



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

I hereby apply for a license to operate a massage/spa establishment within the City of Warren in compliance with the Code of Ordinances of the City of Warren. (Chapter 19, Article II, Section 19-29 thru 19-39 and Section 19-63 thru 19-67)

NEW RENEWAL

PLEASE COMPLETE APPLICATION IN FULL

BUSINESS NAME: _____ PHONE: _____

BUSINESS ADDRESS: _____ Warren, MI
street city state zip

MANAGER (OR INDIVIDUAL PRINCIPALLY IN CHARGE OF THE OPERATION OF THE ESTABLISHMENT) :

NAME: _____ PHONE: _____

HOME ADDRESS: _____
street city state zip

APPLICANT NAME*: _____ PHONE: _____

APPLICANT ADDRESS: _____
street city state zip

OTHER NAMES USED BY THE APPLICANT IN PRECEDING 5 YEARS: _____

** (applicant info continued on page 2)*

BUSINESS HOURS: _____

DETAILED SUMMARY / DESCRIPTION OF SERVICES TO BE PROVIDED: _____

SEND CORRESPONDENCE BY: EMAIL: _____ MAIL ONLY

I consent to release and authorization for the city, its agents and employees to seek information and conduct an investigation into the truth of the statements set forth in the application and the qualifications of the applicant for the license. **I certify that all statements on this application are true. I understand that any false information may result in the revoking of this license.**

Signature: _____

Print Name: _____

Preferred Mailing Address: Business Address Applicant Address ATTN: _____

Other: _____
street city state zip

*** In accordance with the Warren Code of Ordinances mandated in Section 18-9: No license shall be issued or renewed under the provisions of this chapter or any other ordinance of the city until any and all personal property taxes, levied and assessed against such person by the city which may be due and payable at the time of the filing of the application for such license, shall have been paid (Applies to Warren businesses only) / THIS LICENSE IS NOT TRANSFERABLE & NON-REFUNDABLE**

*** Note: New dwelling or new owner must obtain a new Certificate of Compliance from the Building Department**

OFFICE USE ONLY

DEPARTMENT APPROVAL:

POLICE: BUILDING:

Issued by: _____ Computer Entry Paper License

LICENSE EXPIRES: 03/31/20 _____ FEE \$ 200.00

LATE FEE* \$ _____

MASSAGE / SPA ESTABLISHMENT LICENSE NO. _____

** Applied if renewal application received after 03/31*

PAID OTC MAIL

APPLICANT IS (CHECK ONE)

- INDIVIDUAL CORPORATION & STATE OF INCORPORATION* PARTNERSHIP*
 OTHER: _____ LLC

* 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 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 partnership, limited liability company, corporation or other legal entity required to be chartered under the laws of the state or authorized by the State of Michigan to do business in the state: copies of the certificate of organization or incorporation, as applicable, and articles of organization or incorporation, as applicable
- For every person on the premises who offers or will offer services 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, neck, and shoulders*