



CITY OF CLAWSON  
MESSAGE THERAPY BUSINESS LICENSE APPLICATION

*Attach the following items at the time of application. This application is to be filed in concurrence with an Initial Business License Application. Incomplete applications will not be processed or accepted.*

- \$25 Non-Refundable Initial Business License Application/Fee – **(payable to the City)**
- Copy of Valid Driver’s License or State Identification Card
- Copy of Plan of Operation for Business **(if required by administration)**
- Copy of Valid State of Michigan Massage Therapy Business License – **(if applicable)**
- Copy of Valid State of Michigan Massage Therapy License(s) – **(for all employees)**

Please visit our website at [www.cityofclawson.com](http://www.cityofclawson.com) (Code of Ordinances) to review the Zoning Ordinance to determine the zoning for your location and if a massage establishment is a permitted use. Questions pertaining to zoning and permitted uses should be directed to the Building Department at 248.435.4500 ext. 121 or 115.

**IMPORTANT INFORMATION**

*The undersigned hereby makes preliminary application for permission to obtain a new Massage Therapy Business License to operate in the City of Clawson. Before any approval is given under the provisions of this article, the sum of \$25.00 shall be paid to the treasurer of the city and accompany any application for business license to assist in the defrayment of any costs and expenses incurred by the city in the processing of the application, the investigation of the applicant and the business conducted on the premises, and in the preparation of reports to the council for any hearings conducted in connection with the application. Such fees may change from time to time as authorized by resolution of the city council.*

**MESSAGE THERAPY BUSINESS INFORMATION**

Business Name (d/b/a): \_\_\_\_\_

Business Address: \_\_\_\_\_

List of each individual who manages or is principally in charge of the operation of the establishment:

\_\_\_\_\_  
\_\_\_\_\_

Business Telephone: (     ) \_\_\_\_\_ Other Contact: (     ) \_\_\_\_\_

E-mail: \_\_\_\_\_ State Sales Tax No: \_\_\_\_\_

Hours of Operation: \_\_\_\_\_

**PROVIDE A DESCRIPTION OF ALL SERVICES AND/OR BUSINESS VENTURES TO BE OPERATED AND/OR PROVIDED AT THIS BUSINESS LOCATION:**

\_\_\_\_\_  
\_\_\_\_\_

**BUSINESS OWNER APPLICANT INFORMATION**

**WILL YOU AS THE APPLICANT, ALSO BE WORKING AS A THERAPIST?**  Yes  No

**DO YOU, OR HAVE YOU EVER, OPERATED ANY OTHER MASSAGE THERAPY BUSINESS OR MASSAGE RELATED ESTABLISHMENT IN THIS OR ANY OTHER CITY OR STATE?**

Yes  No **IF YES, PLEASE PROVIDE NAME AND ADDRESS:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

**IF YES, HAVE YOU EVER HAD A BUSINESS LICENSE REVOKED OR SUSPENDED?**

Yes  No **IF YES, PLEASE EXPLAIN:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**HAVE YOU EVER BEEN CONVICTED OF A CRIME?**  Yes  No

**IF YES, PLEASE LIST LOCATION, DATE AND ARREST CHARGE FOR EACH OFFENSE.**

\_\_\_\_\_  
\_\_\_\_\_

**NUMBER OF PERSONS TO BE EMPLOYED AT LOCATION:**

*(This information can be provided on any attachment if space is insufficient for complete response)*

List names and addresses for each employee, massage therapist and/or contractor you will employ, or who will be working in your establishment, making sure each massage therapist has provided a copy of their valid State license to you and/or our office for processing (other than yourself):

Name: \_\_\_\_\_  Gen. Employee  Massage Therapist  Contractor

Address: \_\_\_\_\_  
Street City State Zip Code

Name: \_\_\_\_\_  Gen. Employee  Massage Therapist  Contractor

Address: \_\_\_\_\_  
Street City State Zip Code

Name: \_\_\_\_\_  Gen. Employee  Massage Therapist  Contractor

Address: \_\_\_\_\_  
Street City State Zip Code

**WAIVER, RELEASE AND AUTHORIZATION**

***The undersigned, declares the following: that he/she wishes to be permitted to perform the operation, service or act stated hereon; that the statements made above are true and correct to the best of his/her knowledge and belief; that he/she will comply with all provisions of the ordinances of the City of Clawson relative to the operation, service or act for which the license is requested; that he/she agrees to hold the City of Clawson free and harmless from all liability which may be imposed upon it and to reimburse the City of Clawson for all expenses of litigation in connection with the defense of claims as such liability and claims may arise because of negligence in the performance of the work or act for which the license was issued.***

***The applicant acknowledges that the City may be required from time to time to release records in its possession. The applicant hereby gives permission to the City to release any records or materials received by the City from the applicant as it may be requested to do so as permitted by the Freedom of Information Act, MCL 15.231 et seq.***

***I hereby certify that all of the above information is true and accurate to the best of my knowledge, and further understand and represent that if any changes to the above information are made, that said information will be supplied to the City of Clawson immediately. I further understand that misstatements and inaccuracies in the application are grounds for immediate termination of said license. I hereby authorize the City of Clawson, 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 for this license.***

Name of Applicant: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

OFFICE USE ONLY			
Department	Approve: Y/N	Date of Approval	Remarks
Building	_____	_____	_____
Fire	_____	_____	_____
Police	_____	_____	_____
License Issued by City Clerk's Office on: _____		To be renewed on: _____	