



**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

**MESSAGE ESTABLISHMENT APPLICATION
THERAPIST ADD-ON**

CLERK'S USE ONLY

Date Received: _____ Original License No. _____

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: _____

1. Contact Information

NAME	ADDRESS		
CITY	STATE	ZIP	
EMAIL ADDRESS		PHONE	

2. Location of Business

BUSINESS NAME/DBA/LEGAL NAME	
ADDRESS	PHONE

5. Add-On Therapist Information

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

NAME		PHONE NUMBERS	
ADDRESS		CITY	STATE
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 SECUIRTY 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 for Each Additional Therapist/Employee

- ☐ 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.
- ☐ One (1) portrait photograph of at least two (2) inches by two (2) inches
- ☐ A criminal history authorization
- ☐ A complete set of the applicant's fingerprints which shall be taken by the Police Chief.
- ☐ 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.
- ☐ 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.

Business Owner Signature

Date

Printed Name