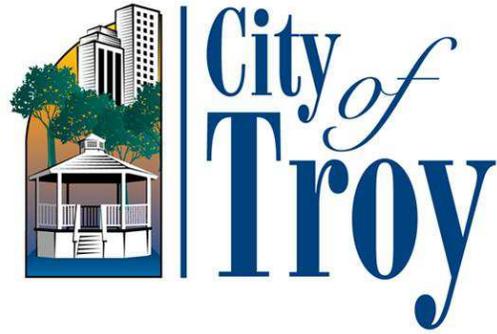


**City of Troy  
City Clerk's Office  
500 West Big Beaver  
Troy, Michigan 48084  
(248) 524-3331**



## **INSTRUCTIONS FOR MASSAGE FACILITY LICENSE APPLICATION**

### **STEP I. APPLICANT:**

- Submit the completed Massage Facility License Application (**TYPED OR PRINTED**) to the City Clerk's Office with the following items:
  - Copy of current valid insurance for facility
  - Payment (cash, debit card, check or money order payable to City of Troy)
  - Required** attachments listed below apply to **each** applicant, partner and officer, director and resident agent (if corporation)
    - Copy of driver's license or government-issued photo ID
    - Current front-face 2"x2" photograph  
(Photos can be taken at the City Clerk's Office - \$10)
    - (3) written references (not relatives or business associates)

### **STEP II. APPLICANT/CITY CLERK'S OFFICE:**

- Provide photo services if necessary; collect \$10.00 photo fee
- Review accuracy of the completed application and documentation
- Make a copy of the driver's license if a copy is not provided
- Retain original copy of completed application w/photo for internal processing
- Process payment; print one receipt for applicant; print second receipt for file
- Direct applicant to Police Dept./Records Section for fingerprinting

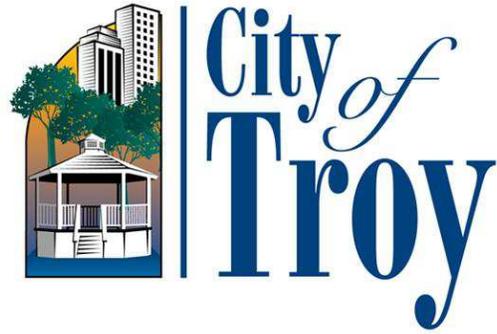
### **STEP III. CITY CLERK'S OFFICE**

- APPLICANT MUST BE FINGERPRINTED:** The receipt for application fee plus photo identification must be presented in order to be fingerprinted
- CITY CLERK'S OFFICE** will route application for approval/denial

### **STEP IV. APPLICANT:**

- The applicant will be notified of approval by the City Clerk's Office
- All Massage Therapists employed by the facility must provide a copy of their State License with this application.

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**MESSAGE FACILITY LICENSE APPLICATION**

**FEE: \$500.00** Date \_\_\_\_\_

Applicant's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Phone \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Applicant's Last (2) Home Addresses	Address	Address
	City/State/Zip	City/State/Zip

Applicant's: Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Sex: \_\_\_\_\_  
Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Massage Facility \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ Phone \_\_\_\_\_  
Alt Phone \_\_\_\_\_ Alt Phone \_\_\_\_\_

Services to be Provided \_\_\_\_\_

Is the Facility a Corporation? \_\_\_\_\_  
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? \_\_\_\_\_  
If Yes, attach a separate sheet detailing the name, height, weight, sex, eye color, hair color and permanent address of each partner.

List Applicant's Employment for the Last (3) Years (attach a separate sheet if needed)

Applicant's History of Employment/Business with a Massage or Similar Facility? \_\_\_\_\_

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Does Applicant Currently Operate or Had Previously Operated a Massage Business in This or Any Other State? \_\_\_\_\_

Has Applicant Ever Had a Business License Revoked or Suspended? \_\_\_\_\_  
 Reason(s) for the Suspension or Revocation \_\_\_\_\_

Any Prior Criminal Convictions for Any Applicants, Partners or Officers (if Corporation)? \_\_\_\_\_  
 (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 Facility Owned or Operated by Any Person Listed on This Application (attach a 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

<b>Application Fee</b>		<b>\$500.00</b>
<b>Investigation Fee</b>	<b>For each listed Applicant</b>	<b>\$500.00</b>

**Approval of this application is determined by the following departments:  
 Building, Fire, Planning, Police, Treasurer**