

**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 _____, 20 _____

Notary Public, Ingham County, Michigan

Commission Expires

FEE: \$300.00/NON-REFUNDABLE

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

(Chief of Police)

(Date)

(Rev. 2/12)