

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:** _____