

License Application Addendum City of Wyoming

Type of Business (check one)

- Health Club
- Massage Establishment
- Myomassologist
- Tattoo Parlor

Business Name _____

Applicant's Name _____

Health Club, Massage Establishment, Myomassologist must provide the following:

- Fingerprints taken by the Wyoming Police Department
- Two recent photographs of applicant's head and shoulders of representable size and quality
- A medical certificate, signed by a physician, licensed in the State of Michigan, within 7 days of this application, stating that applicant has been examined and is free from communicable diseases

Additional Information																						
<p>Health Club or Massage Establishment</p> <p>Size of building or premises _____</p> <p>Does applicant own building? _____</p> <p>If building or premises is leased:</p> <p style="padding-left: 20px;">Owner's name and address _____</p> <p style="padding-left: 20px;">_____</p> <p style="padding-left: 20px;">Term of lease _____</p> <p style="padding-left: 20px;">Monthly rental _____</p> <p>Does applicant own fixtures and equipment to be placed in business? If not, provide name and address of owner. _____</p> <p style="padding-left: 20px;">_____</p> <p>Proposed hours of operation _____</p> <p>Types of services to be offered: _____</p> <p style="padding-left: 20px;">_____</p> <p style="padding-left: 20px;">_____</p> <p>Equipment to be located in business _____</p> <p style="padding-left: 20px;">_____</p> <p style="padding-left: 20px;">_____</p>	<p>Myomassologist</p> <p>Date of Birth _____</p> <p>Social Security Number _____</p> <p>Height _____ Weight _____</p> <p>Previous employment (last 5 years) _____</p> <p style="padding-left: 20px;">_____</p> <p style="padding-left: 20px;">_____</p> <p>Previous addresses (last 5 years) _____</p> <p style="padding-left: 20px;">_____</p> <p style="padding-left: 20px;">_____</p> <p>Have you ever been arrested and convicted of any crime other than minor traffic offenses? If yes, provide complete information. _____</p> <p style="padding-left: 20px;">_____</p> <p style="padding-left: 20px;">_____</p> <p style="padding-left: 20px;">_____</p> <p style="padding-left: 20px;">_____</p>	<p>Tattoo Parlor</p> <p>Date of Birth _____</p> <p>Submit a list of persons employed and working at the business including:</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Name</th> <th style="text-align: left;">Address</th> <th style="text-align: left;">City</th> <th style="text-align: left;">DOB</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table> <p>Attach the following documents:</p> <ul style="list-style-type: none"> • A Health certificate issued by a licensed medical practitioner for each employee • A license history of other establishments operated by the applicant • Certificate of Inspection from Kent County Sanitation indicating the establishment has been inspected and is in compliance with provisions of Wyoming City Code sections 10.605 – 10.618 	Name	Address	City	DOB	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Name	Address	City	DOB																			
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_____	_____	_____	_____																			
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_____	_____	_____	_____																			

Office Use Only

Business

Health Club

Myomassologist

Tattoo Parlor

Approvals

City Manager

City Manager

Police

Building Inspections

City Manager

City Clerk