



# City of Washington Massage Establishment/Therapist Business License Application



405 Jefferson Street Washington, MO 63090

(636) 390-1048 or (636) 390-1090 & Fax (636) 390-1068

Email: [ntope@washmo.gov](mailto:ntope@washmo.gov)

**Annual License: July 1, 2019 - June 30, 2020**

**½ year license: July 1 - December 31, 2019 or January 1 - June 30, 2020**

**Requirements:** (you MUST have all of the following before the license will be issued)

1. Must have all City of Washington bills (utilities, miscellaneous invoices) paid.
2. Approved Commercial Certificate of Occupancy (If occupying a location within the City Limits).
3. Paid copy of personal property and real estate tax receipts for the business from the previous year from Franklin County, MO.
4. Copy of State of Missouri Massage License Therapist Certificate.



**Fees: See Below for base amounts for Annual License.**

**(For ½ year license, the fee is ½ the base amount).**

Massage Establishment: \$60.00 plus \$25.00 per Massage Therapist

Massage Therapist: \$25.00

**Number of employees:** \_\_\_\_\_ **Estimated License Fee:** \_\_\_\_\_

### Massage Establishment:

Business Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Business Address: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Nature of Massage: \_\_\_\_\_

Please list one of the following:

State Sales Tax #: \_\_\_\_\_ Federal Tax ID (EIN): \_\_\_\_\_ SSN: \_\_\_\_\_

### Massage Therapist:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Applicant's address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Social Security #: \_\_\_\_\_ DOB: \_\_\_\_\_

Name of Massage Establishment where working: \_\_\_\_\_

Address of Establishment: \_\_\_\_\_

Phone number of establishment: \_\_\_\_\_

Nature of Massage: \_\_\_\_\_

I declare under penalty of perjury that this application has been examined by me and that the statements made herein are in good faith pursuant to the City of Washington, MO tax regulations and, to the best of my knowledge and belief, are true, correct and complete.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

***We accept cash or check for payment. Make checks payable to: City of Washington***