

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 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 Date Began: _____ Date Terminated: _____ Chandler License No.: _____

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