



City of Norwalk
705 North Avenue
Norwalk, IA 50211
515.981.0228 ext. 2231
Email: kaylenp@norwalk.iowa.gov

APPLICATION FOR MASSAGE THERAPY BUSINESS LICENSE

General Information

Please read before completing the application. This form must be printed legibly. 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 appropriate license fee as indicated below. Although the fee is capped at 3 LMTs, information is required for all employees. This fee must be made in the form of a check. Please check one of the following below indicating what type of application is being submitted.

- New Business - \$75.00 License Fee and \$25.00 per LMT, to a maximum of 3 - Max of \$150.00.
Renewal - \$25.00 per LMT (maximum of 3) if not listed on previously approved application.
Change in Business - \$75.00 License Fee and \$25.00 per LMT, to a maximum of 3 - Max of \$150.00.

Business Information

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 Norwalk of the change. Failure to notify the City will be considered a violation.

Name of Establishment: _____

Business Type: Office Mobile Home-based Other _____

Business Address: _____

Mailing Address (if different) _____

Business Owner Name: _____ Phone No: _____

State of Iowa License Number: _____ Expiration Date: _____

Email Address: _____ SSN: _____

Does/has applicant own(ed) or operate(d) other massage therapy businesses? Yes No

If yes, provide location and dates: _____

Professional Liability Insurance: Any application for a license shall be accompanied by proof of insurance executed by an insurance company authorized to do business in the State of Iowa, in the amount of two million dollars (\$2,000,000) per occurrence, six million dollars (\$6,000,000) per policy year.

Liability Insurance Company: _____ Policy No: _____

Complete if Corporation or LLC

Corporate Name: _____ State of Incorporation: _____

Registered Agent: _____ Corp. Registration No: _____

Address of Corporate Office: _____

IMPORTANT: A written, detailed explanation including place, date and disposition is required if the response is "yes" to any question in this section. (124.05)

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 contendere, 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

ALL APPLICANTS MUST COMPLETE THIS SECTION:

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

EMPLOYEES:

Employee 1 Name: _____ Position: _____ Age: _____

State License No: _____ Expiration Date: _____

Employee 1 Address: _____ How Long: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Employee 2 Name: _____ Position: _____ Age: _____

State License No: _____ Expiration Date: _____

Employee 2 Address: _____ How Long: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Employee 3 Name: _____ Position: _____ Age: _____

State License No: _____ Expiration Date: _____

Employee 3 Address: _____ How Long: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

MUST BE SIGNED IN THE PRESENCE OF A NOTARY

I hereby acknowledge that I have received and/or reviewed Chapter 124 - Massage Therapy Business Licensing, of the Norwalk 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 Norwalk 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 Norwalk. I hereby release the City of Norwalk, its agents, or others, from any liability or damage which may result from furnishing the information requested.

Applicant Printed Name

Applicant Printed 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)

END OF APPLICATION

FOR CITY OF NORWALK OFFICE USE ONLY

- Completed Application Liability Insurance Notarized
- Copies of government issued ID for all persons on the premises who will be employed
- Application Fee New/Change - Amount - \$ _____ Renewal Only - No charge

Received by: _____ Date: _____ Date to PD: _____