



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

MESSAGE THERAPIST PERMIT RENEWAL APPLICATION
Chapter 20 Ordinance 08-120.05

Applicant Information:

Name: _____ Phone #: _____

Address: _____

SS#: _____ Driver's License Number: _____

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 in previously operating in this or another city or state the applicant has had a business license denied, revoked or suspended, including the reason therefore:

Applicant Work Information:

Name of Business: _____ Phone #: _____

Address: _____ Novi, MI _____

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 your current driver's license.

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.

The required \$45 renewal fee. A \$25 late fee will apply to all applications received after December 31st, for a total fee of \$70.

I agree to use my Massage Therapist Permit within the requirements of the City Code in accordance with provisions of Chapter 20, Ordinance 08-120.05. 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.

Signed: _____ Dated: _____

FOR OFFICE USE ONLY

Date Paid _____ Receipt Number _____ Copy of Driver's License _____ Medical Certificate _____