



# City Of Farmington

## Massage Facility Business and License Registration

23600 Liberty St

Farmington, MI 48335

248-474-5500

farmgov.com

farmingtonclerk@farmgov.com

**Must be completed by each Owner / Partner / Officer / Director**

Business Name \_\_\_\_\_ Business Phone \_\_\_\_\_

Business Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Business Website Address \_\_\_\_\_

Email Address \_\_\_\_\_

Applicant Name \_\_\_\_\_

Applicant Phone \_\_\_\_\_

Applicant Address (Including dates of residence) \_\_\_\_\_

Applicant previous address (Including dates of residence) \_\_\_\_\_

Date of Birth (Must be at least 18 years old) \_\_\_\_\_

Physical: Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_ Height \_\_\_\_\_ Sex \_\_\_\_\_ Weight \_\_\_\_\_

Criminal History: Have you ever been arrested and convicted? Yes \_\_\_ No \_\_\_

If yes, specify reason, where, and when: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Previous Employment (Last 3 Years): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you previously operated a massage facility or similar business? \_\_\_\_\_

Were there any problems related to the business? If yes, explain: \_\_\_\_\_

\_\_\_\_\_

If Applicant is a Corporation, list Names and residential addresses of all officers, directors, and stockholders holding more than 10% of said Corporation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If Applicant is a Partnership, list Names and residential addresses of all partners (including limited partners): \_\_\_\_\_

Describe services to be provided by this business: \_\_\_\_\_

**The following information is requested for use in providing police/fire services:**

What are your hours of operation? \_\_\_\_\_

Do you have an alarm system? Yes\_\_\_ No\_\_\_ Type: Burglar\_\_\_ Fire\_\_\_ Hold Up\_\_\_

Name, address, and phone number of alarm company \_\_\_\_\_

Do you have after-hours lighting? Yes\_\_\_ No\_\_\_ Location: \_\_\_\_\_

Do you have an after-hours cleaning crew? Yes\_\_\_ No\_\_\_ If yes, name of cleaning crew \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_ Times/Hours in building \_\_\_\_\_

Location of safe \_\_\_\_\_

Name, address, and phone number of Key Holder and second Key holder to notify in an emergency \_\_\_\_\_

**APPLICANT MUST ATTACH:**

- Copy of Birth Certificate
- Driver's License
- List of names and qualifications of all persons providing massages at this location
- Portrait Photograph (2" x 2" minimum)
- Finger Prints (Must be taken by Farmington Public Safety Dept)

Signature of Applicant \_\_\_\_\_ Title of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Witness \_\_\_\_\_ Date \_\_\_\_\_ \$300 Application Fee per Massage Facility



## **CITY OF FARMINGTON BUSINESS DIRECTORY INFORMATION**

All Farmington businesses who have a current Business Registration with the City of Farmington are listed on the City's Business Directory on [www.farmgov.com](http://www.farmgov.com).

Included in the directory is your business name, address, phone number, and website.

**Please circle the category that best describes your business:**

Financial & Real Estate

Food / Drink

Health & Beauty

Retail

Professional Services

Feel free to contact the Clerk's office with any updates you may have to your business information throughout the year.