



## CITY OF KENTWOOD APPLICATION FOR MYOMASSAOLOGIST

THIS APPLICATION MUST BE FILLED OUT COMPLETELY OR IT WILL NOT BE PROCESSED.

THE FOLLOWING MUST BE SUBMITTED AT THE TIME OF APPLICATION TO BE EXEMPT FROM REQUIREMENTS OF THE CITY OF KENTWOOD CODE OF ORDINANCES CHAPTER 26, ARTICLE 4, SECTION 372.

1. Any medical doctor, doctor of osteopathic medicine, doctor of chiropractic medicine, physical therapist, psychiatrist, psychologist, clinical social worker or family counselor who is licensed to practice his respective profession in the State, or who is permitted to practice temporarily under the auspices of an association or establishment duly licensed in the State.
2. Nurses who are registered under the laws of the State and who administer a massage in the normal course of their nursing duties.
3. barber, manicurist, beautician or cosmetologist who is duly licensed under the laws of the State or another state within the United States, or the Federal Government, and who practices within the established limits of his/her license, and who administers a massage in the normal course of his/her duties; provided, however, that such barber, manicurist, beautician or cosmetologist shall perform a massage only upon the face, hands, feet or neck of another person, and performs the practice of massage for beautifying or cosmetic purposes only.
4. Any athletic trainer who has been certified by the National Athletic Trainers Association or who is employed by one of the public schools or State approved non-public schools, as such terms are used in State law, and who is performing massage on the school premises.
5.
  - a. **Proof of graduation from a school of massage licensed by the State, or current licensure by another state with equivalent standards of 500 class hours of education from a state licensed school in the United States; and**
  - b. **Proof of current professional membership in the American Massage Therapy Association or other national massage therapy organization with comparable prerequisites for certification, including liability insurance.**
6. Any **establishment** in which the persons described in subsections (1)-(5) of this section only and exclusively practice their respective professions.



MYOMASSAOLOGIST APPLICATION  
NOT EXEMPT FROM ORDINANCE.  
(City of Kentwood Code of Ordinances; Chapter 26)  
Required information and/or proof

1. Two (2) identical photographs taken by the Kentwood Police Department;
2. One (1) set of fingerprints taken by the Kentwood Police Department.
3. A Medical Certificate signed by a physician, licensed in the State of Michigan, within seven (7) days of the date of the application, stating that applicant has been examined and is free from communicable diseases as defined by the Michigan Public Health Code;
4. Identification (either Birth Certificate, Michigan Drivers License or Michigan ID);
5. Written Proof of age (at least 18 years of age);
6. Written statements of no less than three (3) permanent residents of the United States regarding the good moral character of applicant.
7. Completed application containing name, residence address, telephone number of applicant.
8. The two (2) previous addresses and telephone numbers immediately prior to the present address of the applicant;
9. The name of the massage establishment, street address, mailing address (if different from the street address), and telephone number where the applicant shall practice massage.
10. Business or occupation history of the applicant for the three (3) years immediately preceding the date of application.
11. Places of employment and experience for the five (5) years prior to the date of application.
12. All criminal pleas or convictions of the applicant, including the dates of each plea or conviction, nature of the crime and place convicted.
13. Authorization for the City, its agents and employees to seek information and conduct an investigation into the truth of the statements set forth in the application and the qualifications of the applicant for the permit.
14. License Fee in the amount of \$125.00

Each Myomassaologist must complete an application for Myomassaologist license and receive a license from the City of Kentwood before beginning work. Please allow 10 working days for processing of the application and issuance of the license.

Please be advised that the information contained in this application is subject to verification by the Kentwood Police Department.



CITY OF KENTWOOD

STATEMENT OF MORAL CHARACTER

MASSAGE ESTABLISHMENT/ MYOMASSAOLOGIST

Name of Applicant \_\_\_\_\_

Name of Business \_\_\_\_\_

Address of Business \_\_\_\_\_

According to City of Kentwood Code of Ordinances Chapter 26, Article 4, Sections 26:402-26:403:

List the name, current addresses, telephone numbers and written statements of at least three (3) permanent residents of the United States, and state that the applicant, including all individuals identified in Section 26:402-403 (each applicant, manager, corporate shareholder, and partner) is of good moral character. "Good moral character shall mean the propensity on the part of the individual to serve the public in a fair, open and honest manner. If applicant is able, the statement must first be furnished from residents of the City, then Kent County, then the State of Michigan and lastly from the rest of the United States. The references must be persons other than relatives.

Name \_\_\_\_\_  
First Middle Last

Present Address \_\_\_\_\_  
Street

\_\_\_\_\_  
City State

\_\_\_\_\_  
Telephone number

I hereby swear that to the best of my knowledge and information the above named individual is of good moral character.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Print name



**I UNDERSTAND AND CERTIFY THE FOLLOWING:**

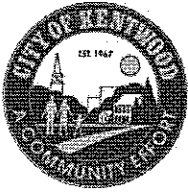
1. That the information contained in this application is true to the best of my knowledge and information.
2. That I must notify the City Clerk, in writing, of any change in the information contained in this application within ten (10) days after such change occurs.
3. That I must make application for a new license by July 1<sup>st</sup> of each year.
4. That I received a copy of Ordinance under the City of Kentwood Code of Ordinances, Chapter 26, Article 4 (massage), Sections 26:371-26:404;
5. That violation of the above mentioned ordinance may cause me to lose my license;
6. That this license is limited to the business listed in this application. There is a \$25.00 fee to transfer employment to another business;
7. That I may not work until the application has been processed and I have been issued a license by the City of Kentwood;

I AUTHORIZE THE CITY, ITS AGENTS AND EMPLOYEES TO OBTAIN ANY OTHER INFORMATION AND CONDUCT ANY INVESTIGATION THEY CONSIDER NECESSARY IN CONNECTION WITH THIS APPLICATION.

---

Signature of Applicant

date



List the **Business** where applicant will practice massage:

1. Name of **Business** \_\_\_\_\_

Address of Business \_\_\_\_\_  
Street City State Zip

Mailing Address \_\_\_\_\_  
Street City State Zip

Telephone number \_\_\_\_\_

Business License Number \_\_\_\_\_

2. Name of **APPLICANT** \_\_\_\_\_

Birth or Maiden name: \_\_\_\_\_

Address of Applicant \_\_\_\_\_  
Street City State Zip

Telephone Number \_\_\_\_\_

Social Security Number \_\_\_\_\_

Driver's License Number \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_  
Month/ Day/ Year

Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair \_\_\_\_\_ Eyes \_\_\_\_\_

Previous Address: \_\_\_\_\_  
Street city State Zip

Previous Address: \_\_\_\_\_  
Street city State Zip



Is the APPLICANT currently licensed by the City of Kentwood? Yes \_\_\_ or NO \_\_\_

If yes, Provide: Date of License \_\_\_\_\_ License Number \_\_\_\_\_

Has the APPLICANT ever been issued a license for a Myomassaologist or similar license by another city? Yes \_\_\_\_\_ No \_\_\_\_\_ if yes, provide:

Name of Business \_\_\_\_\_

Address of Business \_\_\_\_\_

Street City State Zip

List places APPLICANT has worked for the past five (5) years:

Name of Business: \_\_\_\_\_

Address of Business: \_\_\_\_\_

Street City State Zip

Dates employed: start date \_\_\_\_\_ last day worked \_\_\_\_\_

Was your license at the above business ever denied, suspended or revoked?

Yes \_\_\_ No \_\_\_ list reason(s) for denial suspension or revocation:

---

---

---

---

Has APPLICANT ever pleaded guilty to or been convicted of any crime other than a minor traffic offense? Yes \_\_\_ No \_\_\_ if yes, please explain each such instance:

Date: \_\_\_\_\_ Place \_\_\_\_\_

Nature of Crime \_\_\_\_\_



**CHECK LIST**  
**MYOMASSAOLOGIST APPLICATION**  
**NOT EXEMPT FROM ORDINANCE.**  
(City of Kentwood Code of Ordinances; Chapter 26)  
Required information and/or proof

- Y/N Two (2) identical photographs taken by the Kentwood Police Department;  
Y/N One (1) set of fingerprints taken by the Kentwood Police Department.  
Y/N A Medical Certificate signed by a physician, licensed in the State of Michigan, within seven (7) days of the date of the application, stating that applicant has been examined and is free from communicable diseases as defined by the Michigan Public Health Code;  
Y/N (Copy of) Identification (either Birth Certificate, Michigan Drivers License or Michigan ID);  
Y/N Written Proof of age (at least 18 years of age);  
Y/N Written statements of no less than three (3) permanent residents of the United States regarding the good moral character of Applicant.  
Y/N Completed application containing name, residence address, telephone number of applicant.  
Y/N The two (2) previous addresses and telephone numbers immediately prior to the present address of the applicant;  
Y/N The name of the massage establishment, street address, mailing address (if different from the street address), and telephone number where the applicant shall practice massage.  
Y/N Business or occupation history of the applicant for the three (3) years immediately preceding the date of application.  
Y/N Places of employment and experience for the five (5) years prior to the date of application.  
Y/N (Police Department-signed statement of) All criminal pleas or convictions of the applicant, including the dates of each plea or conviction, nature of the crime and place convicted.  
Y/N Authorization for the City, its agents and employees to seek information and conduct an investigation into the truth of the statements set forth in the application and the qualifications of the applicant for the permit.  
Y/N Has Paid the License Fee in the amount of \$125.00

(ALL ITEMS MUST BE YES BEFORE PROCESSING A LICENSE)