



City Of Farmington

Massage Facility Business and License Registration

23600 Liberty St

Farmington, MI 48335

248-474-5500

farmgov.com

farmingtonclerk@farmgov.com

Must be completed by each Owner / Partner / Officer / Director

Business Name _____ Business Phone _____

Business Address _____

Mailing Address _____

Business Website Address _____

Email Address _____

Applicant Name _____

Applicant Phone _____

Applicant Address (Including dates of residence) _____

Applicant previous address (Including dates of residence) _____

Date of Birth (Must be at least 18 years old) _____

Physical: Eye Color _____ Hair Color _____ Height _____ Sex _____ Weight _____

Criminal History: Have you ever been arrested and convicted? Yes ___ No ___

If yes, specify reason, where, and when: _____

Previous Employment (Last 3 Years): _____

Have you previously operated a massage facility or similar business? _____

Were there any problems related to the business? If yes, explain: _____

If Applicant is a Corporation, list Names and residential addresses of all officers, directors, and stockholders holding more than 10% of said Corporation: _____

If Applicant is a Partnership, list Names and residential addresses of all partners (including limited partners): _____

Describe services to be provided by this business: _____

The following information is requested for use in providing police/fire services:

What are your hours of operation? _____

Do you have an alarm system? Yes___ No___ Type: Burglar___ Fire___ Hold Up___

Name, address, and phone number of alarm company _____

Do you have after-hours lighting? Yes___ No___ Location: _____

Do you have an after-hours cleaning crew? Yes___ No___ If yes, name of cleaning crew _____

Address _____

Phone number _____ Times/Hours in building _____

Location of safe _____

Name, address, and phone number of Key Holder and second Key holder to notify in an emergency _____

APPLICANT MUST ATTACH:

- Copy of Birth Certificate OR - Driver's License
- List of names and qualifications of all persons providing massages at this location
- Portrait Photograph (2" x 2" minimum)
- Finger Prints (Must be taken by Farmington Public Safety Dept)

Signature of Applicant _____ Title of Applicant _____ Date _____

Signature of Witness _____ Date _____ \$250 Registration and \$50 nonrefundable application fee per facility (\$300 in total)



City Of Farmington Business Directory And Registration Fee Information

All Farmington businesses who have a current Business Registration with the City of Farmington are listed on the City's Business Directory on www.farmgov.com.

Included in the directory is your business name, address, phone number, and website.

Please circle the category that best describes your business:

Financial & Real Estate

Food / Drink

Health & Beauty

Retail

Professional Services

Feel free to contact the Clerk's Office with any updates you may have to your business information throughout the year.

Please return your Business Registration Application and Business Directory Information forms to the Clerk's Office at 23600 Liberty St, Farmington, MI 48335

Or

farmingtonclerk@farmgov.com

The registration fees for businesses are as follows:

Per business: \$50

OR

Businesses offering alcohol: \$125

For Massage Facility Application and Fee Schedule, please scan the QR code below or visit farmgov.com/businessregistration

