



## MESSAGE ESTABLISHMENT 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**

Name of Applicant			
Home & Mailing Address	City	State	Zip
Phone#			

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>Fee After July 1st</u>	<u>Insurance Required</u>	<u>Expiration Date</u>
	Massage Establishment	115	\$200.00	\$100.00	N/A	1 Year from Issuance

**SECTION II – CORPORATION INFORMATION**  
*Is applicant a corporation? If yes, complete this section, if not, go to Section III.*

Name/Title of Business
Business Address

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

<b>Corporation Directors &amp; Officers – List All</b>	
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.*

Name/Title of Business

Business Address

General Partners	
Name of Partner	Address
Limited Partners	
Name of Partner	Address

**SECTION IV – SOLE PROPRIETOR INFORMATION**

Name/Title of Business

Business Address

Individual Information – List All		
Sole Proprietor’s Name	Address	% of Ownership



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### SECTION V – 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.

### SECTION VI – 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 VII – PRIOR PERMIT REVOCATION**

Has a similar permit from the City of Clinton or any other jurisdiction been revoked?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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION VIII – 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 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 Establishment Permit in the City of Clinton, Iowa.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



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### SECTION IX – CONFIDENTIAL INFORMATION OF APPLICANT

\_\_\_\_\_  
Name of Applicant

Social Security #	Date of Birth	Place of Birth	Driver's License #
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List all felonies and misdemeanor convictions, including traffic violations for the last ten (10) years:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### SECTION VII – CHECKLIST FOR APPLICANT

- City Application Completed?
- DCI Background Check Form 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 Building & Neighborhood Services Department (563-244-3360)?
- Inspection completed by Fire Department (563-242-0125)
- Inspection completed by Health Department?
- 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 2 weeks for your City permit application to be processed.\***

### SECTION VIII – OFFICE USE ONLY

Permit#	Fee Paid to Finance Office	DCI Background Check Completed	Approved by Police Department	Approved by Fire Department	Approved by BNS Department	Inspected by DIA	Approved by Clerk