

CITY OF NORTHVILLE  
215 W. MAIN STREET  
NORTHVILLE, MICHIGAN 48167  
(248) 349-1300

**MASSAGE ESTABLISHMENT  
LICENSE APPLICATION** (revised 6/2017)

CASHIER'S VALIDATION (04)

**Attach the following items at the time of application and renewal. Incomplete applications will not be processed or accepted. YOUR APPLICATION MUST BE NOTARIZED.**

1. 2" x 2" photograph of applicant / head and shoulders – **no Xerox photos allowed**
2. Copy of Driver's License or State Identification Card
3. Fee – Non Refundable – Payable to City of Northville \$230 Initial application (or prorated @ \$19.16/month)

Please visit our website at [www.ci.northville.mi.us](http://www.ci.northville.mi.us) (Go to Reference Desk, then Code of Ordinances) to review the Massage Establishment Ordinance. Review the Zoning Ordinance to determine the zoning for your location and if a massage establishment is a permitted use. Questions pertaining to zoning and permitted uses should be directed to the Building Official.

**I. ESTABLISHMENT INFORMATION**

Trade Name of Establishment \_\_\_\_\_ Assumed Name Certificate No. \_\_\_\_\_

Name of Applicant \_\_\_\_\_

Complete Mailing Address of Proposed Location \_\_\_\_\_

Business telephone number \_\_\_\_\_ Cell/Home telephone number \_\_\_\_\_

What is the Zoning for this location? \_\_\_\_\_ Zoning Map and Zoning Ordinance available on the City website at [www.ci.northville.mi.us](http://www.ci.northville.mi.us) (go to Services / Building Department / Zoning Ordinance)

Is a massage establishment a permitted use in that zoning district? \_\_\_\_\_ *Please contact the Building Inspector with questions pertaining to Zoning (734) 323-5613.*

Days and hours of operation \_\_\_\_\_

List service(s) to be provided \_\_\_\_\_

Number of persons to be employed as massage therapists? \_\_\_\_\_ (massage therapists are licensed by the State)

Have you had a previous massage establishment or similar business located in the City of Northville or in any other municipality or state under license? \_\_\_\_ Yes \_\_\_\_ No

If yes, complete the following for each establish you owned or operated:

1) \_\_\_\_\_  
Business Name and Complete Address

Reason for closing/moving business \_\_\_\_\_

2) \_\_\_\_\_  
Business Name and Complete Address

Reason for closing/moving business \_\_\_\_\_

Have you ever had your massage establishment licensed revoked or suspended? \_\_\_\_ Yes \_\_\_\_ No

If yes, please the reason and circumstances surrounding the license suspension or revocation. (Please attach additional sheet if necessary.)

## II. FORM OF BUSINESS

\_\_\_\_ Single Proprietorship      \_\_\_\_ Partnership      \_\_\_\_ Corporation

**IF PARTNERSHIP, provide the following:**

\_\_\_\_\_  
Name                                      Res. Address                      City                      Zip

\_\_\_\_\_  
Home Phone                      Business Phone                      **\*\* ATTACH COPY OF DRIVER'S LICENSE**

**IF CORPORATION, provide the following:**

Corporation: Date Incorporated \_\_\_\_\_ Where Incorporated \_\_\_\_\_

Name of Corporation, Association, or Club \_\_\_\_\_

1. On a separate sheet, list the name, address, and phone number of each officer and director
2. Attach COPY OF DRIVER'S LICENSE for each

## III. APPLICANT INFORMATION

\_\_\_\_\_  
Applicant First Name - Middle - Last Name

\_\_\_\_\_  
Current Residential Address                      City                      State                      Zip Code

\_\_\_\_\_  
Mailing Address (if different from above)

Telephone Number \_\_\_\_\_ Driver's License- \*\* **ATTACH COPY OF DRIVER'S LICENSE**

Length of time at current address \_\_\_\_\_ Length of time residing in State of Michigan \_\_\_\_\_

**PREVIOUS ADDRESSES FOR THE LAST 10 YEARS**

Address \_\_\_\_\_

Length of time at this address \_\_\_\_\_

Address \_\_\_\_\_

Length of time at this address \_\_\_\_\_

Will you be working as a Massage Therapist or Instructor at this establishment? \_\_\_\_\_ Yes \_\_\_\_\_ No

**IV. LIST PREVIOUS PLACES OF EMPLOYMENT FOR LAST 3 YEARS (Applicant)**

1) \_\_\_\_\_  
Business Name and Complete Address

Business Phone Number \_\_\_\_\_ Dates of Employment \_\_\_\_\_

Describe your position and work performed \_\_\_\_\_

2) \_\_\_\_\_  
Business Name and Complete Address

Business Phone Number \_\_\_\_\_ Dates of Employment \_\_\_\_\_

Describe your position and work performed \_\_\_\_\_

**If you need more space to complete Section IV, please attach a separate sheet and follow the above format**

**V. AFFIDAVIT**

STATE OF MICHIGAN)  
COUNTY OF \_\_\_\_\_)

\_\_\_\_\_, first being duly sworn, deposes and says that he/she is at least 18 years of age, has read the foregoing application by him/her subscribed and that he/she knows the contents thereof, and that the same is true of his/her own knowledge and belief. Any false or misleading information in, or in connection with this application may be cause for denial or loss of license. I have also included the following documents as part of my initial/renewal application:

(Check all that apply)

**Initial  
Application**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Required Document Attached to Application**

Current 2" x 2" photograph of application – head/shoulders  
No Xerox photos allowed  
Copy of current Driver’s License/State Identification Card – AS NOTED ON  
APPLICATION  
Initial fee – non refundable – payable to City of Northville

\_\_\_\_\_  
Applicant’s Signature and Title

Subscribed and sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary’s Signature

**OFFICE USE ONLY**

**POLICE DEPARTMENT:**      YES      NO      \_\_\_\_\_  
Signature      Date

Notes: \_\_\_\_\_  
\_\_\_\_\_

**BUILDING DEPARTMENT:**      YES      NO      \_\_\_\_\_  
Signature      Date

Notes: \_\_\_\_\_  
\_\_\_\_\_

**FIRE DEPARTMENT:**      YES      NO      \_\_\_\_\_  
Signature      Date

Notes: \_\_\_\_\_  
\_\_\_\_\_

**CITY MANAGER:**      YES      NO      \_\_\_\_\_  
Signature      Date

Notes: \_\_\_\_\_  
\_\_\_\_\_

ISSUE DATE \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_ LICENSE NUMBER \_\_\_\_\_