



West Bloomfield Township
Clerk's Office
 4550 Walnut Lake Road
 West Bloomfield, MI 48323
 (248) 451-4848 Phone
 (248) 682-3788 Facsimile
www.wbtwp.com

Application for Massage Establishment License

New Application Fee: \$250.00 Re-Inspection Fee: \$50.00 Renewal Fee: \$200.00

Note: This application is pursuant to the Massage Ordinance, Section 14-1 through 14-26. Permits expire each December 31st and must be **renewed at least 15 days prior to December 31st** of each calendar year to allow for processing, pursuant to Section 14-13. A renewal application received after December 31st is subject to a **\$50.00 late fee**.

Establishment Name: _____ Application Date: _____

Definition of service(s) to be provided: _____

Establishment Address: _____ Telephone: _____
 _____ Fax Number: _____

Individual Applicant's Legal Name: _____ Telephone: _____

Permanent Address: _____ Cell Phone: _____
 _____ Fax Number: _____

Assumed name for doing business: _____

Is the applicant a Corporation*? Yes No

If "Yes," attach the names and permanent residence addresses of each officer and director of said corporation, and each stockholder owning more than ten percent (10%) of the stock of the corporation, the address of the corporation itself, if different from the address of the massage establishment, and the name and address of a resident agent.

Is the applicant a Partnership*? Yes No

(If Yes, all Partners going forward referred to as "applicant(s)."

If "Yes," attach the names and permanent residence addresses of each of the partners, and the partnership itself, if different from the address of the massage establishment, and the name and address of a resident agent.

*** All Corporations will have a resident agent. A Partnership may have a resident agent.**

Applicant's two (2) immediately preceding addresses: **(Use back side to list multiple applicants' information.)**

(1) _____ (2) _____

Date of Birth: _____ (Applicant(s) must be at least 18 years old) Sex: Male Female

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Please include the following for applicant(s), corporate officers, directors, agents, etc.:

- Copy of driver's license (individual applicant only)
- Fingerprints taken by Police Department Copy enclosed (new applicant) On file at Township
- One (1) front face current portrait photograph of the applicant(s), taken at the Township Clerk's Office
- At least three (3) letters of reference indicating applicant is of good moral character. These letters must be from bona fide permanent residents (non-relative and non-business associates), preferably first from residents of Township, then Oakland County, then State of Michigan, and lastly the United States. The letter must include the name and current address of the person providing the referral.
- Evidence of current valid premises liability, worker's compensation and general liability insurance, each in the amount of \$250,000.00.

Provide a list, including names and addresses, of each massage therapist who is or will be employed in the said establishment. The establishment is responsible for updating the Township with employment changes made throughout the year. **All Massage Therapists must submit an "Application for Massage Therapist Permit" and be issued a permit by the Township in order to practice in the said establishment.**

Therapist Name:

Therapist Address:

Will applicant(s) engage in the practice of massage? Yes No

If "Yes," then applicant(s) must fill out an "Application for Massage Therapist Permit" and provide the required documentation.

List business, occupation, or employment of the applicant(s) for the three (3) years preceding the date of this application: **(Use back side to list multiple applicants' information.)** _____

State the massage or similar business history and experience ten (10) years prior to the date of application, including, but not limited to, whether or not such person has previously operated in this, or another municipality or state, under a massage license or permit, and has had such license or permit denied, revoked, or suspended, and the reasons therefore, and the business activities or occupations subsequent to such action of suspension or revocation:

Has applicant(s) had any interest in or connection with an application to provide massage services which has been dismissed or denied by the Township of West Bloomfield or any other municipality? Yes No

If "Yes," please describe circumstances: _____

Does any person listed on this application own or operate any other massage business? Yes No

If "Yes," state the name and address of any massage business or other establishment owned or operated by the applicant(s)? _____

Will any other business or businesses be operated on the same premises or on adjoining premises owned or controlled by the applicant(s)? Yes No

If "Yes," state the nature of the business: _____

List all convictions of the applicant(s) for any felony, misdemeanor, or violation of a local ordinance (other than misdemeanor traffic violations not involving a controlled substance or alcohol) including dates of conviction(s), nature of the crime(s) and court or tribunal (a guilty plea is a conviction): _____

Other Information (specify): _____

The following Certification page must be signed in the presence of a Notary Public.

CERTIFICATION

I authorize the Township of West Bloomfield, its agents and employees to seek information and conduct an investigation into the truth of the statements set forth in the application and the qualification of the applicant for the permit including a LEIN records check of all applicants, employees, officers, directors or stockholders. Further, all the statements made in the application and attached exhibits are considered material representations, and all the Exhibits are a material part hereof and are incorporated herein as if set out in full in the application and are true.

Name of Establishment

Date

Signature of Applicant

Print name of Applicant

Title

Subscribed and sworn to before me this _____ day of _____, 20____,
(Year)

Notary Public, _____, of _____ County, Michigan
(Print Name)

(Signature) **My commission expires _____**

For Township Use Only:

- (3) Letters of Reference
- Set of Fingerprints provided or on file
- Fees collected
- Driver's License/SS card provided
- Photograph Taken
- Insurance Certificate
- License card signed

Sent to Building/Planning/Fire: _____

Reviewed by Building Department: _____ Approved Denied Date: _____

Reviewed by Planning Department: _____ Approved Denied Date: _____

Reviewed by Fire Department: _____ Approved Denied Date: _____

Sent to Police: _____

Reviewed by Police Department: _____ Approved Denied Date: _____

Comments: _____

Notice to applicant: _____

Township Approval: _____
Catherine Shaughnessy, West Bloomfield Township Clerk