

APPLICATION FOR MASSAGE BUSINESS LICENSE

CITY OF BRIGHTON
200 NORTH FIRST STREET
BRIGHTON, MI 48116
810-227-1911
810-227-0463

Date: _____

Name of applicant/including aliases within the past ten years: _____

Applicant's residence address and phone number: _____

All addresses within the last five years: _____

Brief description of service to be provided: _____

Name of business, location, and mailing address of proposed establishment: _____

If applicant is a corporation, full names, residence addresses, and date of birth of officers, directors, and stockholders owning more than 10% of the corporation: _____

If applicant is a partnership, full names, residence addresses, and date of birth of each partner including limited partners: _____

Applicants height: _____, weight _____, sex _____, eye color _____

Hair color _____

Business, occupation, or employment of the applicant three years preceding the date of application (use additional paper if necessary): _____

The history of an applicant in the performance of massage services or similar business or occupation, including, but not limited to, whether or not such a person, in previously providing such services in this or another municipality or state under permit or license, has had such permit or license revoked or suspended and the reason therefore, and the business activity of occupation subsequent to such action of suspension or revocation: _____

List all convictions for any felony, misdemeanor, or local ordinance (do not include traffic tickets and parking tickets):

| Date | Offense | Location/Jurisdiction |
|------|---------|-----------------------|
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The following must be filed with this application:

1. Copy of Driver's License, State Identification Card, or U.S. Passport
2. Written permission from property owner, which includes dates/times and types of sale

The following information is required for applications for massage business or massage school

Number of employees, names, and qualification of persons intended to give massages: _____

The undersigned does hereby certify, that he/she has read the above and foregoing application and that all acts and information stated in said application is true of his/her own knowledge. The undersigned does further warrant that no misrepresentation of fact is contained in the foregoing application and does hereby assume responsibility for any damage arising out of any false or inaccurate statement. The undersigned acknowledges receipt of City of Brighton Code of Ordinances, Section 22-301 through 22-325 or Ordinance 535 and Section 98-331-98-333.

Signature _____
Date

State of Michigan
County of _____

Subscribed and sworn to me this _____ day of _____, 20_____

Notary Public, _____ County, Michigan

My commission expires: _____

1. All licenses, if issued, must be carried so as to be shown
2. The license is subject to revocation for cause
3. The license will expire at the end of the calendar year in which it was issued

INSPECTIONS

BUILDING DIVISION DATE _____
RECOMMENDATION

FIRE DEPARTMENT DATE _____
RECOMMENDATION

CHIEF OF POLICE DATE _____
RECOMMENDATION