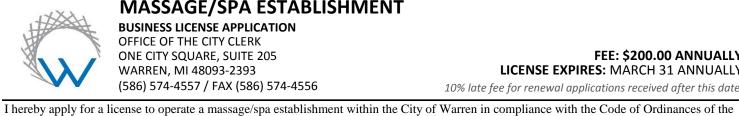
MASSAGE/SPA ESTABLISHMENT



BUSINESS LICENSE APPLICATION OFFICE OF THE CITY CLERK ONE CITY SQUARE, SUITE 205 WARREN, MI 48093-2393 (586) 574-4557 / FAX (586) 574-4556

FEE: \$200.00 ANNUALLY **LICENSE EXPIRES: MARCH 31 ANNUALLY**

10% late fee for renewal applications received after this date

City of Warren. (Chapter 19, Article II, Secion 19-29 thru NEW RENEWAL	1 19-39 and Section 19-63 thru		APPLICATION IN FULL	
BUSINESS NAME:		PHONE:		
BUSINESS ADDRESS:	War	Warren, MI		
street	city	state	zip	
MANAGER (OR INDIVIDUAL PRINCIPALLY IN CHARGE C	OF THE OPERATION OF THE ES	STABLISHMENT) :		
NAME:		PHONE:		
HOME ADDRESS:				
street	city	state	zip	
APPLICANT NAME*:		PHONE:		
APPLICANT ADDRESS:				
street	city	state	zip	
OTHER NAMES USED BY THE APPLICANT IN PREC	EDING 5 YEARS:			
* (applicant info continued on page 2)				
BUSINESS HOURS:				
DETAILED SUMMARY / DESCRIPTION OF SERVICE	S TO BE PROVIDED:			
SEND CORRESPONDENCE BY: EMAIL: I consent to release and authorization for the city, its agon the statements set forth in the application and the quality of the statements set forth in the application and the quality of the statements set forth in the application and the quality of the statements set forth in the application and the quality of the statements set forth in the application and the quality of the statements set forth in the application and the quality of the statements set forth in the application and the quality of the statements set forth in the application and the quality of the statements set forth in the application and the quality of the statements set forth in the application and the quality of the statements set forth in the application and the quality of the statements set forth in the application and the quality of the statements set forth in the application and the quality of the statements set forth in the application and the quality of the statements set forth in the application and the quality of the statements set forth in the application and the quality of the statements set forth in the application and the quality of the statements set for the statement of the stat			•	
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APPLICANT IS (CHECK ONE)			
☐ INDIVIDUAL ☐ CORPORATION & STATE OF INCORPORATION*	PARTNERSHIP*		
OTHER:	□пс		
*Section 19-30(1)(e)(ii): Please provide a complete list of: officers, directors, and partners, members or shareholders (natural persons) holding a ten percent or greater ownership interest in such legal entity, OR if there is no shareholder (natural person) with at least a ten percent interest, the ten shareholders with the greatest ownership interest * In the previous five years, has anyone listed in response to Section 19-30(1)(e)(ii) been the owner, director, officer, partner, member, or shareholder of an establishment that has: (1) Been declared by a court of law to be a nuisance or (2) Had its license to operate a massage establishment revoked: YES NO * In the previous twelve months, has anyone listed in response to Section 19-30(1)(e)(ii) resided with someone who has been the owner, director, officer, partner, member, or shareholder of a massage or spa establishment that has in the previous five years: (1) Been declared by a court of law to be a nuisance or (2) Had its license to operate a massage establishment revoked: YES NO IS THE APPLICANT THE OWNER OF THE PREMISES?: YES NO ** ** If the premises are leased you must provide a copy of the signed lease for the business premises and written consent from the owner to utilize the premises for the described purpose is required			
REQUIREMENTS:			
☐ Copy of Driver's License or State ID ☐ If the applicant is to operate the establishment under an assumed p	name: proof that an Assumed Name		
If the applicant is to operate the establishment under an assumed name: proof that an Assumed Name Certificate has been filed with the Macomb County Clerk; and/or if required, the State of Michigan			
If the applicant is a partership, limited liability company, corporation chartered under the laws of the state or authorized by the State of of the certificate of organization or incorporation, as applicable, and applicable	Michigan to do business in the state: copies		
\square For every person on the premises who offers or will offer services t	for which a license under MCL333.17951 et		
seq. (attached) is required:			
Copy of their state license Color photograph, 2 x 2 inches, clearly depicting the face, n	nack, and shoulders		