



Application – Massage Employee, Practitioner, Instructor, Apprentice

Application for non-transferrable license to conduct, operate or maintain in accordance with Chapter 26, Article VII of the Westland Code of Ordinance. Applicant shall comply with all provisions of the Code. It is understood and agreed that any license granted upon this application shall be revocable for the violation of any laws.

Application Information

Submit application to: City of Westland City Clerk's Office, 36300 Warren Road • Westland, MI 48185
Telephone: 734-467-3185 • Fax: 734-422-1208 www.CityofWestland.com

Original filing Renewal

Application fee: \$48.00 Cash Check # _____
(includes \$21 for background check)

Date Application submitted: _____ Received by: _____

Applicant Information

Applicant Name: _____ **Title:** _____
Last _____ First _____

Residential Address: _____
Street Address _____ City _____ State _____ ZIP _____ Date of Birth _____

Telephone: _____ Are you a United States Citizen? Yes No
Mobile _____ Business _____

Driver License number: _____ Issuing state: _____

Applicant status: Employee Practitioner Instructor Apprentice

Physician certificate submitted: Yes No (required by Sec. 26-412)

Proof of Michigan Certification submitted: Yes No (MCL 333.17967)

Have you ever been employed in a Massage Parlor? Yes No If yes, describe on attached sheet.

Applicant signature - Notarized

I hereby swear or affirm that all information contained in this application and its attachments, as well as all foregoing statements, are true.

Signature: _____

**STATE OF _____)
) ss
COUNTY OF _____)**

Sworn to and signed in my presence by _____, and sworn to on this _____
day of _____, 20 _____.

Notary Public

Acting in the County of _____

My Commission Expires: _____

Business Information

Business Name: _____

Business Address / Telephone: _____

Legal Owner of business listed above: _____

Address of Owner listed above: _____
Street Address _____ City _____ State _____ ZIP _____

Criminal Conviction(s) Statement - Required

Has the applicant ever been convicted of any crime or of any violation of any laws of Michigan or ordinances of Westland involving a controlled substance, alcohol, minors, receiving and concealing stolen property, prostitution, sanitation laws, or any offense involving moral turpitude? If yes, describe.

Yes No

Misdemeanor: Yes No

Felony: Yes No

Attach additional sheets to describe each conviction.

This City of Westland application, supplemental questionnaires, and all other documents received from the applicant will be reviewed for completeness and accuracy. If determined that required information or documentation is incomplete, deficient, or defective, the licensing process will be delayed.

Office Use Only

Building Department investigation: **Approved** **Denied** Date: _____

Fire Department investigation: **Approved** **Denied** Date: _____

Required: Police Department investigation: **Approved** **Denied** Date: _____

Other Department: _____ **Approved** **Denied** **N/A** Date: _____

Notes: _____

Office of City Clerk: **Approved** **Denied** _____
Signature _____ Date _____

License number: _____ Date issued: _____ Expiration: June 30, _____

