



CITY OF BAY CITY, MICHIGAN

MESSAGE PARLOR APPLICATION

Apprentice/Student
Conductor (Owner)
Instructor
Operator
Date of Application

TYPE OR PRINT ALL ANSWERS. (If space allowed is insufficient, complete answers on reverse side.)

First Name Middle Name Last Name Maiden Name

Any other names used

Place of Birth Date of Birth

Residential Address

Height Weight Hair Color Eye Color Gender

Residential Phone Business Phone Cell Phone:

Business Address

Social Security No. Drivers License No. and State

Are you a U.S. citizen? Naturalization ID No.

Visa, date, and place of issuance

Green Card No.

List two immediate previous addresses prior to current address:

- 1.
2.

Length of time residing continuously at present address Living there under what name?

Length of time residing continuously in State of Michigan

Living there under what name

List the occupation and name and address of employment for last 3 years immediately preceding date of this application and under what name:

- 1.
2.
3.

Criminal Convictions, reasons, location, and under what name:

Applicant must provide a history of any operation of any previous massage parlors or similar business whether previous business was located in the City of Bay City or in any other municipality or state under license. Please include in this history whether the applicant has had such license revoked or suspended and the reason therefore and state the business activity or occupation subsequent to such action of license suspension or revocation and under what name regarding revocation or suspension

Name of person filling out application

Address Phone No.

Relationship to Applicant

