



Massage Facility License Application

INSTRUCTIONS

(Please allow up to 60 days for application review)

APPLICANT:

- Complete the Massage Facility License Application (**TYPED OR PRINTED**) and include the following attachments:
 - Evidence of current valid premises liability, workers compensation and general liability insurance for the massage facility, in an amount of \$250,000 or more.
 - Payment \$700.00 each facility (cash, charge card, debit card, check or money order made payable to "City of Troy")
 - All Massage Therapists employed by the facility must provide a copy of their State Massage License, driver license, state ID or work visa & Massage Facility Employee Application
 - All Employees of the facility that are *NOT* a Massage Therapist must provide a copy of their driver license, state ID or work visa & Massage Facility Employee Application
 - Required** attachments listed below apply to **each** applicant, partner, officer, director and resident agent (if corporation)
 - Copy of driver license or government-issued photo ID or work visa
 - Current front-face 2"x2" photograph
 - (3) **Notarized** written references (not relatives or business associates) including name, address, phone number of each reference (Notary service provided in Clerk's Office-no charge for reference letters)
- Submit the completed Massage Facility License Application to the City Clerk's Office

CITY CLERK'S OFFICE:

- Provide notary service (if necessary)
- Review accuracy of the completed application and documentation
- Make a copy of the driver license if a copy is not provided
- Retain original copy of completed application w/photo for internal processing
- Process payment; print receipt for the applicant; write receipt info on bottom of application
 - APPLICANT MUST BE FINGERPRINTED:** The receipt for application fee plus photo identification must be presented in order to be fingerprinted
 - Direct applicant to Police Dept. Records Section for fingerprinting
- Route application electronically to approving department(s) for approval/denial

APPROVING DEPARTMENT(S):

- Reviews application and notifies City Clerk's office of approval/denial

CITY CLERK'S OFFICE:

- Denial - Notifies applicant
- Approval - Prepares permit and mails to contact listed on application



Massage Facility License Application

FEE \$700.00 - per facility
(Not per applicant)

Date _____

Facility Name _____

Facility Address _____
City State Zip

Mailing Address _____
City State Zip

Business Phone _____ Alternate Phone Number _____

Email Address _____

Types of Services Provided _____

Is the Facility a Corporation? Yes No If Yes, attach a separate sheet detailing the names and permanent addresses of each officer, director, resident agent, 10% stockholder; list the address of the corporation or resident agent in Oakland County.

Is the Facility a Partnership? Yes No If Yes, attach a separate sheet detailing the name, height, weight, sex, eye color, hair color and permanent address of each partner.

APPLICANT INFORMATION:

Applicant Name _____ Date of Birth _____

Home Address _____
City State Zip

Home Phone # _____ Cell Phone # _____

Driver's License #: _____ Email _____

Applicant's Last (2) Home Addresses:

1) _____ 2) _____
Address Address

City/State/Zip

City/State/Zip

Applicant Height: _____ Weight: _____ Sex: _____
Hair Color: _____ Eye Color: _____



Massage Facility License Application

List applicant's employment for the last (3) years (attach separate sheet if needed)

Has applicant owned, operated or managed other massage facilities? Yes No

If yes, name and address of facility or facilities _____

Has applicant ever had a business license revoked, suspended or denied? Yes No

Reason(s) for the suspension, revocation or denial _____

Any prior or pending criminal convictions for any applicants, partners or officers (if corporation)? Yes No

(If Yes, attach a separate sheet for each individual detailing the dates of conviction(s), nature of the crime(s) and court or tribunal where the matter was adjudicated. Do NOT include misdemeanor traffic violations unless they involved a controlled substance or alcohol)

Name and address of any other business owned, operated or managed by applicant:

(Attach separate sheet if needed) _____

Provide a brief description of any other business(es) to be operated on the same premises or adjoining premises ALSO owned or controlled by the applicant(s) _____

I, _____, do hereby acknowledge and subscribe to the foregoing instrument and declare all statements to be true. I authorize the City, its agents and employees, to seek information and conduct an investigation to verify the veracity of the information provided, including LEIN records checks of all individuals listed on this application.

Applicant's Signature

For more information, please view the City of Troy Code of Ordinances:

- [Chapter 98A, Massage Facility License](#)

Approval of this application is determined by the following departments:

Building, Fire, Planning, Police, Purchasing, Treasurer

