

TOWN OF NAGS HEAD
REGISTRATION FOR INDIVIDUAL LICENSED MASSAGE THERAPIST

IN ACCORDANCE WITH UDO [SECTION 7.21 MASSAGE AND BODYWORK THERAPY](#)

Name: _____

Mailing Address: _____

Physical Address: _____
(if different from above)

Business Name: _____

Business Telephone: _____

Cell Number: _____

Email Address: _____

1. All massage and bodywork therapists and owner/operators of massage and bodywork therapy establishments shall possess and provide proof of a North Carolina license to practice massage and bodywork therapy in accordance with G.S. Chapter 90, Article 36 Massage and Bodywork Therapy Practice.
2. If an applicant is to work under the supervision of a licensed physician, applicant must show scope of services from the licensed physician.
3. I will abide by the following hours of operation:
 - (a) No person shall massage or treat any person or engage in the business or profession of massage, before 8:00 a.m. or after 12:00 midnight, prevailing time.
 - (b) No person shall admit customers or prospective customers, or remain open for business, or allow, permit, or condone any massage or treatment of any person before 8:00 a.m. or after 12:00 midnight, prevailing time.
 - (c) No person in charge of managing a massage business shall allow, permit, or condone any massage or treatment of any person before 8:00 a.m. or after 12:00 midnight, prevailing time.

Signature _____ **Date** _____

Dare County, North Carolina

I certify that _____ personally appeared before me this day and that he/she signed the foregoing document.

Date: _____ Signature: _____

Notary: _____

My Commission Expires: _____

SEAL