

CITY OF NORTHVILLE
215 W. MAIN STREET
NORTHVILLE, MICHIGAN 48167
(248) 349-1300

**MASSAGE ESTABLISHMENT
LICENSE APPLICATION** (revised 9/2015)

CASHIER'S VALIDATION (04)

Attach the following items at the time of application and renewal. Incomplete applications will not be processed or accepted. YOUR APPLICATION MUST BE NOTARIZED.

1. 2" x 2" photograph of applicant / head and shoulders – **no Xerox photos allowed**
2. Copy of Driver's License or State Identification Card
3. Business Registration Application OR Business Registration Update form
4. Fee – Non Refundable – Payable to City of Northville _____ \$225 Initial application (or prorated @ \$18.75/month)
_____ \$115 Annual renewal
_____ \$135 **Late** renewal (after 12/31)

Please visit our website at www.ci.northville.mi.us (Go to Reference Desk, then Code of Ordinances) to review the Massage Establishment Ordinance. Review the Zoning Ordinance to determine the zoning for your location and if a massage establishment is a permitted use. Questions pertaining to zoning and permitted uses should be directed to the Building Official.

I. ESTABLISHMENT INFORMATION

Trade Name of Establishment _____ Assumed Name Certificate No. _____

Name of Applicant _____

Complete Mailing Address of Proposed Location _____

Business telephone number _____ Cell/Home telephone number _____

What is the Zoning for this location? _____ Zoning Map and Zoning Ordinance available on the City website at www.ci.northville.mi.us (go to Services / Building Department / Zoning Ordinance)

Is a massage establishment a permitted use in that zoning district? _____ *Please contact the Building Inspector with questions pertaining to Zoning (734) 323-5613.*

Days and hours of operation _____

List service(s) to be provided _____

Number of persons to be employed as massage therapists? _____

Have you had a previous massage establishment or similar business located in the City of Northville or in any other municipality or state under license? _____ Yes _____ No

If yes, complete the following for each establish you owned or operated:

1) _____
Business Name and Complete Address

Reason for closing/moving business _____

2) _____
Business Name and Complete Address

Reason for closing/moving business _____

Have you ever had your massage establishment licensed revoked or suspended? ____ Yes ____ No

If yes, please the reason and circumstances surrounding the license suspension or revocation. (Please attach additional sheet if necessary.)

II. FORM OF BUSINESS

____ Single Proprietorship ____ Partnership ____ Corporation ____ Association ____ Club ____ Other (list)

Corporation: Date Incorporated _____ Where Incorporated _____

Name of Corporation, Association, or Club _____

Complete this next section in its entirety only if your form of business is a CORPORATION

President:

Name Res. Address City Zip

****ATTACH COPY OF DRIVER'S LICENSE**

Home Phone Business Phone

Vice President:

Name Res. Address City Zip

****ATTACH COPY OF DRIVER'S LICENSE**

Home Phone Business Phone

Secretary:

Name Res. Address City Zip

**** ATTACH COPY OF DRIVER'S LICENSE**

Home Phone Business Phone

Treasurer:

Name Res. Address City Zip

Home Phone Business Phone ****ATTACH COPY OF DRIVER'S LICENSE**

Complete this next section in its entirety only if your form of business is a PARTNERSHIP

PARTNER:

Name Res. Address City Zip

Home Phone Business Phone **** ATTACH COPY OF DRIVER'S LICENSE**

III. APPLICANT INFORMATION

Applicant First Name - Middle - Last Name

Current Residential Address City State Zip Code

Mailing Address (if different from above)

Telephone Number _____ Driver's License- **** ATTACH COPY OF DRIVER'S LICENSE**

Length of time at current address _____ Length of time residing in State of Michigan _____

PREVIOUS ADDRESSES FOR THE LAST 10 YEARS

Address _____

Length of time at this address _____

Address _____

Length of time at this address _____

Address _____

Length of time at this address _____

Will you be working as a Massage Therapist or Instructor at this establishment? _____ Yes _____ No

IV. LIST PREVIOUS PLACES OF EMPLOYMENT FOR LAST 3 YEARS (Applicant)

1) _____
Business Name and Complete Address _____
Business Phone Number _____ Dates of Employment _____
Describe your position and work performed _____

2) _____
Business Name and Complete Address _____
Business Phone Number _____ Dates of Employment _____
Describe your position and work performed _____

If you need more space to complete Section V, please attach a separate sheet and follow the above format

V. AFFIDAVIT

STATE OF MICHIGAN)
COUNTY OF _____)

_____, first being duly sworn, deposes and says that he/she is at least 18 years of age, has read the foregoing application by him/her subscribed and that he/she knows the contents thereof, and that the same is true of his/her own knowledge and belief. Any false or misleading information in, or in connection with this application may be cause for denial or loss of license. I have also included the following documents as part of my initial/renewal application:

(Check all that apply)

<u>Initial Application</u>	<u>Renewal (or Late) Application</u>	<u>Required Document Attached to Application</u>
_____	_____	Current 2" x 2" photograph of application – head/shoulders No Xerox photos allowed
_____	_____	Copy of current Driver's License/State Identification Card – AS NOTED ON APPLICATION
_____	_____	Initial/Annual/Late fee – non refundable – payable to City of Northville

Applicant's Signature and Title

Subscribed and sworn to before me this
_____ day of _____, 20__.

Notary's Signature

