NOVI CITY CLERK'S
OFFICE
45175 W. TEN MILE ROAD
NOVI, MI 48375
(248) 347-0456
Fax (248) 347-0577

MASSAGE BUSINESS LICENSE APPLICATION
Chapter 20 - Article II

Business information:

Business name: _____

Business address: _____

Business phone number: _____

Name and phone number to contact to schedule inspections: _____

_____

Applicant information:

Name of applicant: _____

Applicant's current home address: _____

Applicant's email address: _____

List the prior home addresses of the applicant for preceding ten (10) years, if different than above:

_____

_____

_____

State applicant's: Height: _____ Weight: _____ Sex: _____

Date of birth: _____Hair color:_____Eye color: _____

State all convictions for any felony or misdemeanor or violation of a local ordinance, except misdemeanor traffic violations, including dates, nature of crimes and places:

_____

_____

_____

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:

_____

_____

_____

Applicant business history:

State applicant's occupation or employment for three (3) years immediately preceding date of application (include the time period, address and phone number):

If there is a business license history, has license ever been revoked or suspended? Yes ☐ No ☐

If yes, state reason why: _____

State names and addresses of any business establishments, massage or other, owned or operated by applicant:

Business information:

State the names and addresses of all massage therapists employed or to be employed and their Michigan Therapist License #: (Provide photocopy of license for each massage therapist). Attach additional pages if needed.

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.

Describe any other business (besides Massage) to be conducted on premises or adjoining premises owned or controlled by applicant:

A complete set of fingerprints will be taken by the Novi Police Department. Applicant will be contacted by the Novi Police Department to set-up an appointment date. There is a $30.00 processing fee made payable to the Michigan State Police at the time the fingerprints are taken.

Applications must be submitted with the following attachments:

- ☐ A copy of the front and back of the applicant's current driver's license.

- ☐ A written statement and information as to the applicant's character, experience and financial ability to meet the obligations and business undertakings for which the license is to be issued. In those cases where the applicant is borrowing funds for such purpose, the identification of the person or entity providing the funds, and information as to the financial ability of such other entity or person to meet such obligations and undertakings.

- ☐ Signed written statements from at least three (3) bona fide permanent residents of the United States that the applicant is of good moral character. Must include name, address, and phone number of reference. References must be persons other than relatives and business associates.

- ☐ List of names, addresses, Michigan Massage Therapist License Number, and copy of massage therapist license for all employees. Each massage business must have at least one licensed massage therapist on staff (can be the owner or an employee).

- ☐ Site Plan - *If the facility is to be located in a proposed building for which site plan approval has not yet been obtained, or in an existing building that is to be remodeled, construction plans for the proposed building or remodeling, together with a conceptual plan showing the relationship of the building to the surrounding property and uses, and proposed building elevations must be submitted.*

- ☐ $500 non-refundable application fee.

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.

I hereby authorize the City of Novi 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 the license.

_____
Signature of applicant

_____
Printed name and title

Subscribed and sworn before me, this ___day of_____, 20___

_____, Notary public

_____ County, Michigan

My commission expires: _____