

**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 obtain the Massage Employee Registration by filing applications at the City Clerk's Office

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MESSAGE FACILITY LICENSE APPLICATION

FEE: \$500.00 (see page 2 for details)

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

Application Fee		\$500.00
Investigation Fee	For each listed Applicant	\$500.00
	Additional fee for each Massage Therapist, Employee, and/or Independent Contractor	\$ 50.00

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