

*****New Business Only*****
INSTRUCTION TO APPLICANT

Please read and complete this Application for a massage permit. Once the Application is completed, return to the Clerk's office along with the following documentation:

- **Application Fees: \$50.00 non-refundable annual application fee and \$100.00 non-refundable investigation fee;**
- **Written proof (government issued photo identification, birth certificate or sworn affidavits) that the applicant is at least 18 years of age;**
- **Copies of all licenses issued by the State to Massage Therapists working for the massage parlor, massage school or similar business.**

**Revised: 3-14-21
ksc**

Application for Massage Permit
 Charter Township of Commerce
 Code of Ordinance No. 1.000 Chapter 26

Date: _____

_____ Individual Therapist _____ Business

PERSONAL

Name: _____

Address: _____

Home Number: _____ Business Number: _____

Please list your prior two (2) addresses:

Address	City	State	Zip Code
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How long did you live at that address? _____

Address	City	State	Zip Code
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How long did you live at that address? _____

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____ Sex: F M

Drivers License Number: _____

Have you ever been convicted of a crime? (Other than traffic offenses) Yes No

If yes, Please state when, where, and Nature of Offense(s): _____

EDUCATION

Name of School	Did you graduate?	Degree/Diploma	Certified by Michigan Board of Education?
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	Yes No		Yes No
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	Yes No		Yes No
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	Yes No		Yes No
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EMPLOYMENT HISTORY

Please give accurate, complete full-time and part-time employment history. For the past three (3) years. Start with your current or most recent employer.

Employer: _____
Address: _____ City: _____ State: ___ Zip: _____
Name of Supervisor: _____ Phone Number: _____
Position Held: _____ Employed (mo & yr): From: _____ To: _____
Duties: _____

Reason for leaving: _____

Employer: _____
Address: _____ City: _____ State: ___ Zip: _____
Name of Supervisor: _____ Phone Number: _____
Position Held: _____ Employed (mo & yr): From: _____ To: _____
Duties: _____

Reason for leaving: _____

Employer: _____
Address: _____ City: _____ State: ___ Zip: _____
Name of Supervisor: _____ Phone Number: _____
Position Held: _____ Employed (mo & yr): From: _____ To: _____
Duties: _____

Reason for leaving: _____

We may contact the employers listed unless you indicate those you do not want us to contact.

DO NOT CONTACT:

Employer: _____ Reason: _____
Employer: _____ Reason: _____

Do any of the employees listed above have a valid Massage Permit to operate in Commerce Township? _____Yes _____No

If Yes, Please state names of employees with a permit:

Have you ever operated a Massage Parlor, Massage School or similar Business?

_____Yes _____No

If Yes, Please state when, where and the nature of the business:

Have you ever had a license or permit to operate a Massage Parlor, Massage School or similar business in another Municipality or State? _____Yes _____No

If yes, Please state when, where and the nature of the business:

Have you ever had your license or permit to operate a Massage Parlor, Massage School or other similar Business suspended or revoked? _____Yes _____No

If Yes, Please state when, where and reason for the suspension or revocation:

APPLICANT'S REPRESENTATIONS FOR PERMIT

I certify that the information provided on this application is true and complete to the best of knowledge and agree that falsified information may disqualify me from further consideration for a permit and may be considered justification for revocation of the permit if discovered at a later date.

I authorize persons, schools, current and past employers and organizations named in this application to provide Commerce Township and its representatives with all relevant information that may be required. I further release and hold harmless all parties providing and receiving this information from any and all claims for damages whatsoever that may result from this information's release, disclosure, maintenance, or use.

I understand and agree that in the event a permit is granted, the business shall be open for inspection by duly authorized Township representatives during operating hours for the purpose of enforcing Township ordinances.

This application has been read and fully understood by me in its entirety.

Applicant's Signature

Date