APPLICANT INFORMATIONAL CHECKLIST FOR
MASSAGE BUSINESS PERMIT AND/OR MASSAGE THERAPIST PERMIT

In order to make the application process run smoothly we ask that you follow the below instructions. Include the following items in your application package. An incomplete application will **not** be processed.

BUSINESS OWNERS/OPERATORS PERMIT (SECTION 615.040): If you are an owner/ operator:

Please complete the application online through the City's website, leaving no unanswered blanks. **NOTE:** A new application must be completed every other year. The below listed items must be included in order to process your application.

_____ A check in the amount of $25 payable to "City of Creve Coeur" or online through the City's website. The permit is valid for a two-year period running from January 1 through December 31 with no prorations or refunds for partial years. You must also obtain a standard business license as required by the City.

_____ A copy of the license for massage business issued by the State of Missouri.

Return Instructions:
When you have completed the above requirements, the application will be considered complete and will be processed.

Upon completion of the inspection, the designated representative of the Police Department shall approve or deny the issuance of a massage business permit based upon an assessment of the application and the compliance of the premises with Chapter 615. The applicant shall be given a reasonable time to cure any deficiencies before a denial is issued.

MASSAGE THERAPISTS PERMIT (SECTION 615.040): If you are applying for a massage therapist permit you must supply the following:

Please complete the application, leaving no unanswered blanks. **NOTE:** A new application must be completed every other year. The below listed items must be included to process the application.

_____ A check in the amount of $25 payable to "City of Creve Coeur" or online through the City's website. The permit is valid for a two-year period running from January 1 through December 31, with no prorations or refunds for partial years.

_____ A copy of the license for massage therapist issued by the State of Missouri.

Return instructions:
When you have completed the above requirements, the application will be considered complete and will be processed.

Upon completion of the inspection, the designated representative of the Police Department shall approve or deny the issuance of a massage therapist permit based upon an assessment of the application and the compliance of the premises with Chapter 615. The applicant shall be given a reasonable time to cure any deficiencies before a denial is issued.

NOTE: If you are applying for both a Business Owner's and a Massage Therapists License you must complete both applications and a total of $50 is due for both permits.

APPLICATION APPROVAL PROCESS

Whether you are an applying for a permit for a massage business or massage therapist, you should be aware of the application approval process. If you do not submit all the documentation specified on the checklist at the time of application, you will be considered not having made “proper” application. Until all the requirements are met and all attachments are submitted, no further processing will be done.

1. INVESTIGATION

    a. The Chief of Police or his designated representative shall investigate the validity of the statements contained in each application for a permit. (Section 615.070).
    b. A member of the Creve Coeur Police Department Investigation Division may contact you for questions or verification.

2. INSPECTIONS (Section 615-150)

Prior to the issuance of any permit, you will be required to allow an inspection of the massage business by representatives of the police department and/or the community development department to ensure compliance with all requirements defined in the ordinance. All requirements under Section 615-090 (a through e), must be met prior to the issuance of a license.

3. ISSUANCE (if any, Section 615.070)

A representative of the Police Department will make a favorable recommendation for a massage business or massage therapist permit unless the representative from the Police Department finds:

1. That the applicant and any other person who will be directly engaged in the management and operation of a massage business or the providing of massage therapy services:

    a. has been convicted of a felony
    b. has been convicted of an offense involving sexual misconduct with children
    c. has been convicted of an obscenity offense, solicitation of a lewd or unlawful act, prostitution, or pandering
    d. has no valid state license or otherwise fails to meet the requirements of the City ordinance

4. OTHER INFORMATION

Applicants are encouraged to ask questions regarding this process. Direct any questions to the office of the Police Department.

CITY OF CREVE COEUR
APPLICATION FOR MASSAGE THERAPIST PERMIT

INSTRUCTIONS: Complete application in its entirety. If additional space is needed, please submit information on a separate page.

DATE: _____

NAME _____
(last) (first) (middle)

ADDRESS _____
(City) (State) (Zip)

LIST ALL OTHER NAMES PREVIOUSLY USED: _____

DOB_____AGE_____RACE____HGT_____WGT____EYES_____HAIR_____SSN _____

HOME PHONE #_____BUS. PHONE #_____E-Mail _____

Name and address of business for which permit is being sought _____

List all address you have lived for the past five (5) years: (If additional space is needed submit on separate sheet of paper)

ADDRESS	CITY	STATE	ZIP	DATES

List three (3) personal references:

NAME	ADDRESS	CITY/STATE	PHONE	ZIP	YEARS KNOWN

Employment history for past three (3) years: (if additional space is needed submit on separate sheet of paper)

BUSINESS NAME	ADDRESS (CITY & STATE)	PHONE	DATES

Employment history as a Massage Therapist (if additional space is needed submit on separate sheet of paper)

BUSINESS NAME	ADDRESS (CITY & STATE)	PHONE	DATES

Have you ever been arrested or convicted anywhere (in any State or Country) of any crime except minor traffic violations? _____Yes _____No If yes, complete the following

DATE	JURISDICTION (CITY, COUNTY, STATE & COUNTRY)	CHARGE

Have you ever been issued a permit, license or other written approval to perform services as a massage therapist by any governmental agency other than the state of Missouri? Yes_____ No _____

Has a license, permit or other written approval given by any governmental agency (including the state of Missouri) and issued in your name to perform as a massage therapist ever been revoked or suspended? Yes No if yes, explain

_____

_____

Describe in detail the type and nature of the massage to be administered.

_____

_____

_____

Is this application being made by you as a subterfuge to permit any person other than yourself to secure a permit in your name for his/her benefit? Yes_____No _____

NOTE: If the Massage Therapist applicant will also be the owner of the Massage Business, then a separate application for a Massage Business Permit is also required. In accordance with City Ordinance Section 615-040, the fee required for the Massage Business Permit shall be considered separate from that required for the Massage Therapist permit.

RELEASE

I understand that by signing this application, I authorize the Creve Coeur Police Department to do a background investigation into my character both personally and professionally, and to contact current and prior employers and other persons they deem necessary to complete their investigation.

I UNDERSTAND AND AGREE THAT IF ANY STATEMENTS OR ANSWERS IN THIS APPLICATION ARE UNTRUE OR IF I FAIL TO ABIDE BY ALL THE TERMS AND PROVISIONS OF THE CREVE COEUR CODE OF ORDINANCES, CHAPTER 15, OR ANY AMENDMENTS THERETO, ANY LICENSE ISSUED UPON THIS APPLICATION MAY BE SUSPENDED OR REVOKED AND I MAY BE LIABLE FOR CRIMINAL PROSECUTION.

DATED THIS_____DAY OF_____20_____.

_____
Applicant's Signature

STATE OF MISSOURI)
)
COUNTY OF ST. LOUIS)

_____ of lawful age, being first duly sworn upon Oath, states that he/she has read the foregoing application and fully understands the same, and that the answers contained therein are true.

_____
Applicant

Subscribed and Sworn to before me this_____day of_____20_____.

_____
Notary Public

seal

CITY OF CREVE COEUR
APPLICATION FOR MASSAGE BUSINESS PERMIT

INSTRUCTIONS: Complete this application in its entirety. If the applicant is a Firm, Partnership, Association or Corporation, a separate application must be submitted for each interested party. Refer to the "Informational Checklist" for further direction.

CHECK ONE: New Application _____ Renewal _____ DATE: _____

NAME OF PROPOSED ESTABLISHMENT _____

ADDRESS OF PROPOSED ESTABLISHMENT _____
(STREET, CITY, STATE, ZIP)

NAME OF OWNER/OPERATOR APPLICANT _____

PHONE NO._____SSN_____DOB _____

E-MAIL_____DRIVERS LICENSE #_____STATE _____

WEIGHT_____HEIGHT_____EYES_____HAIR _____

Starting with **present** address, list all addresses where you have lived for the past five years:

ADDRESS	CITY	STATE	ZIP	DATES

Employment history for past three (3) years. (If additional space is needed submit on separate sheet of paper.)

BUSINESS NAME	ADDRESS (City/State)	PHONE NO.	OCCUPATION	DATES OF EMPLOYMENT

History as a massage therapist or massage business owner/operator. (If addition space is needed submit on separate sheet of paper)

BUSINESS NAME	ADDRESS (CITY/STATE)	DATES

Have you ever been arrested and/or convicted anywhere (in any State or Country) of any crime? Yes____No _
If yes, complete the following:

DATE	JURISDICTION (City, County State, Country)	CHARGE	DISPOSITION OR SENTENCE

Character References – (3 Personal References- not former employers or relatives)

NAME	ADDRESS	PHONE	YEARS KNOWN

Regarding the premises for which you seek the permit, do you _____own _____rent (Check one)

What interest (if any) does the landlord have, directly or indirectly, in the business in which you intend to engage?_____

Describe in detail the exact type and nature of massage to be administered:

_____

_____

_____

_____

_____

Is this application being made by you as a subterfuge to permit any person other than yourself to secure a permit in your name for his/her benefit? Yes_____No _____

Have you ever owned, been employed by any person, partnership, or corporation that engaged in the business of providing massage therapy, wherein the permit for said business was suspended or revoked by any governmental agency? Yes _____ No _____ If yes, provide name of business, date, jurisdiction and reason.

_____

List name(s) and address(s) of any other co-owner or partner(s).

_____

_____

RELEASE

I understand that by signing this application, I authorize the Creve Coeur Police Department to do a background investigation into my character both personally and professionally; And to contact current and prior employers and other persons they deem necessary to complete their investigation.

I UNDERSTAND AND AGREE THAT IF ANY STATEMENTS OR ANSWERS IN THIS APPLICATION ARE UNTRUE OR IF I FAIL TO ABIDE BY ALL THE TERMS AND PROVISIONS OF THE CREVE COEUR CODE OF ORDINANCES, CHAPTER 15, OR ANY AMENDMENTS THERETO, ANY LICENSE ISSUED UPON THIS APPLICATION MAY BE SUSPENDED OR REVOKED AND I MAY BE LIABLE FOR CRIMINAL PROSECUTION.

DATED THIS_____DAY OF_____20_____.

_____
Applicant's Signature

STATE OF MISSOURI)
)
COUNTY OF ST. LOUIS)

_____ of lawful age, being first duly sworn upon Oath, states that he/she has read the foregoing application and fully understands the same, and that the answers contained therein are true.

_____
Applicant

Subscribed and Sworn to before me this_____day of_____20_____.

_____
Notary Public

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