

7. Number of employees intending to perform massage services (each will require a permit to perform massage services)

8. Name and qualifications of all persons who intend to perform massage services (attach additional sheets if necessary):

Name: _____

Qualifications: _____

9. Business, occupation, or employment of the applicant for the three (3) years immediately preceding the date of this application (attach additional sheets if necessary):

10. History of applicant in the operation of a massage parlor or similar business (attach additional sheets if necessary):

11. Has the applicant ever been licensed or received a permit for the operation of a massage parlor or similar business?

- Yes – Complete Section 11A
- No – Go to Section 12

11A. Has the applicant ever had such license or permit revoked or suspended?

- Yes – Complete Section 11B
- No

11B. For each license revocation or suspension, list on a separate sheet:

- 1) The jurisdiction issuing the license or permit.
- 2) The date of revocation or suspension.
- 3) The reasons for the revocation or suspension:
- 4) The business activity or occupation of the applicant subsequent to the revocation or suspension.

12. Has the Applicant or any partner or officer of the Applicant, ever been convicted of a criminal offense (excluding traffic violations)?

No

Yes – List the following on a separate sheet:

- 1) The date of such conviction
- 2) The jurisdiction in which the conviction occurred.
- 3) The offense for which convicted.
- 4) The reasons for such convictions

I HEREBY CERTIFY UNDER OATH THAT ALL THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND ACCURATE.

Signature

Date

STATE OF MICHIGAN }
 } SS.
COUNTY OF OAKLAND }

Subscribed and sworn to before me
this _____ day of _____, _____.

_____, Notary Public

Oakland County, Michigan
My commission expires:
Acting in the County of Oakland

**Information Required to be Submitted in Connection with
Application for Massage Parlor License or Permit to Perform Massage Services**

Date Received

- _____ 1. Completed application form.
- _____ 2. Application fee
 - _____ A. Permit to operate massage parlor - \$100.00
 - _____ B. Permit to allow individual to perform massage services - \$20.00 each
- _____ 3. Birth certificate or written proof that applicant is at least eighteen (18) years of age.
- _____ 4. One portrait photograph at least 2" by 2".
- _____ 5. Complete set of fingerprints.
- _____ 6. Doctor's certificate
- _____ 7. Diploma from U.S. State License School, with address and phone number of school & transcript.