



OFFICE OF CITY CLERK

LICENSE APPLICATION – MASSAGE THERAPIST

Annual Fee-Non Refundable: \$50.00

Name: _____ Phone # _____

Any and all names, nicknames, maiden names and aliases of applicant: _____

Address: _____

SOCIAL SECURITY # _____ Driver's License Number: _____

Applicant's: Height _____ Weight _____ Sex _____

Date of Birth _____ Hair Color _____ Eye Color _____

Name and Address of Business where applicant will practice massage therapy: _____

Education: Name and Address of recognized school attended:

Dates Attended: _____

I hereby declare under penalty or perjury that the foregoing information contained in this application is true and correct, such declaration being duly dated and signed in the City. I further understand that misstatements and inaccuracies in the application are grounds for immediate termination of said license. I hereby authorize the city, its agents and employees to seek information and conduct an investigation into the truth of the statements set forth in the application and the qualifications of the applicant for this license.

X _____ DATE _____
(APPLICANT'S SIGNATURE)

Applicant must sign and submit this application; along with the fee and the following items in order for consideration and investigation of the license request to begin.

- Written proof (birth certificate or sworn affidavit) that the applicant is at least 18 years of age.
Two front face color portrait photograph at least 2 inches by 2 inches taken within last 30 days
ICHAT criminal background report dated within 30 days (www.michigan.gov/ICHAT)
Diploma or certificate of graduation from a recognized school or institution of learning wherein the method, profession and work of massage therapy is taught; or certification of hours completed.
Outline of business, occupation or employment of the applicant for three (3) years immediately preceding the date of application, identifying the time period, address and telephone number for each business, occupation or employment.
Names, addresses and written statements of at least (5) bona fide permanent residents of the U.S. that the applicant is of good moral character-see Ordinance Sec.16-32 (11).
A medical certificate signed by a physician licensed to practice in the state within seven (7) days of the date of the application stating the applicant was examined by the certifying physician and is free of communicable disease.
Copy of applicant's Driver's License (front and back)