



If the applicant is a partnership, list the partnership address and the names and addresses of partners:

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If the applicant is a limited liability company, list the limited liability company's address and the names and residential addresses of the limited liability company's members:

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**Applicant business history:**

State applicant's occupation or employment for three (3) years immediately preceding date of application (include the time period, address and phone number):

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If there is a business license history, has any license ever been revoked or suspended?  YES  NO

If yes, state reason why: \_\_\_\_\_

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

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**Business information:**

State the names and addresses of all massage therapists employed or to be employed (attach another sheet if necessary):

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**Applications must be submitted with the following attachments:**

- A copy of the front and back of the applicant's current driver's license.
- A written statement and information as to the applicant's character, experience and financial ability to meet the obligations and business undertakings for which the license is to be issued. In those cases where the applicant is borrowing funds for such purpose, the identification of the person or entity providing the funds, and information as to the financial ability of such other entity or person to meet such obligations and undertakings.
- Site Plan- *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 must be submitted.*
- \$250 non-refundable application fee.

I hereby authorize the City of Novi to seek information and conduct an investigation into the truth of the statements set forth in the application and the qualifications of the applicant for the license.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Printed name and title

Subscribed and sworn before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary public

\_\_\_\_\_ County, Michigan

My commission expires: \_\_\_\_\_