



West Bloomfield Township
Clerk's Office
 4550 Walnut Lake Road
 West Bloomfield, MI 48323
 (248) 451-4848 Phone
 (248) 682-3788 Facsimile
www.wbtwp.com

Application for Massage Therapist Permit

New Application Fee: \$100.00

Renewal Fee: \$50.00

Note: This application is pursuant to the Massage Ordinance, Section 14-1 through 14-26. Permits expire each December 31st and must be **renewed at least 15 days prior to December 31st** of each calendar year to allow for processing. A renewal application received after December 31st is subject to a **\$12.50 late fee.**

Applicant's Legal Name: _____ Application Date: _____

Nicknames and aliases: _____

Permanent Address: _____ Telephone: _____

_____ Cell Phone: _____

_____ Fax Number: _____

Prior Address (if lived at above address less than three years):

Date of Birth: _____ (Applicant must be at least 18 years old) Sex: Male Female

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Please include the following with completed application:

- Copy of current driver's license
- Fingerprints taken by Police Department Copy enclosed (new applicant) On file at Township
- One (1) front face current portrait photograph of the applicant(s), taken at the Township Clerk's Office
- At least three (3) letters of reference indicating applicant is of good moral character. These letters must be from bona fide permanent residents (non-relative and non-business associates), preferably first from residents of Township, then Oakland County, then State of Michigan, and lastly the United States. The letter must include the name and current address of the person providing the referral.
 Copy enclosed (new applicant) On file at Township
- An original medical certificate, signed by a physician licensed to practice in the State of Michigan, **dated within 10 days** of application (*new or renewal*), stating that the applicant is free of the following conditions: illegal drug use; Tuberculosis; HIV; Herpes; Cholera; Typhoid; Diphtheria; Measles; Mumps; Hepatitis; Chlamydia; Impetigo; Ringworm; Scabies; any other illnesses or medical conditions which could be communicated by close physical contact.
- Evidence of certification by the National Certification Board for Therapeutic Massage and Bodywork (NCBTMB) or by the American Medical Massage Association – National Board Certification Examination (AMMA-NBCE). (Please note: This section shall not apply to persons previously authorized to perform massage services under prior Ordinances No, 120, 120A, C345, C345A and C345B.) Copy enclosed (new applicant) On file at Township
- Evidence of applicant's current valid general liability insurance in the amount of \$100,000.00.

Establishment at which applicant will be practicing massage therapy: **(Must be licensed by the Township)**

Establishment Name: _____ Phone: _____

Address: _____ Fax: _____

Manager Name: _____

State the massage or similar business history and experience ten (10) years prior to the date of application, including, but not limited to, whether or not such person has previously operated in this, or another municipality or state, under a massage license or permit, and has had such license or permit denied, revoked, or suspended, and the reasons therefore, and the business activities or occupations subsequent to such action of suspension or revocation: _____

Has applicant had any interest in or connection with an application to provide massage services which has been dismissed or denied by the Township of West Bloomfield or any other municipality? Yes No

If "Yes," please describe circumstances: _____

List all convictions for any felony, misdemeanor, or violation of a local ordinance (other than misdemeanor traffic violations not involving a controlled substance or alcohol) including dates of conviction(s), nature of the crime(s) and court or tribunal (a guilty plea is a conviction): _____

Other Information (specify): _____

The following Certification page must be signed in the presence of a Notary Public.

CERTIFICATION

I authorize the Township of West Bloomfield, its agents and employees to seek information and conduct an investigation into the truth of the statements set forth in the application and the qualification of the applicant for the permit including a LEIN records check. Further, all the statements made in the application and attached exhibits, are considered material representations, and all the exhibits are a material part hereof, and are incorporated herein, as if set out in full in the application and are true.

Signature of Applicant

Date

Print name of Applicant

Subscribed and sworn to before me this _____ day of _____, 20____,
(Year)

Notary Public, _____, of _____ County, Michigan
(Print Name)

(Signature) **My commission expires _____**

For Township Use Only:

- | | | |
|--|--|--|
| <input type="checkbox"/> (3) Letters of Reference | <input type="checkbox"/> Driver's License/SS Card provided | <input type="checkbox"/> Insurance Certificate |
| <input type="checkbox"/> NCBTMB/AMMA-NBCE Certification | <input type="checkbox"/> Medical Certificate provided | <input type="checkbox"/> Photograph Taken |
| <input type="checkbox"/> Set of Fingerprints provided or on file | <input type="checkbox"/> License card signed | <input type="checkbox"/> Fees collected |
| <input type="checkbox"/> Sent to Police: _____ | | |

Reviewed by Police Department: _____ Approved Denied Date: _____

Comments: _____

Notice to applicant: _____

Township Approval: _____
Catherine Shaughnessy, West Bloomfield Township Clerk