



NOVI CITY CLERK'S OFFICE
45175 W. TEN MILE ROAD
NOVI, MI 48375
(248) 347-0456
Fax (248) 347-0577

MESSAGE BUSINESS LICENSE APPLICATION
Chapter 20 Ordinance 05-120.08

Business information:

Name of business: _____ Phone #: (248) _____

Business address: _____

Define the services to be provided: _____

Applicant information:

Name of applicant: _____

Applicant's current home address: _____

List the prior addresses of the applicant for preceding ten (10) years, if different than above:

State applicant's: Height _____ Weight _____ Sex _____

 Date of birth _____ Hair color _____ Eye color _____

Applicant's driver's license number (attach copy): _____

If a corporation, list the corporation address: _____

Names and residential addresses of corporation officers:

Names and residential addresses of stockholders holding more than 10% interest:

If a partnership, list the partnership address: _____

Names and addresses of partners:

If a limited liability company, list the limited liability company's address:

Names and residential addresses of the limited liability company's members:

State applicant's occupation or employment for three years immediately preceding date of application:

If similar business history, has license ever been revoked or suspended: _____

If yes, state reason why: _____

State all criminal convictions (other than misdemeanor traffic violations) including nature of crimes and dates:

State names and addresses of massage therapists employed or to be employed:

State names and addresses of any business establishments, massage or other, owned or operated by applicant:

Describe any other business to be conducted on premises or adjoining premises owned or controlled by applicant:

If the facility is to be located in a proposed building for which site plan approval has not yet been obtained, or in an existing building that is to be remodeled, construction plans for the proposed building or remodeling, together with a conceptual plan showing the relationship of the building to the surrounding property and uses, and proposed building elevations.

If applicant will also perform massage, he/she must also obtain a massage therapist permit with the City of Novi.

Applications without the following attachments will be considered incomplete and WILL NOT be accepted by the City Clerk's Office:

A copy of the front and back of the applicant's current driver's license.

Signed written statements from at least three (3) bona fide permanent residents of the United States that the applicant is of good moral character. References must be persons other than relatives and business associates.

The required \$250 application fee.

Signature authorization for City, its agents and employees to seek information regarding truth of statements included herein:

Signature of applicant

Printed name and title

Subscribed and sworn before me, this ____ day of _____, 20__

Notary public
_____ County, Michigan

My commission expires: _____

For office use only

Date paid: _____ Receipt number: _____ Copy of driver's license: _____

3 Written Statements: _____