



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

Application for Massage Establishment License

Application Fee: \$200.00
Late Fee: 50.00

Re-Inspection Fee: \$75.00
ICHAT Fee: \$10.00 each

Note: This application is pursuant to the Massage Ordinance, Section 14-1 through 14-45. Establishment licenses expire annually on March 31st and must be **renewed at least 90 days prior to March 31st** of each calendar year, pursuant to section 14-12. A renewal application received after December 31st is subject to a **\$50.00 late fee**.

New Application

Renewal Application

Massage Establishment Name: _____ Application Date: _____

List all service(s) to be provided: _____

Massage Establishment Address: _____

Telephone: _____ E-mail: _____ Fax Number: _____

Property Legal Description: _____

Parcel Identification No: _____ Zoning Classification: _____

State of Michigan Registered Business Name: _____

APPLICANT(S) - All of the following types of persons shall be listed as an applicant, and each shall provide complete information as required, and shall sign all required materials: Owners with at least ten percent (10%) or more interest in the business, company officers, business operators, or business managers. ****Each additional applicant must complete an Additional Applicants Form.**

Applicants Full True Name: _____

List all other names you have used in the last seven (7) years (i.e. birth name, maiden name, previous marriage, legal name change; alias):

Permanent Address: _____ Phone Number: _____

Cell Number: _____

E-Mail Address: _____ Fax Number: _____

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

Type of Picture ID: _____ Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Applicant's two (2) immediately preceding residential addresses:

(1) _____ (2) _____

Applicant's two (2) immediately preceding business addresses:

(1) _____ (2) _____

Is the Applicant a **Partnership**? (See Additional Applicants Form) Yes No

Name of all Partners: _____

Partnership address: _____

Name and address of resident agent: _____

Is the Applicant a **Corporation**? Yes No

Name of all Officers, Directors, 10% or greater Owners: _____

Registered Name of LLC and address: _____

Name and address of resident agent: _____

Please attach a copy of all of the following:

- Copy of driver's license or copy of birth certificate accompanied by a form of picture Identification issued by a governmental agency for each applicant (front & back).
- Proof of current valid general commercial liability insurance in the amount of \$250,000.00 for the duration of the license term and worker's compensation insurance in statutory amount.
- Copy of lease or certified letter from owner authorizing operation of business for duration of license period.
- Parcel Identification Number & Legal Description (can be obtained from the Assessing Department)
- Copy of the State of Michigan License for each therapist who will be practicing massage therapy at said massage establishment.

Provide a list of the name(s) of each massage therapist who is or will be practicing massage therapy at said massage establishment. The establishment is responsible for employing **STATE LICENSED MASSAGE THERAPISTS** and for notifying the Clerk of any changes in the massage therapists made throughout the licensing period. **Note: a copy of the State License for each therapist must be provided to the Township Clerk at time of application and a copy of the State issued license for any new massage therapist, or removal of previously listed therapist, must be provided to the Clerk within seventy-two (72) hours of the change.**

Therapist Names (use backside if needed for list):

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

State the name and address of the designated local agent who is responsible to supervise the premises and activities, and who is authorized to receive service of process: _____

State the name and address of any other massage establishment owned or operated by applicant within the last seven (7) years: _____

As to any business which applicant has or had an influential interest in the previous seven (7) years during, please state:

Whether the business was declared by a court of law to be a nuisance as defined under the Revised Judicature Act, MCL 600.3801 Yes No

If yes, state the name and address of the business and attach a copy of the order: _____

Whether the business was subject to a court order of closure or padlocking Yes No

If yes, state the name and address of the business, and attach a copy of the order: _____

Whether the business license was revoked, suspended, denied or not renewed for cause Yes No

If yes, state the reason for the denial, suspension, non-renewal, or revocation _____

Whether the business had regulatory ordinance violations issued Yes No

If yes, state the reason for each violation, and the outcome of each proceeding: _____

List business, occupation, or employment of the applicant(s) for the three (3) years preceding the date of this application: (Use back side if needed):

Will any other business 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: _____

Has any applicant been convicted or, plead guilty or nolo contendere to, a felony, misdemeanor, or violation of a local ordinance (other than misdemeanor traffic violations not involving a controlled substance or alcohol)? Yes No

If yes, please state, for each instance, the nature of the crime, date, place, and jurisdiction of each specified criminal act, as well as the date of each conviction and date of release from confinement where applicable (a guilty plea is conviction) (use back side if needed): _____

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

CERTIFICATION

I authorize the Township of West Bloomfield, including the Township Police Chief, to conduct an inspection of the premises and a background investigation, including criminal history and an investigation into the truth of the statements set forth in the application as to the qualification of the applicants, officers, directors, managers, owners or stockholders.

I acknowledge that all statements made in the application and attached exhibits are considered material representations, and all 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

Title

Print name of Applicant

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

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

_____, **My commission expires:** _____
(Signature)

For Township Use Only:

ESTABLISHMENT APPLICANT

Establishment Name: _____

- | | | |
|---|---|--|
| <input type="checkbox"/> Driver's License (front & back)
Date received: _____ | <input type="checkbox"/> Certificate of Liability Insurance
Date received: _____ | <input type="checkbox"/> Application Fee
Date received: _____ |
| <input type="checkbox"/> Copies of therapist(s) license
Date received: _____ | <input type="checkbox"/> Property Legal Description &
Parcel Identification Number
Date received: _____ | <input type="checkbox"/> ICHAT Report (provided by PD)
Date received: _____ |
| <input type="checkbox"/> Copy of lease or certified letter from the owner of the premises authorizing operation of massage establishment
for duration of the license period Date received: _____ | | |

- | | | | |
|---|-----------------------------------|---------------------------------|-------------|
| <input type="checkbox"/> Sent to Building Department: _____ | <input type="checkbox"/> Approved | <input type="checkbox"/> Denied | Date: _____ |
| <input type="checkbox"/> Sent to Planning Department: _____ | <input type="checkbox"/> Approved | <input type="checkbox"/> Denied | Date: _____ |
| <input type="checkbox"/> Sent to Fire Department: _____ | <input type="checkbox"/> Approved | <input type="checkbox"/> Denied | Date: _____ |
| <input type="checkbox"/> Sent to Police Department: _____ | <input type="checkbox"/> Approved | <input type="checkbox"/> Denied | Date: _____ |
| <input type="checkbox"/> Sent to Treasurer: _____ | <input type="checkbox"/> Approved | <input type="checkbox"/> Denied | Date: _____ |
| <input type="checkbox"/> Sent to Water Utilities _____ | <input type="checkbox"/> Approved | <input type="checkbox"/> Denied | Date: _____ |
| <input type="checkbox"/> Sent to Code: _____ | <input type="checkbox"/> Approved | <input type="checkbox"/> Denied | Date: _____ |

Date Application Submitted: _____

Date Application Completed (*date all documents received*): _____

Notes & Comments _____

Notice to Applicant Date mailed: _____

Township Approval: _____ Date: _____

Debbie Binder, West Bloomfield Township Clerk



ADDITIONAL APPLICANTS FORM



APPLICANT(S) - All of the following types of persons shall be listed as an applicant, and each shall provide complete information as required, and shall sign all required materials: Owners with at least ten percent (10%) or more interest in the business, company officers, business operators, or business managers.

Establishment Name: _____

Establishment Address: _____

Business Relationship: _____

- Owner of 10% or more interest in business
- Business Operator
- Company Officer
- Business Manager

Applicants Full True Name: _____

List all other names you have used in the last seven (7) years (i.e. birth name, maiden name, previous marriage, legal name change, alias):

Permanent Address: _____ **Phone Number:** _____

_____ **Cell Number:** _____

E-Mail Address: _____ **Fax Number:** _____

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

Type of Picture ID: _____ **Height:** _____ **Weight:** _____ **Eye Color:** _____ **Hair Color:** _____

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(1) _____ (2) _____

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If yes, state the nature of the business: _____

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If yes, please state, for each instance, the nature of the crime, date, place, and jurisdiction of each specified criminal act, as well as the date of each conviction and date of release from confinement where applicable (a guilty plea is conviction) (use back side if needed): _____

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I acknowledge that all statements made in the application and attached exhibits are considered material representations, and all exhibits are a material part hereof, and are incorporated herein as if set out in full the application and are true.

Name of Establishment

Date

Signature of Applicant

Title

Print name of Applicant

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

_____, **Notary Public**, _____ **County, Michigan**

(Print Name)

_____, **My commission expires:** _____

(Signature)

For Township Use Only:

ADDITIONAL ESTABLISHMENT APPLICANT

Establishment Name: _____

Additional Applicant's Name: _____

Driver's License (front & back)
Date received: _____

ICHAT Report (provided by PD)
Date received: _____

Sent to Building Department: _____ Approved Denied Date: _____

Sent to Planning Department: _____ Approved Denied Date: _____

Sent to Fire Department: _____ Approved Denied Date: _____

Sent to Police Department: _____ Approved Denied Date: _____

Sent to Treasurer: _____ Approved Denied Date: _____

Sent to Water Utilities _____ Approved Denied Date: _____

Sent to Code: _____ Approved Denied Date: _____

Date Application Submitted: _____

Date Application Completed (*date all documents received*): _____

Notes & Comments _____

Notice to Applicant Date mailed: _____

Township Approval: _____ Date: _____

Debbie Binder, West Bloomfield Township Clerk