

**APPLICATION FOR MASSAGE ESTABLISHMENT LICENSE**

1. Define precisely the services to be performed:

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2. Address where business is located: \_\_\_\_\_

Telephone Numbers of Business: \_\_\_\_\_

Mailing address if different from business address: \_\_\_\_\_

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3. Names and address of individual applicant \_\_\_\_\_

(Individual)

If applicant is a corporation, provide the name and addresses of each officer, resident agent, Director, and shareholder (owning more than 10% shares of stock)

Corporation

Name

Position

Address

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If applicant is a Limited Liability Corporation (LLC) or partnership, provide the names and address of each member or partner:

LLC or Partnership

Name

Position

Address

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4. Applicant's two previous addresses immediately prior to the present address of the applicant:

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5. Proof that individual applicant is at least 18 years of age:

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6. Provide the names and description of each employee, including massagist, masseur, masseuse:

<u>Name</u>	<u>Height</u>	<u>Weight</u>	<u>Eye Color</u>	<u>Hair Color</u>	<u>Sex</u>
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7. Provide copy of identification of each individual listed in Paragraph 6 such as drivers license, Picture identification card for social security card.

8. List the business, occupation or employment of the applicant for the past three (3) years.

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9. Provide applicant's business history as a massagist or similar business in this city or any other city or state. List all legal actions against your business including any suspension or revocation of your business including any suspension or revocation of your business and reason therefore.

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10. Provide all criminal convictions of each employee (other than misdemeanor traffic violations), nature of criminal charge, date and place of conviction.

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11. Provide the following education or training of each massagist, masseur, or masseuse.

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<u>Name of Employee</u>	<u>Name and Address Of School or Institution</u>	<u>Type of Diploma or Certification Received</u>

12. Provide a copy of the diploma or certificate of graduation or completion received for each massagist, masseur or masseuse.

13. Give name and address of any massage business or other establishment being operated by any person listed in section 3 (a) (b).

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14. Describe any other business to be operated by applicant on the same premises or on adjoining premises owned, leased or controlled by the applicant.

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15. **THE APPLICANT GIVES AUTHORIZATION TO THE CITY AND ITS EMPLOYEES AND AGENTS TO SEEK INFORMATION AND CONDUCT AN INVESTIGATION INTO THE TRUTH OF THE STATEMENTS SET FORTH IN THE APPLICATION AND QUALIFICATIONS OF THE APPLICANT FOR THE PERMIT. APPLICANT ACKNOWLEDGES IT IS RESPONSIBLE TO OBTAIN ANY REQUIRED WRITTEN CONSENT FROM EACH OF ITS EMPLOYEES WHEN NECESSARY.**

16. Provide the names and addresses of three (3) bona fide permanent residents of the United States that applicant (or its individual officers, members, partners) is of good moral character. These recommendations should be provided in the following order when possible: (1) residents of the City of Wyandotte, (2) County of Wayne, (3) State of Michigan, (4) rest of the United States.

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17. **APPLICANTS MUST PROVIDE THE INFORMATION CONTAINED HEREIN AT ITS EXPENSE AND MUST NOTIFY THE CITY WITHIN TEN (10) DAYS OF EACH CHANGE IN ANY OF THE DATA REQUIRED TO BE FURNISHED IN THIS APPLICATION.**

Applicant:

\_\_\_\_\_  
By:  
Title:

Subscribed and sworn to before me

This \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
, Notary Public  
County, Michigan

My Commission Expires:  
Acting in \_\_\_\_\_ County, Michigan



Michigan Department of Licensing and Regulatory Affairs  
Bureau of Health Care Services

**Board of Massage Therapy**

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