



City of Southfield

26000 Evergreen Road • P.O. Box 2055 • Southfield, MI 48037-2055 • www.cityofsouthfield.com

Dear Applicant,

When applying for a Massage Establishment License with the City of Southfield please have the following when you return your application to the Clerk's office.

- Application Fee: \$200
- Application:
 - 2 Passport Photos attached
 - Notarized
- Police Record Check Application (filled out by owner)
- Finger prints
- Copy of Driver's License (Front and Back)
- Surety Bond of \$1,000.00
- Copy of State License
- Certificate of Compliance Fee: \$150 -All New Massage inspections require this fee to be paid prior to the inspection being performed. The "Certificate of Compliance" will be issued once all corrections are made. A change in owner/tenant will require this fee to be paid and will be treated as a New Massage inspection.

The City of Southfield Massage Establishment License Application must be filled out by each applicant and returned to the City Clerk's Office. Once all the information required is received an investigation will begin. The investigation cannot begin until all documents are received and all necessary fees are paid.

Once your applications are received you will be contacted by a representative from the Police Department to conduct their investigation. Inspectors from the Building Department, Planning and Health Department will also be coming out to do inspections. You will be contacted by the City Clerk's Office once a decision regarding your application has been made.

05/2018

26000 Evergreen Road
P.O. Box 2055
Southfield, Michigan 48037-2055

Place 2" by 2"
color front face
of applicant below

Application for Massage Establishment License



Date of Application: ____/____/____

1. Name of Applicant:

First Name Middle Name Last Name

2. Address of Applicant:

Street & Number City/State Zip Code

3. Contact Information of Applicant:

(____)____-_____
Telephone Number of Applicant

(____)____-_____
Business Number of Applicant

E-Mail Address Website

4. Driver's License Number: _____ Expiration Date: ____/____/____

- a. Height: ____ft. ____in.
- b. Weight: ____lbs. Gender: _____
- c. Eye Color: _____
- d. Hair Color: _____

5. Social Security Number: ____-____-____ Date of Birth: ____/____/____

6. Citizenship: _____

7. Naturalization I.D. Number: _____

8. Visa:

a. Date of Issue: ____/____/____

b. Place of Issue: _____

9. Federal Identification Number: _____

10. Relationship of Applicant to the Establishment: _____

11. Have you ever had a business license suspended or revoked? Yes ____ No ____

If so, please explain: _____

12. List of all other names used by Applicant at any other time:

13. Applicant's residence address and telephone numbers for the past three (3) years:

Number & Street City/State Zip Code

(____) _____ - _____
Telephone Number Years in Residence

Number & Street City/State Zip Code

(____) _____ - _____
Telephone Number Years in Residence

Number & Street City/State Zip Code

(____) _____ - _____
Telephone Number Years in Residence

14. Applicant's Business, Occupation or Employment address and telephone numbers for the past three (3) years:

Name of Business/Employer/Occupation (____)_____-_____
Telephone Number

Number & Street City/State Zip Code

Number of Years

Name of Business/Employer/Occupation (____)_____-_____
Telephone Number

Number & Street City/State Zip Code

Number of Years

Name of Business/Employer/Occupation (____)_____-_____
Telephone Number

Number & Street City/State Zip Code

Number of Years

15. Type of Ownership of Business:

- a) ____ Single Proprietorship
- b) ____ Partnership - Provide full names, date of birth, and home address of all partners in the Appendix to this Application and attach an applicable Assumed Name Certificate.
- c) ____ Corporation -Provide a copy of the Articles of Incorporation in the Appendix to this Application.
- d) ____ Limited-Liability Company – the name and address of each member, manager and assignee of a membership interest; the articles of incorporation shall be attached to the application.
- e) ____ Association – Provide a copy of all written agreements of association in the Appendix to this Application.

16. Name of Establishment: _____

17. Address of Proposed/ Licensed Establishment:

Number & Street	City/State	Zip Code
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18. Telephone Number of Proposed/Licensed Establishment: (_____) _____ - _____

19. Name under which the establishment will be operated:

20. Have you, as an individual and/or this establishment, partnership, corporation, limited -liability company or association, conducted, operated or had an interest in any massage establishment or similar operation prior to the date of this application?

Yes____ No____

If yes, please provide details below: _____

21. List all Criminal Convictions, Forfeiture of Bonds and Pleas of Nolo contendere on all criminal charges except, minor traffic conviction if the Applicant and/or Partners, Associates, Members Corporate Officers or others named in this application. Include dates and court locations.

22. If the Applicant is a Corporation, list names and fill in the following for each officer, director and stockholders owning more than 10% of the corporation:

President:

First Name	Middle Name	Last Name
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Alias's or Maiden Name

Number & Street City/State Zip Code

(____)_____-_____ (____)_____-_____ _____
Primary Telephone Number Business Telephone Number E-Mail Address

Height: ____ft. ____in. Weight: _____lbs. Hair Color: _____

Eye Color: _____ Gender: _____ Date of Birth: ____/____/_____

Driver's License Number: _____ Expiration Date: ____/____/_____

Social Security Number: _____-_____-_____

Citizenship: _____

Naturalization I.D. Number: _____

Visa:

- Date of Issuance: ____/____/_____
- Place of Issuance: _____

Vice President:

First Name Middle Name Last Name

Alias's or Maiden Name

Number & Street City/State Zip Code

(____)_____-_____ (____)_____-_____ _____
Primary Telephone Number Business Telephone Number E-Mail Address

Height: ____ft. ____in. Weight: _____lbs. Hair Color: _____

Eye Color: _____ Gender: _____ Date of Birth: ____/____/_____

Driver's License Number: _____ Expiration Date: ____/____/_____

Social Security Number: _____-_____-_____

Citizenship: _____

Naturalization I.D. Number: _____

Visa:

- Date of Issuance: ____/____/_____

- Place of Issuance: _____

Secretary:

 First Name Middle Name Last Name

 Alias's or Maiden Name

 Number & Street City/State Zip Code

(____)_____-_____
 Primary Telephone Number Business Telephone Number E-Mail Address

Height: ____ft. ____in. Weight: ____lbs. Hair Color: _____

Eye Color: _____ Gender: _____ Date of Birth: ____/____/____

Driver's License Number: _____ Expiration Date: ____/____/____

Social Security Number: ____-____-____

Citizenship: _____

Naturalization I.D. Number: _____

Visa:

- Date of Issuance: ____/____/____
- Place of Issuance: _____

Treasurer:

 First Name Middle Name Last Name

 Alias's or Maiden Name

 Number & Street City/State Zip Code

(____)_____-_____
 Primary Telephone Number Business Telephone Number E-Mail Address

Height: ____ft. ____in. Weight: ____lbs. Hair Color: _____

Eye Color: _____ Gender: _____ Date of Birth: ____/____/____

Driver's License Number: _____ Expiration Date: ____/____/____

Social Security Number: _____-_____-_____

Citizenship: _____

Naturalization I.D. Number: _____

Visa:

- Date of Issuance: ____/____/____

- Place of Issuance: _____

23. If the Applicant is a Partnership, list names and fill in the following for the Partners, including Limited Partners:

Partner:

First Name	Middle Name	Last Name
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Alias's or Maiden Name

Number & Street	City/State	Zip Code
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(____)____-____	(____)____-____	_____
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Primary Telephone Number	Business Telephone Number	E-Mail Address
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Height: ____ft. ____in. Weight: ____lbs. Hair Color: _____

Eye Color: _____ Gender: _____ Date of Birth: ____/____/____

Driver's License Number: _____ Expiration Date: ____/____/____

Social Security Number: _____-_____-_____

Citizenship: _____

Naturalization I.D. Number: _____

Visa:

- Date of Issuance: ____/____/____

- Place of Issuance: _____

Partner:

First Name Middle Name Last Name

Alias's or Maiden Name

Number & Street City/State Zip Code

(____)_____-_____
Primary Telephone Number Business Telephone Number E-Mail Address

Height: ____ft. ____in. Weight: ____lbs. Hair Color: _____

Eye Color: _____ Gender: _____ Date of Birth: ____/____/____

Driver's License Number: _____ Expiration Date: ____/____/____

Social Security Number: ____-____-____

Citizenship: _____

Naturalization I.D. Number: _____

Visa:

- Date of Issuance: ____/____/____
- Place of Issuance: _____

Partner:

First Name Middle Name Last Name

Alias's or Maiden Name

Number & Street City/State Zip Code

(____)_____-_____
Primary Telephone Number Business Telephone Number E-Mail Address

Height: ____ft. ____in. Weight: ____lbs. Hair Color: _____

Eye Color: _____ Gender: _____ Date of Birth: ____/____/____

Driver's License Number: _____ Expiration Date: ____/____/____

Social Security Number: _____-_____-_____

Citizenship: _____

Naturalization I.D. Number: _____

Visa:

- Date of Issuance: ____/____/____
- Place of Issuance: _____

24. Number of Myomassologists to be employed: _____

25. List names and fill in the following for each Myomassologist and attach a copy of each myomassologist's State of Michigan massage therapy license.

Myomassologist: License Number: _____

First Name	Middle Name	Last Name
_____	_____	_____

Alias's or Maiden Name _____

Number & Street	City/State	Zip Code
_____	_____	_____

(____)_____-_____ Primary Telephone Number	(____)_____-_____ Business Telephone Number	_____ E-Mail Address
_____	_____	_____

Height: ____ft. ____in. Weight: ____lbs. Hair Color: _____

Eye Color: _____ Gender: _____ Date of Birth: ____/____/____

Driver's License Number: _____ Expiration Date: ____/____/____

Social Security Number: _____-_____-_____

Citizenship: _____

Naturalization I.D. Number: _____

Visa:

- Date of Issuance: ____/____/____
- Place of Issuance: _____

Myomassologist: License Number: _____

First Name Middle Name Last Name

Alias's or Maiden Name

Number & Street City/State Zip Code

(____)_____-_____
Primary Telephone Number Business Telephone Number E-Mail Address

Height: ____ft. ____in. Weight: ____lbs. Hair Color: _____

Eye Color: _____ Gender: _____ Date of Birth: ____/____/____

Driver's License Number: _____ Expiration Date: ____/____/____

Social Security Number: ____-____-____

Citizenship: _____

Naturalization I.D. Number: _____

Visa:

- Date of Issuance: ____/____/____
- Place of Issuance: _____

Myomassologist: License Number: _____

First Name Middle Name Last Name

Alias's or Maiden Name

Number & Street City/State Zip Code

(____)_____-_____
Primary Telephone Number Business Telephone Number E-Mail Address

Height: ____ft. ____in. Weight: ____lbs. Hair Color: _____

Eye Color: _____ Gender: _____ Date of Birth: ____/____/____

Driver's License Number: _____ Expiration Date: ____/____/____

Social Security Number: _____-_____-_____

Citizenship: _____

Naturalization I.D. Number: _____

Visa:

- Date of Issuance: ____/____/____
- Place of Issuance: _____

Myomassologist: License Number: _____

First Name	Middle Name	Last Name
_____	_____	_____

Alias's or Maiden Name _____

Number & Street	City/State	Zip Code
_____	_____	_____

(____)_____-_____	(____)_____-_____	_____
Primary Telephone Number	Business Telephone Number	E-Mail Address

Height: ____ft. ____in. Weight: ____lbs. Hair Color: _____

Eye Color: _____ Gender: _____ Date of Birth: ____/____/____

Driver's License Number: _____ Expiration Date: ____/____/____

Social Security Number: _____-_____-_____

Citizenship: _____

Naturalization I.D. Number: _____

Visa:

- Date of Issuance: ____/____/____
- Place of Issuance: _____

26. List the name, residence address and telephone number of any employee not listed in Item 25 above. "Employee" is defined in Section 7.501(d) of the Ordinance 1214 as "any and all persons employed by a massage establishment or any person who renders any service to a massage establishment or its customers on its premises and receives compensation for the service."

Employee:

First Name	Middle Name	Last Name
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Number & Street	City/ State	Zip Code
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Telephone Number	Position
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Employee:

First Name	Middle Name	Last Name
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Number & Street	City/ State	Zip Code
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Telephone Number	Position
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Employee:

First Name	Middle Name	Last Name
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Number & Street	City/ State	Zip Code
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Telephone Number	Position
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Employee:

First Name	Middle Name	Last Name
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Number & Street	City/ State	Zip Code
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Telephone Number	Position
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POLICE RECORD CHECK

The following information is being requested so that a complete and accurate record check on your driving and criminal record can be obtained.

Last Name _____ First Name _____ Middle Name _____
Date of Birth ____/____/____ Race _____ Gender: _____
Height: ____ft. ____in. Weight: _____lbs. Hair Color: _____
Eye Color: _____
Social Security Number: _____-_____-____ U.S. Citizen? Yes _____ No _____
Driver's License Number: _____ Expiration Date ____/____/____
Have you ever been convicted of a felony? Yes _____ No _____ If yes, please explain

Have you ever been convicted of a misdemeanor? Yes _____ No _____ If yes, please explain

Have you ever been addicted to alcohol or drugs? Yes _____ No _____

Have you ever used any other name than the one you are now using? Yes _____ No _____

If yes, which name(s) _____

I hereby certify that the above information is true and any false statement of facts will result in denial of application.

Signature _____ Date ____/____/____

1. I hereby authorize the City of Southfield, its agents and employees, to seek information and conduct an investigation into the truth of the statements set forth in this application and the qualifications of the applicant for the license, and I will execute waivers or authorization for the release of information upon request.
2. I have attached an ink impression of my own fingerprints and two (2) front-face color photographs made or exposed within thirty (30) days of the date of this application
3. I understand that any Partner or Limited Partner of a Partnership Applicant, and any Officer or Director of a Corporate Applicant, and any Shareholder holding more than Ten 10% Percent of the stock of a Corporate Applicant, shall also furnish the information requested in Item 22.

State of Michigan)

) ss.

County of Oakland)

I, _____, hereby declare under penalty of perjury, that the foregoing information in this application is true and correct.

Signature

On the _____ day of _____, 20____,
_____, did appear personally before me, a Notary Public, in and for the said County, and being duly sworn by m, did state that (s)he is the applicant of the within “Massage Establishment License Application”, and that the information contained within the application is true, correct and complete.

Notary Public
Oakland County, Michigan
My Commission Expires: _____

City of Southfield

Massage Establishment License Application

Ordinance 1214

CERTIFICATION AND APPROVAL OF SOUTHFIELD CHIEF OF POLICE

Trade Name of Establishment: _____

Business Address: _____

Based upon all competent and pertinent information available to me, I have found, and do hereby certify, that the Applicant's character, moral integrity, and physical and mental condition, is not inimical to the public health, safety, morals or general welfare; and that the Applicant is of good moral character.

I approve the applicant for a license for a Massage Establishment.

Date: _____

Signature: _____

April 12, 2018

City of Southfield

Massage Establishment License Application

Ordinance 1214

CERTIFICATION AND APPROVAL OF SOUTHFIELD FIRE CHIEF

Trade Name of Establishment: _____

Business Address _____

This certifies that I, as Fire Chief of the City of Southfield, based upon actual inspection of the Establishment named above, at the address shown above, on or about the _____ day of _____, 20____, found that the premises at the above business address comply with all the Fire Regulations of the state and of the City.

I approve the Applicant for a license for a Massage Establishment.

Date: _____

Signature: _____

City of Southfield

Massage Establishment License Application

Ordinance 1214

CERTIFICATION AND APPROVAL OF BUILDING, HOUSING AND REDEVELOPMENT

Trade Name of Establishment: _____

Business Address _____

This certifies that use or proposed use of the building or structure at the business address shown above, as a Massage Establishment, as defined in Ordinance 1214, is not prohibited by Title V of the Southfield Ordinance Code or other Zoning Regulations of the City.

This will certify that a Certificate of Occupancy has been issued for this use as this location.

I approve the Applicant for a license for a Massage Establishment.

Date: _____

Signature: _____