

**Massage Establishment Application - New**

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FOR APPLICANT'S USE

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**DOCUMENTS TO BE PRESENTED AT TIME OF APPLICATION:**

- \_\_\_\_\_ \$715.00 License fee (**fees are non-refundable**)
- \_\_\_\_\_ Proof that an Assumed Name certificate has been filed with the Macomb County Clerk or State of Michigan
- \_\_\_\_\_ If applicable, Articles of Incorporation and a certificate of good standing issued by the State of Michigan
- \_\_\_\_\_ Two 2"x2" front face portrait photographs \*
- \_\_\_\_\_ Birth Certificate or Passport
- \_\_\_\_\_ Driver's License or Passport
- \_\_\_\_\_ Copy of signed lease where operating and written consent of property owner (if property owner is not applicant) to utilize premises for massage establishment.
- \_\_\_\_\_ Public liability and property damage insurance policy insuring the establishment and its personnel against any liability arising out of its operation as a massage establishment or the provision of massage services on the premises. Such policy shall provide for proof of professional liability insurance with limits of liability not less than \$500,000.00 per occurrence. The insurance policy requirements may be met by submitting proof that the minimum insurance coverage is provided to the applicant as a benefit of membership in a professional massage organization, such as the National Certification Board for Therapeutic Massage and Bodywork (NCBTMB), the American Massage Therapy Association (AMTA) or similar entity, and proof that the applicant's dues for membership in such organization are current and paid through at least an additional 90-day period from the date of the application. (No person or entity shall maintain, operate or cause to be operated any massage establishment unless the insurance required is in force at the time of such operation)

\*In lieu of photos of all corporate shareholders, a corporate applicant may submit photographs of all officers and managing agents of said corporation and a complete set of the same officers' and agents' fingerprints. In the case of a partnership, photographs and fingerprints for each partner are required.

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FOR CITY CLERK'S USE:

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- \_\_\_\_\_ Copy of Chapter 30 to Applicant
- \_\_\_\_\_ Date memo sent to all departments for review and recommendation
- \_\_\_\_\_ Date of Police approval
- \_\_\_\_\_ Date of Fire approval
- \_\_\_\_\_ Date of Building Department approval
- \_\_\_\_\_ Date of Code Enforcement approval
- \_\_\_\_\_ Date of Planning Department approval
- \_\_\_\_\_ Date of Treasury Department approval
- \_\_\_\_\_ Date memo sent to Police Department with copy of license that was issued
- \_\_\_\_\_ Date license issued

Issued by: \_\_\_\_\_

Approval: \_\_\_\_\_

Date \_\_\_\_\_

**CITY OF STERLING HEIGHTS  
OFFICE OF THE CITY CLERK**

**APPLICATION TO OPERATE A MASSAGE ESTABLISHMENT**

Full name of applicant \_\_\_\_\_

Indicate the following ( ) Individual ( ) Corporation ( ) Partnership ( ) Other Business Entity \_\_\_\_\_

Name under which business will be operated: \_\_\_\_\_

Massage Establishment address in Sterling Heights: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Corporate Address (if different than above): \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

All telephone numbers, fax, web address and e-mail of the establishment \_\_\_\_\_

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(NOTE: A copy of the signed lease for the business premises and written consent of the owner to utilize the premises for the described purpose, if the premises are not owned by the applicant, must be attached to this application)

Full name, address, telephone number and e-mail address of each individual who will **manage** or be principally in charge of the operation of the establishment:

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A complete list of the names and residence addresses of all massologists and employees to be utilized by the business, along with documentation establishing that the massologists meet the training and certification requirements of this chapter for obtaining an individual massologist license (**Schedule 1** must be attached to this application)

A detailed summary or description of the nature and type of services to be provided at the establishment:

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Will any off-site services be provided and, if so, the proposed locations: \_\_\_\_\_

\_\_\_\_\_

Days and times the establishment will be open to provide services: \_\_\_\_\_

\_\_\_\_\_

I hereby authorize the City of Sterling Heights, its agents and employees to seek information and conduct an investigation into the truth of the statements set forth on the application and the qualifications of the applicant for the license.

I, \_\_\_\_\_ declare, under oath or affirmation, under penalty of perjury, that the information contained in and attached to this application is true and correct.

\_\_\_\_\_  
(Signature of Applicant)

STATE OF MICHIGAN  
COUNTY OF MACOMB

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally appeared \_\_\_\_\_ who being duly sworn, says that he/she signed the above application and that the statements therein are true.

\_\_\_\_\_  
Notary Public

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



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**SCHEDULE 2**

**(To be completed by any applicant who is an individual business owner)**

If the applicant for the massage establishment license is an individual, the following information must be provided:

Applicant's Name \_\_\_\_\_

Applicant's Social Security Number \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone No. \_\_\_\_\_

Previous Addresses for last three years: \_\_\_\_\_

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List previous related experience, including, but not limited to, whether the applicant has previously held any license as a massologist, the location for which such a license was held, the status of such license and, if such license was suspended or revoked, the reasons therefore:

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Color: Eyes \_\_\_\_\_, Hair \_\_\_\_\_, Height \_\_\_\_\_, Weight \_\_\_\_\_, Sex: Male \_\_\_\_\_, Female \_\_\_\_\_

Driver's License No. \_\_\_\_\_

Birth Date (must provide either birth certificate, driver's license, or passport) \_\_\_\_\_

List all of the applicant's criminal convictions and/or guilty pleas, if any, other than civil infractions, fully disclosing the jurisdictions in which convicted or in which the plea was tendered, the offense on which originally arrested and the offense for which ultimately convicted or for which the plea was tendered, and the date of same along with the resulting penalty:

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List three character references (name, address and telephone number). Do not give relatives.

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_

### **SCHEDULE 3**

**(To be completed if applicant is a corporation, partnership or other business entity)**

If the applicant is a corporation, partnership or other business entity, the following information must be included about each individual who owns at least a 10% share in the corporation or interest in the partnership or other business entity or serves as a director or officer of the corporation or who holds a lien on the establishment or on the equipment therein, each of whom shall be considered to be an applicant (this form may be copied for completion by each individual)

Full Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

Residence Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone No. \_\_\_\_\_

Previous Addresses for last three years: \_\_\_\_\_  
\_\_\_\_\_

List individual's business, occupation, or employment for the past three years (attach additional sheets as needed):

Name of Business \_\_\_\_\_

Address \_\_\_\_\_

Phone No. \_\_\_\_\_ Time Period \_\_\_\_\_

List previous related experience, including but not limited to whether the individual has ever held any license as a massologist:

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Location for which any such license was held \_\_\_\_\_

Status of such license \_\_\_\_\_ Was license suspended or revoked? \_\_\_\_\_ If so,  
give the reasons therefore \_\_\_\_\_

Color: Eyes \_\_\_\_\_, Hair \_\_\_\_\_, Height \_\_\_\_\_, Weight \_\_\_\_\_, Sex: Male \_\_\_\_\_, Female \_\_\_\_\_

Driver's License No. \_\_\_\_\_

Birth Date (must provide either birth certificate, driver's license, or passport) \_\_\_\_\_

List all of the applicant's criminal convictions and/or guilty pleas, if any, other than civil infractions, fully disclosing the jurisdictions in which convicted or in which the plea was tendered, the offense on which originally arrested and the offense for which ultimately convicted or for which the plea was tendered, and the date of same along with the resulting penalty:

\_\_\_\_\_

\_\_\_\_\_

List three character references (name, address and telephone number). Do not give relatives.

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

Provide the name and address of any business that provides massage services, whether incidentally or otherwise, owned or operated by the applicant or any of the individuals required to submit their personal information:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Rev. 07/2021