



OFFICE OF CITY CLERK

LICENSE APPLICATION - MASSAGE THERAPY BUSINESS

- INITIAL FEE-Non refundable (\$300.00)
RENEWAL FEE-Non refundable (\$200.00)

BUSINESS NAME (DBA)

ADDRESS FARMINGTON HILLS, MI

ZIP CODE TELEPHONE E-MAIL

HOURS OF OPERATION:

DESCRIPTION OF SERVICES BEING PROVIDED AT THIS BUSINESS:

STATE SALES TAX NO:

APPLICANT (owner) NAME

APPLICANT RESIDENTIAL ADDRESS

APPLICANT TELEPHONE E-MAIL CITY ZIP

Note: IF APPLICANT IS A CORPORATION, PARTNERSHIP OR LIMITED LIABILITY COMPANY, COMPLETE EXHIBIT B OF LICENSE APPLICATION.

APPLICANT: MALE FEMALE DATE OF BIRTH:

HEIGHT WEIGHT HAIR COLOR EYE COLOR

SOCIAL SECURITY #: DRIVERS LICENSE #

WILL YOU AS THE APPLICANT ALSO BE APPLYING FOR A MASSAGIST LICENSE? Y N

PREVIOUS ADDRESSES OF APPLICANT (Immediately prior to the present address and all addresses for the last ten years - use separate sheet if necessary)

ADDRESS CITY STATE ZIP DATE OF RESIDENCE

ADDRESS CITY STATE ZIP DATE OF RESIDENCE

DO YOU OPERATE ANY OTHER MESSAGE BUSINESS OR MESSAGE RELATED ESTABLISHMENT? IF SO, PROVIDE NAME AND ADDRESS:

 NAME ADDRESS

 NAME ADDRESS

PROVIDE A DESCRIPTION OF ANY OTHER BUSINESS TO BE OPERATED ON THE SAME PREMISES OR ADJOINING PREMISES OWNED OR CONTROLLED BY THE APPLICANT:

I hereby certify that all of the above information is true and accurate to the best of my knowledge, and further understand and represent that if any changes to the above information are made, that said information will be supplied to the City immediately. I further understand that misstatements and inaccuracies in the application are grounds for immediate termination of said license. I hereby authorize 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 this license.

X _____ DATE _____
 (APPLICANT'S SIGNATURE)

APPLICANT MUST SUBMIT, along with application and paid fees:

- Written proof (birth certificate or sworn affidavit) that the applicant is at least 18 years of age.
- One portrait photograph at least 2 inches by 2 inches taken within the last 30 days
- ICHAT criminal background report dated within 30 days of the date of the application (www.michigan.gov/ICHAT).
- A listing of the names and addresses of each massage therapist who is or will be employed in the establishment.
- Diploma or certificate of graduation from a recognized school or institution of learning wherein the method, profession and work of massage therapy is taught, IF applicant has this.
- Outline of business, occupation or employment of the applicant for three (3) years immediately preceding the date of application, identifying the time period, address and telephone number for each business, occupation or employment.
- Names, addresses and written statements of at least (3) bona fide permanent residents of the U.S. that the applicant is of good moral character - see Ordinance Sec.16-17 (12).
- An architectural floor plan showing the interior layout of the facilities and features to be located with the proposed massage therapy establishment.

(OFFICE USE ONLY)

DEPARTMENT	APPROVE: Y/N	DATE OF APPROVAL	REMARKS
FIRE	_____	_____	_____
PLAN/Bldg/Zon	_____	_____	_____
POLICE	_____	_____	_____