



NOVI CITY CLERK'S OFFICE
 45175 W. TEN MILE ROAD
 NOVI, MI 48375
 (248) 347-0456
 Fax (248) 347-0577

MESSAGE THERAPIST PERMIT APPLICATION
Chapter 20 Ordinance 08-120.05

Message Therapist permit applications are only accepted if the Massage Business which the therapist plans to work at is licensed by the City of Novi.

Applicant Information:

Name: _____ Phone #: _____

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

Address: _____

SS#: _____ Driver's License Number (attach copy): _____

Applicant's: Height _____ Weight _____ Sex _____

Date of Birth _____ Hair Color _____ Eye Color _____

Education:

Massage Therapy School Name: _____

Address: _____

Dates Attended: _____

Other than misdemeanor traffic violations, state all criminal convictions including dates, nature of crimes and places:

State massage or similar business license history of applicant, including whether such person in previously operating in this or another city or state has had a business license denied, revoked or suspended, including the reason therefore:

Applicant Work Information:

Name of Business: _____ Phone #: (248) _____

Address: _____ Novi, MI 483 _____

A complete set of fingerprints will be taken by the Novi Police Department. Applicant will be contacted by the Novi Police Department to set-up an appointment date. There is a \$30.00 processing fee made payable to the Michigan State Police at the time the fingerprints are taken.

Applications without the following attachments will be considered incomplete and WILL NOT be accepted by the City Clerk's Office:

A copy of the front and back of the applicant's current driver's license.

Signed written statements from at least five (5) bona fide permanent residents of the United States that the applicant is of good moral character. References must be persons other than relatives and business associates.

A medical certificate dated no more than thirty (30) days prior to the date of acceptance of the application by the City Clerk's Office signed by a Michigan licensed physician stating the applicant is free of communicable diseases.

A copy of applicant's diploma or certificate of graduation acknowledging at least five hundred (500) hours of instruction.

Proof of applicant's age.

2 photos (at least 2" x 2")

Supply answers to any questions or information requested by the Police Chief.

\$45.00 application fee payable to the City of Novi.

I agree to use my Massage Therapist Permit within the requirements of the City Code in accordance with provisions of Chapter 20 – Ordinance 86-120.

I hereby certify that the above information is true and accurate to the best of my knowledge and further understand and represent that if any changes to the above information are made, that said information will be supplied to the City immediately.

I hereby authorize the City of Novi to seek information and conduct an investigation into the truth of the statements set forth in this application and give my consent and permission to release any record, report, or information to the City of Novi in order to obtain a Massage Therapist Permit.

Signature of Applicant

Title

Subscribed and sworn before me, this ____ day of _____, 20__

Notary Public
_____ County, Michigan

My Commission Expires: _____

FOR OFFICE USE ONLY

Date Paid: _____ Receipt Number: _____ Copy of Driver's License: _____ 5 Signed Statements: _____
Medical Certificate: _____ Diploma or Certificate: _____ Photographs: _____