

**CHARTER TOWNSHIP OF LANSING**  
3209 West Michigan Avenue, Lansing, MI 48917

**APPLICATION FOR MASSAGE PARLOR, MASSAGE SCHOOL OR MASSAGE THERAPIST LICENSE**

Business Name/Address: \_\_\_\_\_ Male: \_\_\_\_\_

Female: \_\_\_\_\_

Applicant's Full Name and Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Date of Birth: \_\_\_\_\_

Owner's Name (if different than applicant): \_\_\_\_\_

Owner's Address: \_\_\_\_\_

Have you previously been licensed by Lansing Township? \_\_\_\_\_

If so, provide dates of previous licenses \_\_\_\_\_

Are you presently a massage therapist or conducting a Massage Parlor or School in another location? \_\_\_\_\_

If so, provide address: \_\_\_\_\_

If a Corporation, names and addresses of Executive Officers: \_\_\_\_\_

\_\_\_\_\_

If a Partnership, names and addresses of the Co-partners: \_\_\_\_\_

\_\_\_\_\_

Have you ever been convicted of a violation of Chapter 67, Massage Parlors and Massage Schools? \_\_\_\_\_

Have you ever been convicted of any felony? \_\_\_\_\_

Formal training in massage and dates of completion or degree (please provide copy of certification) \_\_\_\_\_

\_\_\_\_\_

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

(Please attach copy of driver's license)

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

This application is to be accompanied by a non-refundable license fee of \$50.00 for massage therapists, conductor of a massage parlor or school. License expires in one year and must be renewed.

Approved by:

Police Department: \_\_\_\_\_ Date: \_\_\_\_\_

Fire Department: \_\_\_\_\_ Date: \_\_\_\_\_

Building Inspector: \_\_\_\_\_ Date: \_\_\_\_\_

Board of Trustees: \_\_\_\_\_ Date: \_\_\_\_\_