



Massage Facility Employee Application

Use for Massage Facility Employees and Massage Therapist

Date _____

Employee Name _____ Date of Birth _____

Home Address _____

City State Zip

Home Phone # _____ AlternatePhone # _____

Driver License # _____ State Issued _____

Email Address _____

Business Name _____

Business Address _____

City State Zipcode

Job Title _____

REQUIRED ATTACHMENTS

Please provide the following:

- Photocopy of driver license, state ID or work visa
- Copy of State of Michigan Massage Therapist License

I, _____, do hereby acknowledge and subscribe to the forgoing instrument and declare all statements to be true. I authorize the City, its agents and employees, to see information and conduct an investigation to verify the veracity of the information provided, including LEIN Records Check of the individual listed on this application.

Applicant's Signature

Approval of this application is determined by the Police Department

For more information, please refer to the City of Troy Code of Ordinances:

- [Chapter 98-A - Massage Facility License](#)