



**CHARTER TOWNSHIP OF WATERFORD  
CLERK'S OFFICE**

5200 Civic Center Dr. • Waterford, MI 48329  
Phone 248-674-6266 • Fax 248-674-5455  
Web Page [www.waterfordmi.gov](http://www.waterfordmi.gov)

**MASSAGE ESTABLISHMENT  
APPLICATION**

**CLERK'S USE ONLY**

Date Received: \_\_\_\_\_

Non-Refundable Annual Application Fee \$500.00  Paid

Date Sent to Depts. \_\_\_\_\_ Response from Police: \_\_\_\_\_ Response from Fire \_\_\_\_\_

Response from Zoning \_\_\_\_\_ Response from Treasurer \_\_\_\_\_ Response from DPW \_\_\_\_\_

Response from Building \_\_\_\_\_ Date of Township Board Action: \_\_\_\_\_ Final Action: \_\_\_\_\_

**A non-refundable fee of \$500.00 must accompany this application.**

**1. Contact Information**

NAME	ADDRESS		
CITY		STATE	ZIP
EMAIL ADDRESS		PHONE	

**2. Location of Business**

BUSINESS NAME/DBA/LEGAL NAME	
ADDRESS	
PARCEL ID NUMBER	PHONE
EXISTING ZONING OF PARCEL	EXISTING USE OF PARCEL

**3. DESCRIPTION OF THE SERVICES(S) TO BE PROVIDED.**

Large text area for description of services.
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**4. Applicant Information**-This license will be held by:

- An Individual (**Attach** copy of any Assumed Name Certificate)
- A Partnership (**Attach** a copy of Partnership Certificate)
- A Corporation (**Attach** a copy of Articles of Incorporation)
- A Limited Liability Corporation (**Attach** a copy of Articles of Incorporation)

**5. Applicant Information**

(Complete for owner, manager, each therapist and/or employee, attach additional sheets if needed)

NAME		PHONE NUMBERS		
ADDRESS		CITY	STATE	ZIP CODE
LIST 2 PREVIOUS ADDRESSES-ADDRESS 1			YEARS AT THIS ADDRESS	
LIST 2 PREVIOUS ADDRESSES-ADDRESS 2			YEARS AT THIS ADDRESS	
LIST 2 PREVIOUS ADDRESSES-ADDRESS 3			YEARS AT THIS ADDRESS	
LIST 2 PREVIOUS ADDRESSES-ADDRESS 4			YEARS AT THIS ADDRESS	
SOCIAL SECURITY NUMBER	HEIGHT	WEIGHT	GENDER (MALE OR FEMALE)	
COLOR OF EYES	COLOR OF HAIR	DATE OF BIRTH	LOCATION OF BIRTH	
ANY ALIAS USED IN THE PAST FIVE (5) YEARS				

NAME		PHONE NUMBERS		
ADDRESS		CITY	STATE	ZIP CODE
LIST 2 PREVIOUS ADDRESSES-ADDRESS 1			YEARS AT THIS ADDRESS	
LIST 2 PREVIOUS ADDRESSES-ADDRESS 2			YEARS AT THIS ADDRESS	
LIST 2 PREVIOUS ADDRESSES-ADDRESS 3			YEARS AT THIS ADDRESS	
LIST 2 PREVIOUS ADDRESSES-ADDRESS 4			YEARS AT THIS ADDRESS	
SOCIAL SECURITY NUMBER	HEIGHT	WEIGHT	GENDER (MALE OR FEMALE)	
COLOR OF EYES	COLOR OF HAIR	DATE OF BIRTH	LOCATION OF BIRTH	
ANY ALIAS USED IN THE PAST FIVE (5) YEARS				

- 6. Attach** a copy of each applicant's/therapist's massage therapist license under Part 179A of Public Health Code, MCL 333.17951 – 333.17969 as amended, for each massage therapist the applicant expects to be performing or practicing massage at the establishment.
- 7. Attach (for each therapist)** one (1) portrait photograph of at least two (2) inches by two (2) inches, a criminal history authorization, and a complete set of the applicant's fingerprints which shall be taken by the Police Chief.
- 8. Attach (for each therapist)** a statement stating the business, occupation or employment of the applicant for the three (3) years immediately preceding the date of the application, including the name and the address of the employers.
- 9. Attach** The history of an applicant in the operation of a massage establishment or similar business or occupation, including, but not limited to, whether or not such person, in previously operating in this or another municipality or State under license, has had such license revoked or suspended and whether there have been any criminal convictions or determination of civil responsibility or liability for any code violations in connection with such operation with such operation, and the reason therefore, and the business activity or occupation subsequent to such action of suspension or revocation.
- 10.** Such other identification and information necessary to discover the truth of the matters required to be set forth in the application.
- 11. Attach** the number of employees and names and qualifications of all persons who are intended to give massages in the proposed parlor and a copy of their massage therapist license.

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Business Owner Signature

Date

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Printed Name