein are true and correct.	the foregoing information update and that all the information and Staff initials:
Authorized Signature Pri	inted Name Date