



MASSAGE THERAPY BUSINESS APPLICATION FOR CITY PERMIT

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

Permit # _____
Date Issued: _____

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 (*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

Name/Title of Business

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

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

SECTION V – STAFF INFORMATION

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



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SECTION VI – 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 VII – 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 VIII – PRIOR PERMIT REVOCATION

Has a similar permit from the City of Clinton or any other jurisdiction been revoked?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

SECTION IX – 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.

Signature of Applicant

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.



MESSAGE THERAPY BUSINESS APPLICATION FOR CITY PERMIT

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SECTION X – CONFIDENTIAL INFORMATION OF APPLICANT
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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 XI – CHECKLIST FOR APPLICANT

- | | |
|--------------------------|--|
| <input type="checkbox"/> | <i>City Application Completed?</i> |
| <input type="checkbox"/> | <i>Copy of Lease or Rental Agreement provided to City Clerk's office?</i> |
| <input type="checkbox"/> | <i>Valid photo ID provided to City Clerk's office?</i> |
| <input type="checkbox"/> | <i>Inspection completed by Building & Neighborhood Services Department (563-244-3360)?</i> |
| <input type="checkbox"/> | <i>Proof of \$1M of liability insurance provide to City Clerk's office?</i> |
| <input type="checkbox"/> | <i>Copy of all State Massage Therapy licenses provided for all therapists at business?</i> |
| <input type="checkbox"/> | <i>Form completed for every owner, officer and manager?</i> |
| <input type="checkbox"/> | <i>All fees paid to City Finance Department?</i> |

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 XII – OFFICE USE ONLY – DEPARTMENT APPROVAL
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	Approved/Denied	Date	Signature
Police Department			
Fire Inspection			
Building & Neighborhood Services Department			