



City Clerk's Office
23600 Liberty Street, Farmington, MI 48335
248-474-5500
www.ci.farmington.mi.us

MESSAGE FACILITY LICENSE APPLICATION

(Must be completed by each owner/partner/officer/director)

1. BUSINESS NAME _____

2. BUSINESS ADDRESS _____

3. APPLICANT NAME _____
(Last) (First) (Middle)

4. APPLICANT ADDRESS _____
(Street) (City) (State) (Dates of Residence)

PHONE NUMBER _____

PREVIOUS RESIDENCE _____
(Street) (City) (State) (Dates of Residence)

5. DATE OF BIRTH (Must be at least 18 years old) _____ / _____ / _____
(Month) (Day) (Year)

Attach Copy - Birth Certificate _____
Drivers License _____

6. PHYSICAL - Height _____ Weight _____ Sex _____

Hair Color _____ Eye Color _____

7. CRIMINAL HISTORY - Arrested and Convicted Yes _____ No _____

If yes, specify reason, where and when

8. PREVIOUS EMPLOYMENT RECORD – (Last 3 years)

-Over-

9. Have you previously operated a massage parlor or similar business: _____

Were there any problems related to the business: _____

Describe: _____

10. IF APPLICANT IS A CORPORATION – Names and residential addresses of all officers, directors and stockholders holding more than 10% of said corporation.

11. IF APPLICANT IS A PARTNERSHIP – Names and residential addresses of all partners (including limited partners).

12. PORTRAIT PHOTOGRAPH – **(Please attach)**
(2" X 2" Minimum)

FINGER PRINTS - **(Please attach)**
(Must be taken by Farmington Public Safety Dept.)

13. DESCRIBE SERVICES TO BE PROVIDED BY THIS BUSINESS:

14. PLEASE ATTACH A LIST OF THE NAMES AND QUALIFICATIONS OF ALL PERSONS WHO WILL BE PROVIDING MASSAGES AT THIS BUSINESS LOCATION.

(Applicant Signature)

(Date)

(Witness Signature)

(Date)

City Office Use:

LICENSE APPLICATION FEE (\$250.00): _____ **AMOUNT PAID:** _____