NOVI CITY CLERK'S OFFICE
45175 TEN MILE ROAD
NOVI, MI 48375
(248) 347-0456
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MASSAGE BUSINESS LICENSE RENEWAL APPLICATION
Chapter 20 – Article II

Business Information

Business name: _____

Business address: _____

Business phone number: _____

Name and phone number to contact for inspections: _____

Applicant/Owner Information

Name of applicant/owner: _____

Applicant/owner's home address: _____

_____

Applicant's Email Address: _____

Provide a full, accurate, and complete business history detailing your prior experience, including:

- Has any applicant/owner had previous ownership/interest in, or worked at, (in this or another city or state,) a business that offered massage services? List the business(es):

_____

_____

_____

- Was a license or permit issued for that business? (circle) Yes or No
- Was that license or permit ever denied, revoked, or suspended? Explain (in detail) the reason for the denial, revocation, or suspension.

_____

_____

_____

This business is a (check one): Corporation ☐ Partnership ☐ Limited Liability Company ☐

List the corporation/partnership/LLC address and (a) the names and residential addresses of each corporation officer and (b) the names and residential addresses of stockholders holding more than 10% interest:

_____

_____

_____

List the names, addresses, and current Michigan Massage Therapist License numbers for all massage therapists employed or to be employed (please attach a separate list if necessary):

Name:	Address:	Current Therapist License #:

***Please note**: All massage therapists employed at your location must obtain a Massage Therapist License from the State of Michigan prior to performing massage.

Applications must be submitted with the following attachments:

- ☐ A copy of the front and back of the applicant's current driver's license.
- ☐ $250 non-refundable application fee. A $25 late fee will apply to all applications received after December 31st.

I hereby certify that 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 agree to use my massage business license within the requirements of the City Code in accordance with provisions of Chapter 20, Article II. I also understand that all massage business licenses expire on December 31st of each year, and that it is the owner's responsibility to ensure the license is renewed on time.

Signed: _____ Dated: _____

Printed Name: _____

Title: _____