



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 - Article II

Business information:

Business name: _____

Business address: _____

Business phone number: _____

Applicant information:

Name of applicant: _____

Applicant's current home address:

Applicant's Email 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 _____

State all convictions for any felony or misdemeanor or violation of a local ordinance, except misdemeanor traffic violations, including dates, nature of crimes and places:

If the applicant is a corporation, list the corporation address and (a) the names and residential addresses of each corporation officer and (b) the names and residential addresses of stockholders holding more than 10% interest:

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

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:

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):

If there is a business license history, has license ever been revoked or suspended?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:

Business information:

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

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.

Applications must be submitted with the following attachments:

- A copy of the front and back of the applicant's current driver's license.
- One (1) recent front-face photograph of the applicant (at least 2" x 2")
- 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.
- Signed written statements from at least three (3) bona fide permanent residents of the United States that the applicant is of good moral character. Must include name, address and phone number of reference. References must be persons other than relatives and business associates.
- \$250 non-refundable application fee. *Must be cash or check made payable to "City of Novi".

A complete set of fingerprints will be taken by the Novi Police Department. Applicant will be contacted by the Novi Police Department to set-up an appointment date. There is a \$30.00 processing fee made payable to the Michigan State Police at the time the fingerprints are taken.

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: _____

For office use only

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

Photograph: _____ Personal statement: _____ 3 References: _____