

Massage Establishment Employee / Independent Contractor Log

Business Name: _____ **Address:** _____ **Chandler License No.:** _____

Person's Full Legal Name: _____
Last First Middle Date of Birth

Complete Home Address: _____
City State Zip Code

Home Telephone No. _____ Therapist State License No. _____ Expiration Date: _____

Position: _____
 Regular Employee
 Independent Contractor Date Began: _____ Date Terminated: _____ Chandler License No.: _____

Person's Full Legal Name: _____
Last First Middle Date of Birth

Complete Home Address: _____
City State Zip Code

Home Telephone No. _____ Therapist State License No. _____ Expiration Date: _____

Position: _____
 Regular Employee
 Independent Contractor Date Began: _____ Date Terminated: _____ Chandler License No.: _____

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Position: _____
 Regular Employee
 Independent Contractor Date Began: _____ Date Terminated: _____ Chandler License No.: _____

Pursuant to Section 17-7 of the City of Chandler Code, Massage Establishments shall maintain at the Massage Establishment a current log of all employees/independent contractors at the Massage Establishment. The log shall at all times reflect the names of employees for the previous one year and shall be subject to inspection by City personnel upon request.