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# Chris Swope

## Lansing City Clerk

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### Health Club License Application

(City Codified Ordinances – Chapter 822.01 – 822.99)  
<http://mi-lansing.civicplus.com/171/Business-Licenses>

#### Applicant Checklist: (Ensure All Items Completed)

Payment:

Bond:

Insurance:

Notarized:

Application Complete:

Notarization can be done  
in City Clerk's office.

#### **ANNUAL NON-REFUNDABLE LICENSE FEE: \$300.00**

This application is to be accompanied by a non-refundable license fee of \$300.00 as well as by plans and specifications of the quarters showing such details as entrances, partitions, windows, openings, ventilation, plumbing fixtures and water supplied.

**Insurance:** For Public Liability up to \$100,000 for injury or death of one person and for up to \$300,000 for injury or death to more than one person and for property damage in the sum of \$100,000. (Copy of policy must be filed with the City Clerk before a license will be issued.)

**Bond:** In the sum of \$1,000. (Bond must be filed with the City Clerk prior to issuance of a license.)

<b>Business Name</b>		<b>Business Phone Number</b>	
<b>Business Address</b>	<b>City</b>	<b>State, Zip</b>	

<b>Business Owner</b>		<b>Owner Phone Number</b>	
<b>Owner Address</b>	<b>City</b>	<b>State, Zip</b>	
<b>Owner Email Address</b>			

Lansing City Clerk's Office  
Ninth Floor, City Hall, 124 W. Michigan Ave., Lansing, MI 48933-1695  
517-483-4131 • 517-377-0068 FAX  
[www.lansingmi.gov/clerk](http://www.lansingmi.gov/clerk) • [city.clerk@lansing.mi.gov](mailto:city.clerk@lansing.mi.gov)

Same as above:

<b>Applicant Name and Position</b>		<b>Applicant Phone Number</b>	
<b>Applicant Address</b>	<b>City</b>	<b>State, Zip</b>	
<b>Applicant Email Address</b>			

<b>Name of Lessor</b>		<b>Lessor Phone Number</b>	
<b>Lessor Address</b>	<b>City</b>	<b>State, Zip</b>	
<b>Lessor Email Address</b>			

<b>Insured By (Policy to be filed with city)</b>	
<b>Expiration Date</b>	<b>Insured Amount</b>

<b>Bonded By (Bond to be filed with City)</b>	
<b>Bond Expiration Date</b>	<b>Bond Amount</b>

Name(s) of individual(s) who shall be on the premises that hold(s) exemption(s) from the City of Lansing as qualified and certified massage therapist(s). Only a licensed massage therapist can provide massage services to members of the opposite sex.

**Names:**


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**NOTE: IF APPLICANT DOES NOT INTEND TO PROVIDE MASSAGE SERVICES, INDICATE BY SIGNING AFTER THE FOLLOWING: I DO NOT PLAN TO PROVIDE MASSAGE SERVICES.**

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

I, the undersigned, am the owner/president of the business for which this license is requested. I authorize the Building Division and Fire Department to inspect the premises of the business applied for and further understands that a false statement on this application may result in either a denial of this application or subsequent revocation if this license is granted.

\_\_\_\_\_  
Owner/President Signature

\_\_\_\_\_  
Date

**NOTARY USE ONLY**

Subscribed and sworn to before me by \_\_\_\_\_ on this  
day (MM/DD/YYYY) \_\_\_\_\_, acting in the County of \_\_\_\_\_,  
Michigan.

Signature of Notary \_\_\_\_\_

Printed Name of Notary \_\_\_\_\_

County of Notary Commission \_\_\_\_\_

Commission Expiration Date \_\_\_\_\_

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**OFFICIAL USE ONLY**

\_\_\_\_\_  
Building Safety Division

\_\_\_\_\_  
Date

\_\_\_\_\_  
Fire Marshal

\_\_\_\_\_  
Date

**OFFICIAL USE**

Amount paid: \_\_\_\_\_

Date paid: \_\_\_\_\_

License #: \_\_\_\_\_

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