

***\*\*New Applicants 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: \$150.00 (\$50.00 non-refundable annual application fee, \$100.00 non-refundable investigation fee)**
- **A 2" x 2" portrait photograph of the applicant;**
- **Written proof (birth certificate, drivers license, or identification card) that the applicant is at least eighteen (18) years of age;**
- **A certificate from a medical or osteopathic doctor stating applicant has been examined in the last thirty (30) days preceding this application and found to be free from any contagious or communicable disease;**
- **A complete set of applicant's fingerprints, which shall be taken by the Oakland County Sheriff's Department.**

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

Date: \_\_\_\_\_

\_\_\_\_\_ Individual Therapist          \_\_\_\_\_ Business

<b>PERSONAL</b>
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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): \_\_\_\_\_

<b>EDUCATION</b>
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Name of School	Did you graduate?	Degree/Diploma	Certified by Michigan Board of Education?
_____	Yes No	_____	Yes No
_____	Yes No	_____	Yes No
_____	Yes No	_____	Yes No

**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:

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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:

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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:

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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:

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**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