

**Health Club/Massage Establishment
License Application Addendum
City of Wyoming**

Type of Business (check one)

- Health Club
- Massage Establishment

Business Name _____

Applicant's Name _____

Note: Massage Establishment locations must provide State Licenses for their Massage Therapists before the license can be issued. Check with Clerk's office for other additional owner and property requirements.

Does applicant own building? _____

If building or premise is leased, owner's name and address _____

Size of building or premise _____

Term of lease _____

Monthly rental _____

Does applicant own fixtures and equipment to be placed in business? If not, provide name and address of owner

Proposed hours of operation _____

Types of services to be offered _____

Equipment to be located in business _____

<p>Office Use Only</p> <p>Approvals</p> <p>Building Inspector City Manager</p>
--