



Finance Division

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MASSAGE BUSINESS LICENSE APPLICATION

BUSINESS INFORMATION

- 1) Legal/True Name of Business (Last, First - if individual) _____
- 2) Trade Name (DBA) of Business (if any, up to 30 characters) _____
- 3) Physical Address _____
- 4) Phone Number _____
- 5) E-mail Address _____
- 6) Is the business a Solo Practitioner? Yes or No (check one)
- 7) Federal Employer ID # (if not a Sole Proprietor) or Social Security # (if a Sole Proprietor or LLC) _____
- 8) Have you included a copy of your professional insurance?

FACILITY INFORMATION

- 9) Property Owner Name _____
- 10) Phone Number _____
- 11) If leased, is a copy of the current lease included? If not explain why

OWNER INFORMATION (anyone owning more than 10 %)

- 12) Name _____
- 13) Phone Number _____
- 14) Ownership % _____
- 15) Address _____
- 16) Suite/Unit _____
- 17) City _____
- 18) State _____
- 19) Zip Code _____
- 20) Previous massage business affiliation (use a separate sheet if necessary) _____
- 21) Have you been convicted of a crime other than a minor traffic violation? If so, please state the conviction(s):

- 22) If a new business, have you included copies of financial records to support funding sources? If not, explain why

EMPLOYEES

Name _____ Position _____ State License # _____

Name _____ Position _____ State License # _____

Name _____ Position _____ State License # _____

Name _____ Position _____ State License # _____

Name _____ Position _____ State License # _____

ACKNOWLEDGMENTS (check box and initial or put N/A)

For new applications, a Wheat Ridge Business License has been submitted _____

If the facility has a table shower, a Special Use Permit has been issued _____

A Manager License application has been submitted for each owner and manager _____

The business cannot operate between 9:00 p.m. and 6:00 a.m. _____

All internal and external doors must remain unlocked during business hours when more than one employee is on-site _____

Copies of all therapist's Colorado-issued massage licenses must be kept on site _____

A detailed log of all employees must be kept on-site and include name, address, Colorado-issued massage license number, start date and/or termination date _____

A detailed log of all massages should be kept on-site and include the date, time, type of massage and therapist name _____

Signature of Applicant or Authorized Agent

Under penalty of perjury, I declare that I have examined this application, and it is true and correct to the best of my knowledge and belief.

Signature: _____

Date: _____

Printed Name: _____

Title: _____