

## **APPLICATION FOR RENEWAL OF MASSAGE ESTABLISHMENT LICENSE**

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### **FOR APPLICANT'S USE**

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#### **DOCUMENTS TO BE PRESENTED AT TIME OF APPLICATION:**

- \$385.00 Renewal fee (**fees are non-refundable**)
- Copy of Driver's License or Passport
- Current public liability and property damage insurance policy insuring the establishment and its personnel against any liability arising out of its operation as a massage establishment or the provision of massage services on the premises. Such policy shall provide for proof of professional liability insurance with limits of liability not less than \$500,000.00 per occurrence. The insurance policy requirements may be met by submitting proof that the minimum insurance coverage is provided to the applicant as a benefit of membership in a professional massage organization, such as the National Certification Board for Therapeutic Massage and Bodywork (NCBTMB), the American Massage Therapy Association (AMTA) or similar entity, and proof that the applicant's dues for membership in such organization are current and paid through at least an additional 90-day period from the date of the application. (No person or entity shall maintain, operate or cause to be operated any massage establishment unless the insurance required is in force at the time of such operation)

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### **FOR CITY CLERK'S USE:**

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- Copy of Chapter 30 to Applicant
- Date forwarded to Police, Fire, Building, Code Enforcement, and Treasury Departments for review, investigation, and recommendation
- Date of Police Department approval
- Date of Fire Department approval
- Date of Building approval
- Date of Code Enforcement Department approval
- Date of Planning Department approval
- Date of Treasury approval
- Date license issued
- Date of memo to Police Department with copy of license that was issued

Issued by: \_\_\_\_\_

Approval: \_\_\_\_\_

Date \_\_\_\_\_

**CITY OF STERLING HEIGHTS  
OFFICE OF THE CITY CLERK**

**APPLICATION FOR RENEWAL OF MASSAGE ESTABLISHMENT LICENSE**

Full name of applicant (owner): \_\_\_\_\_

Applicant's Social Security Number \_\_\_\_\_

Residential address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Driver's License No.: \_\_\_\_\_

Name under which business is operated: \_\_\_\_\_

Business address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

All telephone numbers for the establishment \_\_\_\_\_

Full name, address and telephone number of **each individual who manages** or is principally in charge of the operation of the establishment:

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List all criminal convictions, other than civil infractions, and all arrests for criminal sexual conduct or prostitution-related offenses, fully disclosing the jurisdictions in which convicted or arrested, the offense for which originally arrested, the offense for which ultimately convicted and the date of conviction and resulting penalty. If this is not applicable, please indicate "None"

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I hereby authorize the City of Sterling Heights, its agents and employees to seek information and conduct an investigation into the truth of the statements set forth on the license renewal application and the qualifications of the applicant for the license.

I, \_\_\_\_\_ declare, under oath or affirmation, under penalty of perjury, that the information contained in and attached to this application is true and correct.

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(Signature of Applicant)

## **SCHEDULE 1**

List below the names and residence addresses of **all massologists employed** by the business: