



CITY OF NORTHVILLE
215 W. MAIN STREET
NORTHVILLE, MICHIGAN 48167
(248) 349-1300

MESSAGE ESTABLISHMENT
LICENSE APPLICATION (revised 11/28/18)

CASHIER'S VALIDATION (04)

Attach the following items at the time of application and renewal. Incomplete applications will not be processed. THE APPLICATION MUST BE NOTARIZED.

- 1. 2" x 2" COLOR photograph of applicant / head and shoulders - no Xerox photos allowed
2. Copy of Driver's License or State Identification Card
3. Fees - Non Refundable - Payable to City of Northville \$230 Initial application (or prorated @ \$19.16/month)
\$10 iChat fee per owner/applicant

Please visit our website at www.ci.northville.mi.us to review the Massage Establishment Ordinance. Review the Zoning Ordinance to determine the zoning for your location and if a massage establishment is a permitted use. Questions pertaining to zoning and permitted uses should be directed to the Building Official.

ESTABLISHMENT INFORMATION

Trade Name of Establishment Assumed Name Certificate No.

Name of Applicant

Complete Mailing Address of Proposed Location

Business telephone number Cell/Home telephone number

What is the Zoning for this location? Zoning Map and Zoning Ordinance available on the City website at www.ci.northville.mi.us

Is a massage establishment a permitted use in that zoning district? Please contact the Building Inspector with questions pertaining to Zoning (734) 323-5613.

Days and hours of operation

List service(s) to be provided

Number of massage therapists? (massage therapists are licensed by the State)

Have you had a previous massage establishment or similar business located in the City of Northville or in any other municipality or state under license? Yes No

Telephone Number _____

Driver's License- ** ATTACH COPY OF DRIVER'S LICENSE

Length of time at current address _____ Length of time residing in State of Michigan _____

PREVIOUS ADDRESSES FOR THE LAST 10 YEARS

Address _____

Length of time at this address _____

Address _____

Length of time at this address _____

Will you be working as a Massage Therapist or Instructor at this establishment? Yes No

PREVIOUS EMPLOYMENT FOR LAST 3 YEARS (Applicant)

1) _____
Business Name and Complete Address

Business Phone Number _____ Dates of Employment _____

Describe your position and work performed _____

2) _____
Business Name and Complete Address

Business Phone Number _____ Dates of Employment _____

Describe your position and work performed _____

If you need more space to complete Section IV, please attach a separate sheet and follow the above format

AFFIDAVIT

STATE OF MICHIGAN)
COUNTY OF _____)

_____, first being duly sworn, deposes and says that he/she is at least 18 years of age, has read the foregoing application by him/her subscribed and that he/she knows the contents thereof, and that the same is true of his/her own knowledge and belief. Any false or misleading information in, or in connection with this application may be cause for denial or loss of license. I have also included the following documents as part of my initial/renewal application:

