

APPLICATION FOR A HEALTH CLUB LICENSE

Application is hereby made on behalf of \_\_\_\_\_  
\_\_\_\_\_ (Health Club Name)

\_\_\_\_\_  
(Health Club Address)

to operate a health, massage, bath or similar establishment, pursuant to Chapter 822 of the Codified Ordinances of Lansing, Michigan.

**Name & Capacity of Applicant:** \_\_\_\_\_

**Address of Applicant:** \_\_\_\_\_

**Name & Address of Owner:** \_\_\_\_\_

\_\_\_\_\_  
**Owner Phone No.**                      **Owner Date of Birth**                      **Owner Social Security #**

**Name of Lessor:** \_\_\_\_\_

**Address of Lessor:** \_\_\_\_\_

**Insured by:** \_\_\_\_\_

-  
For Public Liability up to \$100,000 for injury or death of one person and for up to \$300,000 for injury or death to more than one person and for property damage in the sum of \$100,000. (Copy of policy must be filed with the City Clerk before a license will be issued.)

\_\_\_\_\_  
Policy No.                                      Issue Date                                      Expiration Date

**Bonded by:** \_\_\_\_\_

-  
In the sum of \$1,000. (Bond must be filed with the City Clerk prior to issuance of a license.)

\_\_\_\_\_  
Bond No.                                      Issue Date                                      Expiration Date

Name(s) of individual(s) who shall be on the premises that hold(s) exemption(s) from the City of Lansing as qualified and certified massage therapist(s). Only a licensed massage therapist can provide massage services to members of the opposite sex.

\_\_\_\_\_  
\_\_\_\_\_

**NOTE: IF APPLICANT DOES NOT INTEND TO PROVIDE MASSAGE SERVICES, INDICATE BY SIGNING AFTER THE FOLLOWING: "I DO NOT PLAN TO PROVIDE MASSAGE SERVICES"**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

I, the undersigned, am the owner/president of the business for which this license is requested. I authorize the Building Division and Fire Department to inspect the premises of the business applied for and further understand that a false statement on this application may result in either a denial of this application or subsequent revocation if this license is granted.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_

\_\_\_\_\_  
Notary Public

This application is to be accompanied by a non-refundable license fee of \$200.00 as well as by plans and specifications of the quarters showing such details as entrances, partitions, windows, openings, ventilation, plumbing fixtures and water supplied.

**APPROVALS:**

\_\_\_\_\_  
\_Building Safety Division

\_\_\_\_\_  
Date

\_\_\_\_\_  
\_Fire Marshal

\_\_\_\_\_  
Date

HEALTH.APP (Rev. 1/98)