



## MASSAGE THERAPY BUSINESS APPLICATION FOR CITY PERMIT

City of Clinton  
611 South 3<sup>rd</sup> Street  
P.O. Box 2958  
Clinton, IA 52733-2958  
(563) 244-3421

Permit # \_\_\_\_\_  
Date Issued: \_\_\_\_\_

### SECTION I – NAME & ADDRESS

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Name of Applicant

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Home & Mailing Address      City      State      Zip

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Phone#      Email (required)

I do hereby make application for the following City Permit:

<input checked="" type="checkbox"/>	<u>Type of Permit</u>	<u>Must Comply with City Code Chapter</u>	<u>Fee</u>	<u>Insurance Required</u>	<u>Expiration Date</u>
	Massage Therapy Business	115	\$25.00	\$1M	1 Year from Issuance

### SECTION II – CORPORATION INFORMATION

*Is applicant a corporation? If yes, complete this section, if not, go to Section III.*

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Name/Title of Business

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Business Address (\*NOTE: 1 form must be completed for each location\*)

<b>Stockholder Information – List All</b>		
Name of Stockholder	Address	% of Shares

### Corporation Directors & Officers – List All

Name	Title



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### SECTION III – PARTNERSHIP INFORMATION

*Is applicant a partnership? If yes, complete this section, if not, go to Section IV.*

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Name/Title of Business

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Business Address (\*NOTE: 1 form must be completed for each location\*)

#### General Partners

Name of Partner	Address

#### Limited Partners

Name of Partner	Address

### SECTION IV – SOLE PROPRIETOR INFORMATION

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Name/Title of Business

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Business Address (\*NOTE: 1 form must be completed for each location\*)

#### Individual Information – List All

Sole Proprietor's Name	Address	% of Ownership



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## **SECTION V – STAFF INFORMATION**

**List of all Licensed Therapists Performing Work at the Business Address:**

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## **SECTION VI – BUSINESS INFORMATION**

**Dates, locations and names of other places the applicant has owned or operated as a massage therapy business:**



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### SECTION VII – BUSINESS SKETCH

In the area below please draw a sketch of the business. The sketch must include a denotation of the area used for the business, the parking areas, any lounges, waiting rooms, storerooms and any other rooms or places used in conjunction with the business.

A large, empty rectangular box intended for a hand-drawn sketch of the business.

### SECTION VIII – PROPERTY OWNER INFORMATION

Name of Owner of Property/Building	Mailing Address of Owner

\*NOTE: a copy of your current lease or rental agreement must be provided with this application.\*



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### SECTION IX – PRIOR PERMIT REVOCATION

Has a similar permit from the City of Clinton or any other jurisdiction been revoked? If yes, why:

Yes

No

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### SECTION X – RELEASE AND DISCLOSURE

I \_\_\_\_\_, do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the City of Clinton, Iowa, whether said records are of a public, private or confidential nature, including criminal histories.

I \_\_\_\_\_, do hereby authorize the Clinton Police Department, or its designee, to take a photograph of myself for identification purposes.

I \_\_\_\_\_, do hereby agree to abide by Iowa Code Chapter 152C and City Code Chapter 115 and state that I am a person of good moral character pursuant to City Code Chapter 115.

I hereby swear and affirm that each that each statement and all information in or supplementing this application is complete and true and accurately recorded to the best of my knowledge. I understand that providing false, misleading and/or incomplete information on this application will result in my not obtaining a Massage Therapy Business Permit in the City of Clinton, Iowa.

By signing below, you acknowledge the requirement that truthful and complete information be provided on this form. Withholding of key information required in Code of Ordinances of the City of Clinton, Iowa Section 115.05(C) shall be grounds for denial of the requested permit, and may also be grounds for prosecution against you pursuant to Code Section 115.

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Signature of Applicant

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Date

*\*NOTE: Form must be completed by each officer/owner, as well as every person who, directly or indirectly, has any right to participate in the management or control of the business to be conducted at the premises of the massage therapy business.\**



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### SECTION XI – CONFIDENTIAL INFORMATION OF APPLICANT

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Name of Applicant

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Social Security #      Date of Birth      Place of Birth      Driver's License #  
(optional)

List all felonies and misdemeanor convictions, including traffic violations for the last ten (10) years:

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### SECTION XII – CHECKLIST FOR APPLICANT


*City Application Completed?  
Copy of Lease or Rental Agreement provided to City Clerk's office?  
Valid photo ID provided to City Clerk's office?  
Inspection completed by Clinton Fire Department Building Safety Division  
(563-244-3360)?  
Proof of \$1M of liability insurance provided to City Clerk's office?  
Copy of all State Massage Therapy licenses provided for all therapists at  
business? Form completed for every owner, officer and manager?  
All fees paid to City Finance Department?*

**\*All items must be completed and submitted to the City Clerk's office before the application can be approved.\***

**\*Please allow at least 60 days for your City permit application to be processed.\***

### SECTION XIII – OFFICE USE ONLY – DEPARTMENT APPROVAL

	Approved/Denied	Date	Signature
Police Department			
Fire Inspection			