



Application – Massage Parlor License

Application for non-transferable license to conduct, operate or maintain in accordance with Chapter 26, Article VII of the Westland Code of Ordinance. Applicant and operator shall comply with all provisions of the Code. It is understood and agreed that any license granted upon this application shall be revocable for the violation of any laws.

Application Information

Submit application to: City of Westland City Clerk's Office, 36300 Warren Road • Westland, MI 48185
Telephone: 734-467-3185 • Fax: 734-422-1208 www.CityofWestland.com

Original filing Renewal

Application fee: \$214.00

Required Plan of Operation submitted Yes No

Cash Check # _____

Required Detailed Floor Plan submitted Yes No

Required Written Description submitted Yes No **See Chapter 26, Sec. 26-382**

Date Application submitted: _____ Received by: _____

Applicant Information

Applicant Name: _____ **Title:** Owner Manager Operator
Last _____ First _____ **Applicant must be an owner, manager or operator**

Residential Address: _____ Street Address _____ City _____ State _____ ZIP _____ Date of Birth _____

Telephone: _____ Are you a United States Citizen? Yes No
Mobile _____ Business _____

Driver License number: _____ Issuing state: _____

Have you ever engaged in operating a Massage Parlor? Yes No If yes, describe on attached sheet

Applicant signature - Notarized

I hereby swear or affirm that all information contained in this application and its attachments, as well as all foregoing statements, are true.

Signature: _____

STATE OF _____)
COUNTY OF _____)

Sworn to and signed in my presence by _____, and sworn to on this _____
day of _____, 20 _____.

[Handwritten signature]

Notary Public _____ Acting in the County of _____

My Commission Expires: _____

Business Information

Business Name: _____

Business Address / Telephone: _____

Parcel ID number and Legal Description: _____

Legal Owner of Property listed above: _____

Address of Owner listed above: _____
Street Address _____ City _____ State _____ ZIP _____

Business hours of operation: _____ Desired Inspection time:
Not allowed between 11:00 PM and 6:00 AM *MUST be between 9:00 AM and 5:00 PM*

Type: Individual Partnership Corporation & LLC Foreign Corporation Firm Association

Note: A document describing the character of the business, the purpose for which it was formed, the persons entitled to share in the profits, names and addresses of shareholders and partners, and all other elements as described in Sec. 26-382 in the Westland Code of Ordinance is required to be submitted

Massage Parlor businesses are subject to inspection. Attach to this application a scale diagram of the floor plan for the proposed business. The diagram must verify the proposed permanent location of each room, every massage bed, all bathing devices, laundry area, all rooms and areas where liquids and sanitation items are stored, rooms or places where robes, towels, blankets and linens are sanitized or stored, and all areas of ingress and egress.

There shall be a re-inspection fee of \$75.00 for all re-inspections required under the Code (section 14-249, and all Code sections).

If Business is a Corporation (including LLC):

Name of Business: _____

Business Address: _____
Street Address _____ City _____ State _____ ZIP _____

Date and State whose laws organized the Corporation: _____

Must list name, address, and title of each Corporate Officer. Attach additional sheets as required.

Name: _____ Title: _____
Last _____ First _____

Residential Address: _____
Street Address _____ City _____ State _____ ZIP _____

Name: _____ Title: _____
Last _____ First _____

Residential Address: _____
Street Address _____ City _____ State _____ ZIP _____

If Business is a Foreign Corporation:

Authorized to conduct business in Michigan: Yes No (must checkmark one box)

Name of Principal Officer / Director: _____

Residential Address: _____
Street Address _____ City _____ State _____ ZIP _____

Business Address: _____
Street Address _____ City _____ State _____ ZIP _____

If Business is an Individual:

Name: _____ Business Title: _____
Last _____ First _____

Residential Address: _____ Street Address _____ City _____ State _____ ZIP _____ Date of Birth _____

Telephone: Mobile _____ Residence _____ Email: _____

If Business is a Partnership: Partner "A"

Name: _____ Business Title: _____
Last _____ First _____

Residential Address: _____ Street Address _____ City _____ State _____ ZIP _____ Date of Birth _____

Telephone: Mobile _____ Residence _____ Email: _____

If Business is a Partnership: Partner "B" Attach additional sheets as required

Name: _____ Business Title: _____
Last _____ First _____

Residential Address: _____ Street Address _____ City _____ State _____ ZIP _____ Date of Birth _____

Telephone: Mobile _____ Residence _____ Email: _____

Criminal Conviction(s) Statement - Required

Has the applicant or any person having an interest in this business ever been convicted of any crime or of any violation of any laws of Michigan or ordinances of Westland involving a controlled substance, alcohol, minors, receiving and concealing stolen property, prostitution, sanitation laws, or any offense involving moral turpitude? If yes, describe.

Yes No

Misdemeanor: Yes No

Felony: Yes No

Attach additional sheets to describe each individual and each conviction.

This City of Westland application, supplemental questionnaires, and all other documents received from the applicant will be reviewed for completeness and accuracy. If determined that required information or documentation is incomplete, deficient, or defective, the licensing process will be delayed.

Office Use Only

Required: Building Department investigation: **Approved** **Denied** Date: _____

Note to Building Inspector: Please also verify the number of rooms, beds, and bathing areas

Required: Fire Department investigation: **Approved** **Denied** Date: _____

Required: Police Department investigation: **Approved** **Denied** Date: _____

Other Department: _____ **Approved** **Denied** **N/A** Date: _____

Re-inspection required Yes No

Determined by: _____ Re-inspection fee received by: _____

Notes: _____

Office of City Clerk: **Approved** **Denied** _____ Signature _____ Date _____

License number: _____ Date issued: _____ Expiration: June 30, _____