

CLERK'S OFFICE: VERIFY THE BUSINESS HAS A VALID CURRENT TOWNSHIP BUSINESS LICENSE YES NO



CHARTER TOWNSHIP OF CLINTON OFFICE OF THE TOWNSHIP CLERK MESSAGE EMPLOYEE APPLICATION

Business Name: _____ Business address: _____
Business Contact Number: _____ Business Email: _____

SCHEDULE 1 EMPLOYEE/MESSAGE THERAPIST INFORMATION

(This form with supporting documentation shall be filled out, submitted, and maintained for each massage therapist, employee, or other person present and working at the massage establishment. [e.g. state massage license])

Employee Full Name: _____ Position/Title: _____
Date of Birth: _____ ID Number: _____
(e.g. driver's license number)
Address: _____ Contact Number: _____

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

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:

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.