

Date \_\_\_\_\_

License No. \_\_\_\_\_



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

**APPLICATION TO OPERATE A MESSAGE ESTABLISHMENT**

**Applicant's Full Name:** \_\_\_\_\_ **Business Type:**  Individual  Corporation

**Application Type:** NEW RENEWAL TRANSFER  Partnership  Other business entity

**Business Name:** \_\_\_\_\_ **Business Address:** \_\_\_\_\_

**City:** Clinton Twp. **State:** MI **Zip:** \_\_\_\_\_ **Contact Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**(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.)**

**Special Land Use Approval Date granted:** \_\_\_\_\_ [Planning Commission Date (if required)]

**List who will manage or be principally in charge of the operation of the establishment:**

FULL NAME	ADDRESS	CONTACT NUMBER	EMAIL
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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?

\_\_\_\_\_

**HOURS OF OPERATION:**

DAY(S)	OPENING TIME	CLOSING TIME	DAY(S)	OPENING TIME	CLOSING TIME
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

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: \_\_\_\_\_

**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 id.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## EMPLOYEE(S) INFORMATION

List below the names and residence address of all massologists and employees to be utilized by the business, along with documentation establishing that the massologists meet the training and certification requirements of this chapter for obtaining an individual massologist license. Please identify whether the massologists are United States Citizens. If not, please provide copies of all passports and visas for each proposed massologist. **(NOTE: This information must be updated immediately with any new or changed information not found on this initial list.)**

**Please list the names of all massologists and employees to be utilized by the business on the lines below:**

NAME	ADDRESS	POSITION
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Please advise all Employees that they must submit their application in person –**

**Application form **MESSAGE EMPLOYEE APPLICATION - SCHEDULE 1****

**They must also provide the following with their application:**

- a copy of a passport, driver license, or other photographic identification
- valid massologist license
- EAD [employment authorization document] if not a U.S. Citizen
- any additional supporting documentation

**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: \_\_\_\_\_ Email: \_\_\_\_\_

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

Social Security No. \_\_\_\_\_, 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 last 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? \_\_\_\_\_ If so,

Give the reasons therefore \_\_\_\_\_

Color Eyes: \_\_\_\_\_, Hair \_\_\_\_\_, Height \_\_\_\_\_, Weight \_\_\_\_\_, Sex: Male Female

Social Security No. \_\_\_\_\_ 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 taken by Charter Township Police Department for each individual required to submit personal information (you will be contacted by the Police Department to fulfill this requirement)

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.

\*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.

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### 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: \_\_\_\_\_

**CHARTER TOWNSHIP OF CLINTON POLICE DEPARTMENT**

**37985 Groesbeck Clinton Township, MI 48035**

**MASSOLOGIST APPLICANT:**

As part of the application process, it will be necessary for you to be fingerprinted and obtain a clearance from Lansing. When you are printed, you will receive a copy of your prints and an addressed envelope to be used to mail the prints to Lansing. Once you receive your response, it will be necessary to forward a copy to the Investigations Division who will be conducting the background investigation.