

Date _____

License No. _____

**CHARTER TOWNSHIP OF CLINTON
OFFICE OF THE TOWNSHIP CLERK**

APPLICATION TO OPERATE A MASSAGE ESTABLISHMENT

Full name of Applicant _____

Indicate the following: Individual Corporation Partnership Other business entity _____

Name under which business will be operated: _____

Business address: _____

City _____ State _____ Zip Code _____

All telephone numbers and email addresses for the establishment _____

(NOTE: A copy of the signed lease for the business premises and written consent of the owner to utilize the premises for the described purpose, if the premises are not owned by the applicant, must be attached to this application.)

Date of Planning Commission meeting at which special approval land use was granted to applicant (if required): _____

Full name and any other previous name or alias, address and telephone number of each individual who will manage or be principally in charge of the operation of the establishment.

On a separate sheet(s) include a complete list of the names and residence addresses of all massologists and employees to be utilized by the business, along with a current valid massologist license from the State and the application with all supporting documents submitted to the State.

A detailed summary or description of the nature and type of services to be provided at the establishment:

Will any off-site services be provided, and if so, the proposed locations:

Days and times the establishment will be open to provide services: _____

I hereby authorize the Charter Township of Clinton, its agents, and employees to seek information and conduct an investigation into the truth of the statements set forth on the application and the qualifications of the applicant for the license.

I, _____, declare under oath or affirmation, under penalty of perjury, that the information contained in and attached to this application is true and correct.

STATE OF MICHIGAN)
COUNTY OF MACOMB) ss:

On this _____ day of _____, 20____, before me personally appeared _____, who being duly sworn says that (s)he signed the above application and that the statements therein are true.

Notary Public
County, Michigan
Acting in _____ County, Michigan

My Commission expires: _____

**SCHEDULE 1
EMPLOYEE/MESSAGE THERAPIST INFORMATION FORM**

(This form with supporting documentation shall be filled out and maintained for each massage therapist, employee, or other person present and working at the massage establishment)

Full Name: _____

Address: _____

Identify whether the person has any loans or other indebtedness to any person or affiliate who owns, operates, or has any direct or indirect interest in the massage establishment. Identify the name and address of each such person, or entity to whom the loan is owned, nature of the loan or indebtedness, amount owed and payment terms, and whether current or in default:

Identify whether the current residence occupied was obtained through assistance by anyone operating or having a direct or indirect interest in the massage establishment, or who otherwise is a massage therapist or employee at the massage establishment, if so, please identify the nature of such assistance. Please identify payment terms for the residents, i.e. rent, land contract, etc. Please identify the name and address to whom such payment is made:

Please attach a copy of a passport, driver license, or other photographic identification.

Employee Interview: Completed Not Completed Interpreter Required? YES NO

In the event the person to be interviewed by representatives of the Township does not speak English, the Township will obtain an interpreter with the expenses of such interpreter to be paid by the massage establishment prior to issuance of a license.

SCHEDULE 2
(To be completed by an applicant who is an individual business owner)

If the applicant for the massage establishment is an individual, the following information must be provided:

Applicant's name: _____

Home address: _____

City: _____ State: _____ Zip Code: _____ Phone #: _____

Previous Address for last 3 years: _____

List previous related experience, including, but not limited to, whether the applicant has previously held any license as a massologist, the location for which such a license was held, the status of such license and, if such license was suspended or revoked, the reasons therefore:

Color Eyes: _____ Hair: _____ Height: _____ Weight: _____ Sex: Male Female

Driver's License No.: _____

Birth Date (Must provide either birth certificate, driver's license, or passport): _____

List all of the applicant's criminal convictions and/or guilty pleas, if any, other than civil infractions, fully disclosing the jurisdictions in which convicted or in which the plea was tendered, the offense on which originally arrested and the offense for which ultimately convicted or for which the plea was tendered, and the date of same along with the resulting penalty:

List three character references (name, address and telephone number). Do not give relatives.

1. _____
2. _____
3. _____

SCHEDULE 3

(To be completed if applicant is a corporation, partnership or other business entity)

If the applicant is a corporation, partnership or other business entity, the following information must be included about each individual who owns at least a 10% share in the corporation or interest in the partnership or other business entity or serves as a director or officer of the corporation or who holds a lien on the establishment or on the equipment therein, each of whom shall be considered to be an applicant (this form may be copied for completion by each individual).

Full name: _____

Residence address: _____

City: _____ State: _____ Zip Code: _____ Phone #: _____

Previous Address for last 3 years: _____

List individual's business, occupation or employment for the past three years (attach additional sheets as needed):

Name of Business: _____

Address: _____

Phone No.: _____ Time Period: _____

List previous related experience, including, but not limited to, whether the individual has ever held any license as a massologist:

Location for which any such license was held: _____

Status of such license: _____ Was license suspended or revoked? YES NO

If so, give the reasons therefore: _____

Color Eyes: _____ Hair: _____ Height: _____ Weight: _____ Sex: Male Female

Driver's License No.: _____

Birth date (must provide either birth certificate, driver's license, or passport): _____

List all of the applicant’s criminal convictions and/or guilty pleas, if any, other than civil infractions, fully disclosing the jurisdictions in which convicted or in which the plea was tendered, the offense on which originally arrested and the offense for which ultimately convicted or for which the plea was tendered, and the date of same along with the resulting penalty:

List three character references (name, address and telephone number). Do not give relatives.

- 1. _____
- 2. _____
- 3. _____

Provide the name and address of any business that provides massage services, whether incidentally or otherwise, owned or operated by the applicant or any of the individuals required to submit their personal information:

DOCUMENTS TO BE PRESENTED AT TIME OF APPLICATION

Proof that an Assumed Name Certificate has been filed with the Macomb County Clerk or State of Michigan

If applicable, Articles of Incorporation and a certificate of good standing issued by the State of Michigan

Two 2" x 2" front face portrait photographs* - passport size

Complete set of fingerprints from the State of Michigan

Birth Certificate or passport

Copy of signed lease where operating and written consent of owner, if other than Applicant to utilize premises for described purpose

Copy of massologist license application that was submitted and approved by the State of Michigan

*In lieu of photos of all corporate shareholders, a corporate applicant may submit photographs of all officers and managing agents of said corporation and a complete set of the same officers; and agents' fingerprints. In the case of a partnership, photographs and fingerprints for each partner are required.

Massage establishment license: \$200
Each renewal: \$75
Expiration date: December 31st of each year

By signing this document you acknowledge and understand that you must report any new employee(s) to the Clerk's Dept. prior to employee(s) working.

Also, by signing this document you acknowledge and understand that no other person(s) can work in your establishment that have not submitted Schedule 1 of the Clinton Township Massage Business Application and that person(s) further must appear in person and submit with their Schedule 1 document a copy of current photo identification.

Signature

Date

FOR TOWNSHIP CLERK'S USE

- _____ Copy of Chapter 850 to Applicant
- _____ Date forwarded to Police Department for review, investigation and recommendation
- _____ Date forwarded to Building Department for review, investigation and recommendation
- _____ Date forwarded to Fire Department for review, investigation and recommendation
- _____ Date forwarded to Planning Department for review, investigation and recommendation

Issued by: _____

Approval: _____