

OAK PARK

14000 Oak Park Blvd., Oak Park, MI 48237 • (248) 691-7400 • www.OakParkMI.gov

Application for Massage Facility

Permit fee = \$125

Please completely fill out and return to the City Clerk's Office at 14000 Oak Park Blvd.
You must also apply for a business license at the Municipal Services Office, 14300 Oak Park Blvd.

Business information:

Legal name of applicant: _____

Address: _____

Phone: _____ Email: _____

Business name: _____

Business address: _____

Business phone: _____ Email: _____

Name of contact person: _____

Business or company name: _____

Address: _____

Phone: _____ Email: _____

Legal qualifications of applicant:

Ownership information

Corporation

Jurisdiction of incorporation: _____

Date of incorporation: _____

Resident agent name: _____

Address: _____

Phone: _____

Is the corporation: ___ For-profit ___ Non-profit

(Cont.)

If the applicant is a corporation, attach a separate sheet indicating the name, resident address and telephone number of each of its officers and directors, and of each stockholder owning more than 10 percent of the stock of the corporation. In addition, indicate the address of the corporation, if different from the address of the establishment or facility.

Limited partnership

Jurisdiction partnership formed: _____

Date of formation: _____

Resident agent name: _____

Address: _____

Phone: _____

General partnership

Jurisdiction partnership formed: _____

Date of formation: _____

If the applicant is a partnership, attach a separate sheet indicating the name, resident address and telephone number of each of the parties, including both general and limited partners. In addition, indicate the address of the partnership if it is different from the establishment or facility.

- Individual
- Other, describe in detail: _____

Note: If an applicant is a corporation, the application requirements shall apply to all the corporation officers and directors. In addition, shareholders owning more than 10 percent of the stock of such corporation shall comply with these application requirements, unless otherwise provided. If the applicant is a partnership, the application requirements of this section shall apply to all the partners, both general and limited.

State the principal business of the proprietor of the facility (if a partnership, the principal occupation of the parties; if a corporation, the principal enterprise of the corporation):

(Cont.)

State the business name(s) and address(es) of any facility or establishment, owned or operated by any person whose name is required to be given under *Legal Qualifications of Applicant* above wherein the business or profession of massage is carried on. Attach separate sheets if necessary.

Pursuant to Section 22-403 (b) of the Code of Ordinances, City of Oak Park, Michigan (a copy of which is attached hereto and incorporated herein) in addition to the information provided in this Application for Massage Facility each applicant is required to supply the information in subsections (b) (1)-(19) which should be attached to the Application when it is submitted to the City Clerk for processing. It is not necessary to duplicate any information that is provided in this application on the attachment.

I hereby authorize the agents and employees of the City of Oak Park, Michigan to seek and obtain documentation and conduct an investigation into the truth of the statements set forth in this Application for Massage Facility, and the qualifications of the applicant for the license, and I will execute waivers and/or authorization(s) for release of information upon request.

STATE OF MICHIGAN)

) ss.

COUNTY OF OAKLAND)

I, _____ hereby declare under penalty of perjury that the foregoing information in the Application for Massage Facility is true and correct, and understand that any falsification or omission is grounds for denial or if issued grounds for revocation or recommendation for non-renewal.

Signature of applicant

On the _____ day of _____, 20____, _____
did appear personally before me, a Notary Public, in and for said County, and being duly sworn by me, did state he/she is the applicant of the within Application for Massage Facility, and that the information contained within the Application is true, correct and complete.

Notary Public

Oakland County, Michigan

My commission expires: _____