

# MESSAGE PARLOR LICENSE



OFFICE OF THE WARREN CITY CLERK  
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**FEE: \$60.00 ANNUALLY**  
**LICENSE EXPIRES:** March 31, 20\_\_\_\_

*10% penalty for renewal applications recieved after this date*

I hereby apply for a license to operate a massage parlor within the City of Warren in compliance with the Code of Ordinances of the City of Warren. (Chapter 19, Article I, Section 19-1 thru 19-23, Article II, Section 19-29 thru 19-56, Chapter 18)

NEW  RENEWAL

**PLEASE COMPLETE APPLICATION IN FULL**

NAME OF ESTABLISHMENT: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ Warren, MI

street city state zip

INDIVIDUAL  PARTNERSHIP

CORPORATION IF A CORP., STATE OF INCORPORATION: \_\_\_\_\_

NAME OF MANAGER: \_\_\_\_\_ PHONE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

street city state zip

DATE OF BIRTH: / / HEIGHT: WEIGHT: EYE COLOR:

SOCIAL SECURITY NO: \_\_\_\_\_ HAIR COLOR: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

I certify that all statements on this application are true. I understand that any false information may result in the revoking of the above license.

Signature: \_\_\_\_\_

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

Preferred Mailing Address:  Business Address  Owner Address

Other: \_\_\_\_\_  
street city state zip

## REQUIREMENTS:

- Proof that an assumed name certificate has been filed with the Macomb County Clerk or Michigan Secretary of State. (If applicant is a foreign corporation, proof that applicant is authorized to do business in the State of Michigan.)
- Two (2) front-face portrait photographs taken within thirth (30) days of the date of the application and at least 2" x 2" in size, for each individual listed on the application.
- A copy of your Driver's License

## OFFICE USE ONLY

DEPARTMENT APPROVAL:

POLICE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(complete set of fingerprints)

BUILDING DEPARTMENT: \_\_\_\_\_ DATE: \_\_\_\_\_

HEALTH DEPARTMENT: \_\_\_\_\_ DATE: \_\_\_\_\_

COUNCIL: \_\_\_\_\_ DATE: \_\_\_\_\_

Issued by \_\_\_\_\_ Computer Entry  Paper License

LAST YEAR'S LICENSE NO. \_\_\_\_\_ FEE \$ \_\_\_\_\_  
LATE FEE\$ \_\_\_\_\_

\_\_\_\_\_ CHECK # \_\_\_\_\_

MESSAGE PARLOR LICENSE NO. \_\_\_\_\_ RECEIPT # \_\_\_\_\_

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**BUSINESS NAME:** \_\_\_\_\_

DESCRIBE SERVICE TO BE PROVIDED: \_\_\_\_\_  
\_\_\_\_\_

HOURS OF OPERATION: \_\_\_\_\_  
\_\_\_\_\_

BUSINESS, OCCUPATION, OR EMPLOYMENT FOR **3** YEARS PRIOR TO THIS APPLICATION: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

LIST LAST **2** ADDRESSES PRIOR TO THIS APPLICATION IN THE LAST **5** YEARS:

street

city

state

zip

street

city

state

zip

LIST ANY AND ALL CRIMINAL CONVICTIONS, OTHER THAN TRAFFIC VIOLATIONS, AND REASONS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HISTORY OF APPLICANT IN OPERATION OF BUSINESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WAS LICENSE EVER SUSPENDED OR REVOKED AND REASON: \_\_\_\_\_  
\_\_\_\_\_

APPLICANT NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

APPLICANT ADDRESS: \_\_\_\_\_

street

city

state

zip

AGE: \_\_\_\_\_  
(ATTACH WRITTEN PROOF)

HEIGHT: \_\_\_\_\_

WEIGHT: \_\_\_\_\_

SEX: \_\_\_\_\_

EYE COLOR: \_\_\_\_\_

HAIR COLOR: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

**\* In accordance with the Warren Code of Ordinances mandated in Section 18-9: No license shall be issued or renewed under the provisions of this chapter or any other ordinance of the city until any and all personal property taxes, levied and assessed against such person by the city which may be due and payable at the time of the filing of the application for such license, shall have been paid (Applies to Warren businesses only) / THIS LICENSE IS NOT TRANSFERABLE & NON-REFUNDABLE**

**\* Note: New dwelling or new owner must obtain a new Certificate of Compliance from the Building Department**