

**WHITE LAKE TOWNSHIP  
MESSAGE LICENSE – RENEWAL APPLICATION AND AFFIDAVIT**

**BUSINESS INFORMATION:**

Business name:

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Business address:

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Business phone number:

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**APPLICANT INFORMATION:**

Name of applicant:

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Applicant's current home address:

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Applicant's Email Address:

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State all convictions for any felony or misdemeanor or violation of a local ordinance, except misdemeanor traffic violations, including dates, nature of crimes and places:

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If the applicant is a corporation, list the corporation address and (a) the names and residential addresses of each corporation officer and (b) the names and residential addresses of stockholders holding more than 10% interest:

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If the applicant is a partnership, list the partnership address and the names and addresses of partners:

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If the applicant is a limited liability company, list the limited liability company's address and the names and residential addresses of the limited liability company's members:

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Names and addresses of all massage therapists employed or to be employed (please attach separate list if necessary):

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Applications must be submitted with the following attachments:

- A copy of the front and back of the applicant's current driver's license.
- \$100 non-refundable application fee.
- A signed statement from physician stating that each person performing massage services was examined within last 90 days and is free of contagious or communicable diseases.

**AFFIDAVIT:**

I hereby certify that the above information is true and accurate to the best of my knowledge and further understand and represent that if any changes to the above information are made, that said information will be supplied to the Township immediately. I agree to use my massage business license within the requirements of Chapter 24 of the Township Code of Ordinances.

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

STATE OF MICHIGAN        )  
  ) ss  
COUNTY OF OAKLAND    )

The foregoing document was acknowledged before me this \_\_\_ day of \_\_\_\_\_, 20\_\_\_, by  
\_\_\_\_\_ its \_\_\_\_\_.

\_\_\_\_\_  
Notary Public \_\_\_\_\_ County  
Acting in \_\_\_\_\_ County  
My Commission expires: