

Massage Business Employee Roster Update



1333 NW Eastman Parkway
Gresham, OR 97030-3813
503-618-2370

Per GRC 9.11.030 (2) All information provided by the applicant in the application or renewal application shall be kept current at all times. (a) Each Massage Business shall update their files within 30 days of hiring a new employee, as city inspectors may request updated information. (b) Each massage business shall notify the Manager in writing through their annual business license renewal process.

Please use this form to add or remove any employees to/from the business roster. It is important to keep this roster current to avoid any violation.

✓ **Submit this form, required documentation and payment.**

<input type="checkbox"/>	Massage Business Employee Roster Update
<input type="checkbox"/>	Photocopies of valid Oregon Board of Massage Therapists (OBMT) license for each added massage practitioner
<input type="checkbox"/>	Photocopies of valid state government issued identification cards for each added equity holder, owner, business manager, massage therapist, employee and facility owner

Attn: License Section
Gresham City Hall
1333 NW Eastman Pkwy
Gresham, OR 97030
businesslicense@greshamoregon.gov

Business Information:	
Business Address:	
Business Phone:	
Business Email:	
Primary Contact:	
Name:	
Email:	
Phone:	

Applicable Fees	Fee Amount (check all that apply)	Amount Due
Employee Roster Additions	<input type="checkbox"/> Employees/Owners: #_____ x	\$
TOTAL AMOUNT DUE		\$

Business License Section:
businesslicense@greshamoregon.gov

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Additional Employee: POSITION (CIRCLE APPLICABLE): OWNER, EQUITY HOLDER, MASSAGE THERAPIST, EMPLOYEE			
<i>Do not list employee's phone numbers or addresses</i>			
Name (List current and all former names):		<input type="checkbox"/> ADD EMPLOYEE	<input type="checkbox"/> REMOVE EMPLOYEE
Residence Address:			
Mailing Address (if different):			
Email Address:			
Phone Number(s):		Government Issued ID#	
Date of Birth:		OBMT License & Expiration	
Additional Employee: POSITION (CIRCLE APPLICABLE): OWNER, EQUITY HOLDER, MASSAGE THERAPIST, EMPLOYEE			
<i>Do not list employee's phone numbers or addresses</i>			
Name (List current and all former names):		<input type="checkbox"/> ADD EMPLOYEE	<input type="checkbox"/> REMOVE EMPLOYEE
Residence Address:			
Mailing Address (if different):			
Email Address:			
Phone Number(s):		Government Issued ID#	
Date of Birth:		OBMT License & Expiration	
Additional Employee: POSITION (CIRCLE APPLICABLE): OWNER, EQUITY HOLDER, MASSAGE THERAPIST, EMPLOYEE			
<i>Do not list employee's phone numbers or addresses</i>			
Name (List current and all former names):		<input type="checkbox"/> ADD EMPLOYEE	<input type="checkbox"/> REMOVE EMPLOYEE
Residence Address:			
Mailing Address (if different):			
Email Address:			
Phone Number(s):		Government Issued ID#	
Date of Birth:		OBMT License & Expiration	
Additional Employee: POSITION (CIRCLE APPLICABLE): OWNER, EQUITY HOLDER, MASSAGE THERAPIST, EMPLOYEE			
<i>Do not list employee's phone numbers or addresses</i>			
Name (List current and all former names):		<input type="checkbox"/> ADD EMPLOYEE	<input type="checkbox"/> REMOVE EMPLOYEE
Residence Address:			
Mailing Address (if different):			
Email Address:			
Phone Number(s):		Government Issued ID#	
Date of Birth:		OBMT License & Expiration	