



MASSAGE ESTABLISHMENT ATTESTATION OF LICENSURE

Business Information – to be completed by business owner.

First Name	Last Name
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Business Name
Business Address

I DECLARE UNDER PENALTIES OF FALSIFICATION THAT EVERY PERSON AT THIS BUSINESS WHO PROVIDES OR WILL PROVIDE ANY MASSAGE-RELATED SERVICES HAS A VALID MASSAGE THERAPY LICENSE, IN GOOD STANDING, FROM THE MEDICAL BOARD OF OHIO.

Signature of Business Owner

Date Signed