City of Johnston / Johnston Police Department
PO Box 410
Johnston, IA 50131-0410
Phone: 515-278-2344
Fax: 515-278-2033
Email: crhames@cityofjohnston.com

APPLICATION FOR MASSAGE THERAPY BUSINESS LICENSE

Section I – General Information

- Please read this form before completing. This form must be typed or printed legibly in black ink.
- **A massage therapy business cannot offer massage therapy until the business license is issued.**
- Provide complete information. An incomplete application may delay issuance of the license.
- Enclose the $150 license fee. (This fee is waived for existing massage therapy businesses within the City of Johnston.) This fee must be made in the form of a check or money order.
- Please check one of the following below indicating what type of application is being submitted.

☐ New Business ☐ Change in Ownership ☐ Change in Location ☐ Change in Services ☐ Change in Staffing

Section II – Business Information

NAME OF ESTABLISHMENT

D/B/A

BUSINESS TYPE ☐ Spa ☐ Mobile ☐ Home Based ☐ Other _____

A Massage Therapy Business must carry general liability insurance for that business. This policy is not the same as professional liability insurance required for a massage therapist. Please check the appropriate box:

☐ A. Space is leased and liability insurance is maintained by the business/ building owner.

☐ B. Liability insurance company is _____Policy Number_____

☐ C. I do not have general liability insurance for the business

ADDRESS (STREET, CITY, STATE, ZIP)

MAILING ADDRESS, IF DIFFERENT FROM ABOVE (STREET, CITY, STATE, ZIP)

MASSAGE THERAPY BUSINESS OWNER NAME

WILL BUSINESS OWNER PROVIDE MASSAGE THERAPY SERVICES? ☐ **YES** ☐ **NO**

IF YES PROVIDE STATE OF IOWA LICENSE NUMBER

TELEPHONE NUMBER **FAX NUMBER**

EMAIL ADDRESS

SOCIAL SECURITY NUMBER OF OWNER

IOWA STATE TAX IDENTIFICATION NUMBER

Section III – Complete if Corporation or LLC

CORPORATE NAME

REGISTERED AGENT

STATE OF INCORPORATION **CORPORATE REGISTRATION NUMBER, IF ANY**

ADDRESS OF CORPORATE OFFICE (STREET, CITY, STATE, ZIP)

Section IV – IMPORTANT: A written, detailed explanation including place, date and disposition is required if the response is "yes" to questions in this section.

HAVE YOU OR ANYONE EMPLOYED BY YOU EVER BEEN ARRESTED, CHARGED, SUBJECT TO PROSECUTION, INDICTED, FOUND GUILTY, OR ENTERED A PLEA OF GUILTY OR NOLO CONTENDRE, IN A CRIMINAL PROSECUTION UNDER THE LAWS OF ANY STATE OR OF THE UNITED STATES WHETHER OR NOT SENTENCE WAS IMPOSED? APPLICANTS MUST ANSWER "YES" EVEN IF A SUSPENDED IMPOSITION OF SENTENCE OR SUSPENDED EXECUTION OF SENTENCE WAS RECEIVED/ORDERED.

☐ YES ☐ NO

IF YES – ARE YOU CURRENTLY ON PROBATION ☐ YES ☐ NO

HAS ANY OWNER OR EMPLOYEE OF THIS ESTABLISHMENT EVER HAD HIS/HER MASSAGE THERAPY LICENSE DISCIPLINED FOR ANY CAUSE? ☐ YES ☐ NO

HAS ANY OWNER OR EMPLOYEE OF THIS ESTABLISHMENT EVER BEEN AN OWNER OF A MASSAGE BUSINESS WHICH HAS HAD ITS LICENSE DISCIPLINED? ☐ YES ☐ NO

HAS ANY OWNER OR EMPLOYEE OF THIS ESTABLISHMENT EVER BEEN THE SUBJECT OF DISCIPLINE BEFORE ANY STATE BOARD? ☐ YES ☐ NO

NOTE: If the individual in charge of the establishment changes for a period of more than 30 days, the new individual(s) in charge and the former individual in charge must jointly or individually notify the City of Johnston of the change. Failure to notify the City will be considered a violation.

Section V - Employees

OWNER NAME: AGE:		
OWNER ADDRESS:		HOW LONG:
CITY:	STATE:	ZIP CODE:
PHONE:	EMAIL:	FAX:
MANAGER NAME: AGE:		
MANAGER ADDRESS:		HOW LONG:
CITY:	STATE:	ZIP CODE:
PHONE:	EMAIL:	FAX:
EMPLOYEE 1 NAME: POSITION: AGE:		
STATE LICENSE TYPE: LICENSE NUMBER:		
EMPLOYEE 1 ADDRESS:		HOW LONG:
CITY:	STATE:	ZIP CODE:
PHONE:	EMAIL:	
EMPLOYEE 2 NAME: POSITION: AGE:		
STATE LICENSE TYPE: LICENSE NUMBER:		
EMPLOYEE 2 ADDRESS:		HOW LONG:
CITY:	STATE:	ZIP CODE:
PHONE:	EMAIL:	

Employee 3 Name:	Position:	Age:	
State License Type:	License Number:		
Employee 3 Address:			How long:
City:	State:		Zip Code:
Phone:	Email:		
Employee 4 Name:	Position:	Age:	
State License Type:	License Number:		
Employee 4 Address:			How long:
City:	State:		Zip Code:
Phone:	Email:		
Employee 5 Name:	Position:	Age:	
State License Type:	License Number:		
Employee 5 Address:			How long:
City:	State:		Zip Code:
Phone:	Email:		
Employee 6 Name:	Position:	Age:	
State License Type:	License Number:		
Employee 6 Address:			How long:
City:	State:		Zip Code:
Phone:	Email:		
Employee 7 Name:	Position:	Age:	
State License Type:	License Number:		
Employee 7 Address:			How long:
City:	State:		Zip Code:
Phone:	Email:		
Employee 8 Name:	Position:	Age:	
State License Type:	License Number:		
Employee 8 Address:			How long:
City:	State:		Zip Code:
Phone:	Email:		

Section VI – MUST BE SIGNED IN THE PRESENCE OF NOTARY

I hereby acknowledge that I have received and/or reviewed Chapter 124 - Massage Therapy Business Licensing, of the Johnston Code of Ordinances and am familiar with the provisions thereof.
The information I have provided on this application is truthful. I understand that the falsification or misrepresentation of information submitted with my application constitutes grounds for denial of the license. I authorize the City of Johnston to verify any and all of the information requested on this application including the ordering of criminal background checks, and to conduct any necessary investigation to assure this application complies with the City's licensing ordinances.
I understand that the information supplied on this form will become public information when received by the City of Johnston.
I hereby release the City of Johnston, its agents, or others, from any liability or damage which may result from furnishing the information requested.

_____ Applicant Printed Name

_____ Title

_____ Applicant Signature

_____ Date

Subscribed and sworn before me by _____ on this _____ day of _____, 20____.

_____ Notary Public Name

My Commission Expires: _____

_____ Notary Public Signature

(Notary Stamp)

Print **Save** **Email**

☐Completed Application

☐Insurance (2,000,000 per occurrence, 6,000,000 per policy year – indemnifying City and its officers, employees, and agents)

☐Notarized Statement

☐Copies of government issued ID for all persons on the premises who will be employed to perform massage therapy

☐Application fee

☐ Waived for existing Johnston business

Received and reviewed by: _____

Date: _____

Date to Johnston Police Department: _____