



City of Clive
 1900 NW 114th Street
 Clive, Iowa 50325
 Phone: 515-223-6220
 Fax: 515-457-3091
 Web: www.cityofclive.com

MESSAGE THERAPIST BUSINESS LICENSE APPLICATION

Please complete this form and submit it along with applicable fees and required documentation. Completed applications should be submitted to the Clive City Clerk's Office, which is located at Clive City Hall, 1900 NW 114th Street, Clive, Iowa, 50325.

1. Business Information

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Mobile Phone: _____

Email: _____ Website: _____

If applicable – Corporate Name: _____

Registered Agent: _____

State of Incorporation: _____ Corporate Registration Number, If Any: _____

Address of Corporate Office (Street, City, State, Zip): _____

List dates and locations of other places the applicant has owned or operated as a massage therapy business: _____

2. Owner, Manager, Employees, Contractors, Agents, Therapists

The names, ages, and addresses of the applicant, owner, manager and all employees, contractors, agents or therapists who are or will be employed or present on the premises to perform massage therapy, must be listed here

#1 Title/Position: _____ Date of Hire: _____ Percent of Ownership: _____

Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

SSN: _____

Will this individual provide massage therapy services: ___ Yes ___ No. If Yes – State IA License #: _____

Descriptions of all crimes or other offenses (excluding minor traffic offences), including the time, place, date and disposition for which the above stated individual has been arrested, charged, or convicted:

Provide a statement as to whether this individual has had any license to perform massage therapy denied, revoked or suspended in any city, state, county, or any country and the reason for the denial, revocation or suspension:

#2 Title/Position: _____ Date of Hire: _____ Percent of Ownership: _____
Name: _____ Date of Birth: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Email: _____
SSN: _____
Will this individual provide massage therapy services: ___Yes___ No. If Yes – State IA License #: _____

Descriptions of all crimes or other offenses (excluding minor traffic offences), including the time, place, date and disposition for which the above stated individual has been arrested, charged, or convicted:

Provide a statement as to whether this individual has had any license to perform massage therapy denied, revoked or suspended in any city, state, county, or any country and the reason for the denial, revocation or suspension:

#3 Title/Position: _____ Date of Hire: _____ Percent of Ownership: _____
Name: _____ Date of Birth: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Email: _____
SSN: _____
Will this individual provide massage therapy services: ___Yes___ No. If Yes – State IA License #: _____

Descriptions of all crimes or other offenses (excluding minor traffic offences), including the time, place, date and disposition for which the above stated individual has been arrested, charged, or convicted:

Provide a statement as to whether this individual has had any license to perform massage therapy denied, revoked or suspended in any city, state, county, or any country and the reason for the denial, revocation or suspension:

#4 Title/Position: _____ Date of Hire: _____ Percent of Ownership: _____
Name: _____ Date of Birth: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Email: _____
SSN: _____
Will this individual provide massage therapy services: ___Yes___ No. If Yes – State IA License #: _____

Descriptions of all crimes or other offenses (excluding minor traffic offences), including the time, place, date and disposition for which the above stated individual has been arrested, charged, or convicted:

Provide a statement as to whether this individual has had any license to perform massage therapy denied, revoked or suspended in any city, state, county, or any country and the reason for the denial, revocation or suspension:

Reprint this page as many times as needed.

3. Submission Checklist

- _____ Copy of a lease, deed, or other document that establishes the applicant's interest in the premise on which the business will be located.
- _____ Proof of insurance executed by an insurance company authorized to do business in the state of Iowa, in the amount of one-million dollars.
- _____ Proof of current State of Iowa Board of Massage Therapy license for all employees or contractors who are or will be employed, hired, engaged or present on the premises to perform massage therapy services.
- _____ Government issued photo ID of the applicant, owner, manager and all employees, contractors, agents or persons present on the premises who are or will be employed or engaged to perform massage therapy services.

4. Fee Table to calculate your application fee

*For Massage Therapy Businesses and Massage Therapists that are applying prior to June 30, 2019, or for Massage Therapy Businesses/Therapists that have been in continual operations and have maintained a continual, valid, City of Clive License since prior to June 30, 2019 the scheduled **fees are waived.***

<u>Item</u>	<u>Scheduled Fee</u>	<u>Subtotal</u>
Massage Therapy Business License Fee:	\$75.00	_____
Therapist Fee(s):	Number of Therapist: _____ X \$25.00	_____
TOTAL (Maximum \$150):		_____

I hereby certify the above statements are true and correct, to the best of my knowledge, and that false statement(s) may be grounds for denial of this application or any resulting license. It is understood that the activities related to massage therapy shall comply with all applicable City ordinances, including but not limited to Clive Code Title 4, Chapter 9: Massage Therapist Business.

Applicant Name (please print)

Signature

Date