



FERNDALE

The City of Ferndale, Michigan
300 East Nine Mile Road
Ferndale, Michigan 48220
(248) 546-2525
www.ferndalemi.gov

Application for License To Operate a Massage Establishment

Pursuant to Chapter 7, Article XI, Sec. 7-249 of the City of Ferndale Code of Ordinances

Name of Establishment _____

Phone No. _____ Location _____

Mailing Address _____

Email _____

Describe service to be provided on premises and/or on adjoining premises _____

Name of Applicant _____ Home/Cell Phone _____

Residence Address _____

Please attach written proof that the applicant is at least 18 years old.

If corporation: Give information as follows for EACH Officer, Director, and each Stockholder owning more than 10% of the corporation and name of resident agent in Oakland County.

If partnership: Give information as follows for EACH partner, including limited partners and name of resident agent in Oakland County.

Name _____ Residence Phone _____

Residence Address _____ Cell Phone _____

Name _____ Residence Phone _____

Residence Address _____ Cell Phone _____

Resident Agent in Oakland County _____

Agent Address _____ Phone _____

If additional space is required, please use opposite side of this form.

Name and address of any massage business or other establishment owned or operated by any person whose name is required above, wherein the business or profession of massage is carried on. (Attach or use back of form) (7-249(6))

Business, Occupation, or Employment for 3 years prior to this application: _____

Description of any other businesses at the same or an adjoining property _____

Additional Requirements:

- Attach copy of diploma or certificate of graduation from a recognized school
 - Attach copy of each massage therapists license under Public Act 471 of 2008 and photo ID
 - Attach a passport sized (2 in x 2 in) photo in color of all massage therapists and their principal contact number
 - Attach commercial general liability insurance with limits of liability not less than \$1,000,000 combined single limit.
- License History:

Have you ever been issued a license in the City of Ferndale? _____ When? _____

Has license ever been suspended or revoked? _____

Reason _____

Have you had a licensed issued in another city or cities? _____

Where? _____ When? _____

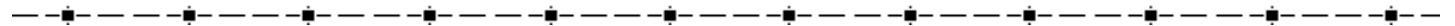
Where? _____ When? _____

I hereby grant authorization for the City, its agents and employees to seek information and conduct an investigation into the truth of the statements set forth in the application and the qualifications of the applicant of the permit.

I hereby swear that all the above statements are true, and if license is granted, I agree to conform to the provisions contained in said Ordinance and to conduct said business in the manner required therein, and I hereby acknowledge receipt of a copy of said Ordinance and hereby represent that I have knowledge of the contents thereof in relation to the conduct of said business.

Date _____ Signature of Applicant _____

Position or Office _____



Fee \$150 New \$25 Renewal Amount Paid \$ _____ Cash/Check/CC _____

License No. _____ Date Applied _____ Date Issued _____

This application will be processed in accordance with Chapter 7, Article XI, Sec. 7-250, License Procedures

- Any applicant for a massage establishment license pursuant to this article shall present to the city clerk's office the application containing the aforementioned and described information. The application shall be referred to the city manager's office which shall have 45 days in which to investigate the application.
- The city manager, or his representative, shall consider License history. The license history of the applicant; whether such person is previously operating in this city or state, has had such license revoked or suspended; whether the proposed location is in compliance with zoning and building codes and regulations of the city.
- The city manager shall receive input from city departments, including but not limited to, the building inspector, or electrical inspector, plumbing inspector, the police department, the fire department and the health inspector which shall inspect the premises proposed to be devoted to the massage establishment or similar business, and shall recommend denial if there is non-compliance with the requirements of this article or any city ordinances and regulations.

ENDORSEMENTS OF APPROVAL:

Approved as to suitability of the premises for operation of such business and adequacy of parking facilities.

Chief of Police _____ Approved _____ Disapproved _____

Remarks _____

Building Inspector _____ Approved _____ Disapproved _____

Remarks _____

Plumbing Inspector _____ Approved _____ Disapproved _____

Remarks _____

Electric Inspector _____ Approved _____ Disapproved _____

Remarks _____

Heating Inspector _____ Approved _____ Disapproved _____

Remarks _____

Health Inspector _____ Approved _____ Disapproved _____

Remarks _____

Fire Inspector _____ Approved _____ Disapproved _____

Remarks _____

City Manager _____ Approved _____ Disapproved _____

Remarks _____

THIS BUSINESS CANNOT OPEN UNTIL ALL APPLICABLE INSPECTIONS ARE COMPLETED