

MASSAGER LICENSE



OFFICE OF THE WARREN CITY CLERK
PAUL WOJNO
ONE CITY SQUARE, SUITE 205
WARREN, MI 48093-2393
(586) 574-4557 / FAX (586) 574-4556

FEE: \$60.00 ANNUALLY
LICENSE EXPIRES: March 31, 20____

10% penalty for renewal applications recieved after this date

I hereby apply for a license for a masseuse or masseur within the City of Warren in compliance with the Code of Ordinances of the City of Warren. (Chapter 19, Article I, Section 19-1-19-23, Article II, Section 19-29 thru 19-56)

NEW

RENEWAL

PLEASE COMPLETE APPLICATION IN FULL

APPLICANT NAME: _____

PHONE: _____

APPLICANT ADDRESS: _____

street

city

state

zip

DATE OF BIRTH: _____ / _____ / _____

EMAIL ADDRESS: _____

SOCIAL SECURITY NUMBER: _____

HEIGHT: _____

WEIGHT: _____

EYE
COLOR: _____

HAIR
COLOR: _____

SEX: M

F

PRACTICING BUSINESS NAME: _____

PHONE: _____

PRACTICING ADDRESS: _____

Warren, MI

street

city

state

zip

I certify that all statements on this application are true. I understand that any false information may result in the revoking of the above license.

Signature: _____

Print Name: _____

REQUIREMENTS:

- If the applicant has no diploma from a massage school, an affidavit from an owner of the establishment where the applicant has practiced the art of massage for at least five continuous years must be secured
- Attach a copy of the Certificate of Graduation from massage school
- Two (2) front-face portrait photographs of the applicant taken within thirty (30) days of the date of application and at least two (2) inches by two (2) inches in size
- Attach Medical Certificate, dated within this licensing year
- Include a copy of your Driver's License or State ID

* Note: New dwelling or new owner must obtain a new Certificate of Compliance from the Building Department
THIS LICENSE IS NOT TRANSFERABLE & NON-REFUNDABLE

OFFICE USE ONLY

DEPARTMENT APPROVAL: _____

POLICE APPROVAL: _____

DATE: _____

(set of thumbprints)

BUILDING APPROVAL: _____

DATE: _____

Issued by _____ Computer Entry

Paper License

LAST YEAR'S LICENSE NO. _____

FEE \$ _____

LATE FEE\$ _____

CHECK # _____

MASSAGER'S LICENSE NO. _____

RECEIPT # _____

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APPLICANT: _____

LIST ALL ADDRESSES THE APPLICANT HAS RESIDED IN PRIOR TO THIS APPLICATION IN THE LAST FIVE YEARS:

street	city	state	zip
street	city	state	zip
street	city	state	zip

APPLICANT'S MESSAGE OR SIMILAR BUSINESS HISTORY AND EXPERIENCE TEN YEARS PRIOR TO THIS APPLICATION:

APPLICANT'S BUSINESS, OCCUPATION, OR EMPLOYMENT OF THE APPLICANT FOR THREE YEARS IMMEDIATELY PRECEDING DATE OF APPLICATION:

LIST ANY AND ALL CRIMINAL CONVICTIONS, OTHER THAN TRAFFIC VIOLATIONS, AND REASONS (INCLUDE JURISDICTION IN WHICH CONVICTED, CONVICTION, DATES OF CONVICTION AND PENALTY SUFFERED):

LIST NAME AND ADDRESS OF MESSAGE SCHOOL ATTENDED:

DATES ATTENDED:



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MEDICAL CERTIFICATE

This Medical Certificate shall be completed by a legally licensed physician, except for the employee's signature.

DATE ISSUED: _____

This certificate is valid for one (1) year only. Post conspicuously for inspection.

This certifies that:

_____ NAME
 ADDRESS: _____
 OCCUPATION: _____
 EMPLOYED AT: _____
 EMPLOYER ADDRESS: _____

was actually and thoroughly examined for skin, eyes, ears, nose, throat, mouth, lungs and genitals.

And Serological test was made: _____ DATE

Chest X-ray: _____ DATE

Result: _____

Others: _____

and found free from any infectious or contagious diseases in a transmissible condition, including syphilis, gonorrhea, herpes, and AIDS.

Color of Eyes: _____
Color of Hair: _____
Height: _____
Weight: _____
Race: _____
Sex: _____
Age: _____

Doctor: _____

Address: _____

Doctor's Signature: _____

License No.: _____

Employee's Signature: _____