

CITY OF BRIGHTON
200 NORTH FIRST STREET
BRIGHTON, MICHIGAN 48116
(810) 227-1911

MASSAGE BUSINESS LICENSE RENEWAL

Name: _____

Business Address: _____

Please list any changes of information, if any, since the original application dated _____ was submitted:

The undersigned does hereby certify, that the original application dated _____ is correct or has been changed as indicated above of his/her own knowledge. The undersigned does further warrant that no misrepresentation of fact is contained in the original application referenced above and does hereby assume responsibility for any damage arising out of any false or inaccurate statement.

Signature

Date

ATTACH ORIGINAL APPLICATION TO RENEWAL REQUEST FORM.

<p><u>For Official Use Only</u></p> <p>Approved Not approved (circle one)</p> <p>_____ Chief of Police</p> <p>_____ Date</p>
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