



Massage Therapy Business Licensing Requirements

The City of West Des Moines has enacted an ordinance that regulates massage therapy businesses located within the City. West Des Moines businesses which engage in massage therapy must obtain a business license from the City, even when individual massage therapists have already obtained licenses issued by the State of Iowa. Similar to the exemptions detailed in the Iowa Code for individual massage therapists, the City will exempt businesses who employ or provide the services of people in particular medical or specialized practices. Please see West Des Moines Code section 3-6-9 for a complete list of exemptions. If you believe your business qualifies for a license exemption, then you must provide sufficient proof to the City to demonstrate that an exemption applies. Businesses with a valid exemption do not need to complete and submit the application form to the City. All other business that offer massage therapy services shall complete and submit the application form to the City.

The fee to apply for an annual massage therapy business license is \$100.00. For businesses that open for the first time after July 1, the application fee is \$50.00. In addition to completing the questionnaire, the following documentation must be included with this application: (1) A copy of a lease, deed, or other document that establishes the applicant's interest in the property where the business will be located; (2) A criminal history report for each person who will provide massage therapy services on behalf of the business from the person's state of residence; (3) A photograph and fingerprints of each person who will provide massage therapy services to be taken at the West Des Moines Police Department; (4) A copy of a state government issued photo identification of each person who will provide massage therapy services, or other proof that the person is legally authorized to work in the United States; and (5) A copy of current individual State of Iowa issued massage therapy licenses for each person who will provide massage therapy services on behalf of the business. With regard to the criminal history report, photographing, fingerprinting, and state government issued identification, those items only have to be submitted once for each person and not repeatedly with annual license renewal applications.



MESSAGE THERAPY BUSINESS LICENSE APPLICATION

Business Information
Legal Business Name:
List Other Business Names Currently or Previously Used:
Physical Address:
Mailing Address:
Business Phone(s), Including Mobile Phone(s):
E-mail Address:
Description of Services Offered:
Federal Tax Identification Number:

Business History
List all places, including dates and locations (including street address, city, and zip code), anyone associated with the organization has owned, operated, or managed as a massage therapy business:
List all denials, revocations, or suspensions of massage therapy licenses or similar business licenses by anyone associated with the organization. Include the reason(s) and date(s) for the denial, revocation, or suspension:

Ownership Information

List the full legal names and titles of principal officers of the organization. Also include the dates of birth and residential addresses for each of the owners or officers. The organization shall timely update this information as necessary:

Name:	Date of Birth:
Residential Address:	
Title:	
Name:	Date of Birth:
Residential Address:	
Title:	
Name:	Date of Birth:
Residential Address:	
Title:	
Please include additional owner information on an attached sheet if necessary.	

Manager Information

List the full legal names and job titles of all managers or supervisors of the organization. Also include the dates of birth and residential addresses for each of the managers or supervisors. The organization shall timely update this information as necessary:

Name:	Date of Birth:
Residential Address:	
Title:	
Name:	Date of Birth:
Residential Address:	
Title:	
Name:	Date of Birth:
Residential Address:	
Title:	
Please include additional manager information on an attached sheet if necessary.	

Employee Information

List the full legal names and job titles of all employees who will perform massage therapy on behalf of the organization. Also include the dates of birth and residential addresses for each of the employees. For purposes of this City ordinance, "Employee" means any person who performs any service on the premises of a massage therapy business on a full time, part time, or contract basis, regardless of whether the person is considered an employee, independent contractor, agent, apprentice, trainee, or otherwise. The organization shall timely update this information as necessary:

Name:

Date of Birth:

Residential Address:

Title:

Name:

Date of Birth:

Residential Address:

Title:

Name:

Date of Birth:

Residential Address:

Title:

Name:

Date of Birth:

Residential Address:

Title:

Name:

Date of Birth:

Residential Address:

Title:

Name:

Date of Birth:

Residential Address:

Title:

Name:

Date of Birth:

Residential Address:

Title:

Please include additional employee information on an attached sheet if necessary.

Criminal Conviction(s)

Identify all owners, managers, and employees of the business who have been convicted of a specified criminal activity. "Specified criminal activity" means any of the following specified crimes:

- (1) Any crime identified in Iowa Code Chapter 709 – Sexual Abuse (2017), Iowa Code Chapter 710 – Kidnapping and Related Offenses (2017), or Iowa Code Chapter 710A – Human Trafficking (2017);
- (2) Prostitution, leasing premises for prostitution, pimping, or pandering, as those crimes have been identified in Iowa Code Chapter 725 (2017), or any crime identified in Iowa Code Chapter 726 – Protection of the Family and Dependent Persons (2017);
- (3) Any crime identified in Iowa Code Chapter 728 – Obscenity (2017);
- (4) Any crime that requires sex offender registration pursuant to Iowa Code Chapter 692A – Sex Offender Registry (2017);
- (5) Any crime involving serious injury or death to another person, robbery, burglary, felony theft, fraud, forgery, identity theft, aggravated harassment, or stalking; and
- (6) Any criminal offense in another jurisdiction that, had the predicate act(s) been committed in Iowa, would have constituted any of the foregoing offenses.

Name:

Charge:

Date:

Location (City, County, and State):

Name:

Charge:

Date:

Location (City, County, and State):

Name:

Charge:

Date:

Location (City, County, and State):

Name:

Charge:

Date:

Location (City, County, and State):

Please include additional criminal conviction information on an attached sheet if necessary.

Notes:

- (1) Each new individual listed must attach, at the applicant's own expense, an officially sealed State of Iowa Divisions of Criminal Investigation (DCI) personal background check to the City, dated no more than thirty (30) days prior to the application. Those who do not reside in the State of Iowa shall provide, at the applicant's expense, an equivalent personal background check from the person's state of residence.
- (2) Each new individual listed shall be fingerprinted and photographed by the City's Police Department at the applicant's expense.
- (3) Each new individual listed must provide a copy of a state government issued photo identification, or other proof that the person is legally authorized to work in the United States.
- (4) Provide proof of current individual State of Iowa massage therapy licenses for all persons present on the premises who have or will provide massage therapy.
- (5) All applicants and licensees are required to notify the City during the application review or the term of the licensee if there are any new owners, managers, or employees who are or will be present on the premises to perform massage therapy and shall immediately submit updated information to the City.

Included with this Application:

- _____ Copy of a lease, deed, or other document that establishes interest in the property.
- _____ Copy of a state government issued photo identification, or other proof that the person is legally authorized to work in the United States.
- _____ Proof of current State of Iowa massage therapy licenses for all persons present on the premises who have or will provide massage therapy.
- _____ Application Fee - \$100.00 (\$50.00 if after July 1 of the year of application)

I, the undersigned, hereby certify under penalty of perjury that the above information is true and correct. I understand that the City may deny any applications or suspend or revoke any licenses issued for failure to disclose all of the required information.

(Print Name)

Title

(Signature)

Date