

**CHARTER TOWNSHIP OF WHITE LAKE
CODE OF ORDINANCES CHAPTER 24 – MASSAGE
LICENSE APPLICATION**

This application must be completed and presented to the Township Clerk, together with the required application fee. A reasonable time following submission of the application and fee shall be required for processing. You will be notified by the Clerk's office when the application has been fully processed.

APPLICATION FEE IS NON REFUNDABLE.

Please type or print the following requested information. Please attach additional sheets if necessary to provide full and complete information. On such additional sheets, indicate the paragraph number or numbers for which information is being provided:

(1) Full name and present address of the applicant(s).

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(2) The two previous addresses immediately prior to the present address of the applicant, and the dates of residence at each address.

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(3) All previous addresses not included in Paragraph (2) where the applicant resided during the past five years.

(4) Describe the service which is to be provided if a license is granted.

(5) The name of business, the location and mailing address and the phone number of the proposed establishment:

(6) Attach to this application written proof that the applicant is at least eighteen (18) years of age, e.g., copy of birth certificate or sworn affidavit.

(7) The following information concerning the applicant:

Weight: _____

Sex: _____

Color of Eyes: _____

Color of Hair: _____

Date of Birth: _____

Birth Place: _____

Driver's License #: _____

Each and every alias used by the applicant in the past five years:

(8) One passport size photograph must be provided by applicant for the permit.

(9) State each business occupation or employment of the applicant during the three year period immediately preceding the date of application, including the name and address of each employer.

(10) Attach to this application a certificate from a medical or osteopathic doctor stating that the applicant has, within thirty (30) days immediately prior to making application, been examined and found to be free of any contagious or communicable disease.

(11) State the history of applicant in the operation of any one or more massage parlors or similar businesses or occupations, including, without limitation, whether or not the applicant is currently or has previously operated such business in this or any other municipality or state, whether a license for such operation has ever been issued (and is so, identify the governmental entity and date license issued for

each), whether any license has ever been revoked or suspended (and the identification of the license, the date of suspension and the reason for suspension), and the business activity or occupation of applicant from and after such suspension or revocation.

(12) State each and every criminal conviction (other than a traffic violation) including with regard to each conviction; the court and date of conviction; the offense; the case number; a brief description of the facts which led to the conviction.

(13) State in the space such other identification and information necessary to communicate and discover the full truth with regard to all information. required to be stated in this application:

The following additional information shall be provided by applicants for licensure to operate a massage parlor, massage school or similar business:

(14) Form of Business:

Single Proprietorship _____ Partnership _____ Corporation _____
Association _____ Club _____ Limited Liability Company _____
Fed. ID No. _____
Incorporated Date _____

(15) If the applicant is a Corporation, Limited Liability Company, Association or Club the names and residence address of each officer, director and/or member, as well as the names and address of the registered agent of the entity, and of each stockholder or member and the names and residents addresses of each owner of the property on which the use is proposed.

(16) If the applicant is a partnership, the names and resident addresses of each of the partners, including limited partners:

(17) The proposed number of employees who will be massagists, and the names and addresses of each and every massagist known at the time of application, including with each name the qualifications of such persons to perform the services of massagist.

(18) The number of massage rooms to be used.

(19) The proposed hours of operation.

(20) Do you propose to serve male and female patrons at the same time?

(21) Proposed number of patrons to be served at the same time.

(22) Number of dressing rooms to be utilized.

(23) Number of toilets available.

(24) Number of wash basins available.

(25) Description of additional physical facilities available, e.g., showers, steam rooms:

(26) Do you understand that each person who performs services as a massagist in the Charter Township of White Lake must be licensed under the Massage Regulation Ordinance of the Township?

(27) Will the operator provide the uniform or other wearing apparel for massagists?

I understand by submitting this application I authorize the Charter Township of White Lake and its agents to conduct a criminal background check for the purposes of the application.

The undersigned applicant certifies that all of the statements made in this application are true to the best of applicant's knowledge, information and belief; and applicant acknowledges that, if a license is issued, the license is nontransferable to any other person or entity, and that upon sale or transfer of a business, the license shall be null and void. The applicant further acknowledges having had a copy of the Charter Township of White Lake Code of Ordinances Chapter 24 – Massage available to read.

Applicant's Signature

Date

STATE OF MICHIGAN)
)SS
COUNTY OF OAKLAND)

On the ____ day of _____, 20____, _____
personally appeared before me and executed the foregoing instrument as his/her free act and deed.

Notary Public

County, Michigan
My Commission Expires: _____
Acting in _____ County