



MESSAGE ESTABLISHMENT MESSAGE THERAPIST CHANGE FORM

LOCATION OF ESTABLISHMENT _____

ESTABLISHMENT NAME _____

ESTABLISHMENT LICENSE # _____

The Mesa City Code Section 5-12-9 states that a Massage Establishment must notify the City of Mesa in writing with the names and license numbers of each licensed massage therapist.

Addition of Massage Therapist(s):

Message Therapist Name	State License Number	License Expiration Date	Effective Date

Termination of Massage Therapist(s):

Message Therapist Name	State License Number	Effective Date

Signature of Owner/Manager

Date

Licensing Office
55 North Center Street
PO Box 1466
Mesa Arizona 85211-1466
(480) 644-2316 Tel
(480) 644-3999 Fax