

APPLICATION FOR EXEMPTION FROM HEALTH CLUB ORDINANCE  
AS A QUALIFIED AND CERTIFIED MASSAGE THERAPIST

I, \_\_\_\_\_ do hereby make application for an exemption as a massage therapist pursuant to Chapter 822, and submit the following information:

Home Address: \_\_\_\_\_

Home Phone No. \_\_\_\_\_ Business Phone No. \_\_\_\_\_

Name of Business: \_\_\_\_\_  
(Assumed Name must be registered with County Clerk)

Address of establishment where massages are to be performed on a regular basis:

\_\_\_\_\_

PRIOR CONVICTIONS: Have you ever been convicted of a felony or misdemeanor (other than traffic offenses)? ( ) Yes ( ) No; If Yes, identify the nature of the offense, when it occurred, and where it occurred:

\_\_\_\_\_

\_\_\_\_\_

PRIOR LAW SUITS: Have you, or any business owned by you, or for whom you were employed, ever been sued for operating or maintaining a nuisance (operating illegally?) ( ) Yes ( ) No; If Yes, identify when this occurred, where this occurred and the outcome:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

AMERICAN MASSAGE THERAPY ASSOCIATION: Are you currently a member in good standing in the AMTA? ( ) Yes ( ) NO; If Yes, attach documentary evidence of your membership. MASSAGE TRAINING: Have you completed a comprehensive course of study in massage therapy at an AMTA-approved school or at a school established by legislative enactments of the State Board of Education? ( ) Yes ( ) No If Yes, identify the institution, number of hours of instruction received, type of training, and the dates of attendance. Attach documentary evidence.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

EQUIPMENT: Identify the equipment to be installed to ready premises for this business:

\_\_\_\_\_

\_\_\_\_\_

**AUTHORIZATION AND RELEASE:** By signing this application, I hereby authorize any person, institution, or agency to provide information requested by the City bearing on my qualifications and fitness and **I RELEASE ALL LIABILITY** in connection therewith.

**FALSIFICATION:** I acknowledge by signing this application that knowing falsification shall be justification for denial of an exemption or revocation if already approved.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Subscribed and sworn to before me, a Notary Public in and for the County of Ingham, this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_

\_\_\_\_\_  
Notary Public, Ingham County, Michigan

\_\_\_\_\_  
My Commission Expires:

FEE: \$200.00/NON-REFUNDABLE

**AS TO VERIFICATION OF APPLICANT'S STATEMENTS AS TO FELONY AND MISDEMEANOR CONVICTIONS ONLY:**

\_\_\_\_\_  
(Chief of Police)

\_\_\_\_\_  
(Date)

\MESSAGE.APP (Rev. 1/98)