

# ACA How-To: Massage Business Licenses

## 1. Register or log in

Home Police Records Planning Public Works Business Licensing Stormwater

Advanced Search

User Name or E-mail:  Password:  [Login >](#)

Remember me on this computer [I've forgotten my password](#) [New Users: Register for an Account](#)

## 2. Under the *Business Licensing* tab, agree to the terms and conditions prompt and click *Continue Application*.

Home Police Records Planning Public Works Neighborhood Services Fire **Business Licensing** Stormwater

Create an Application Search Applications

### Online Application

Welcome to the City Clerk's Online Business Application System. Using this system, you can submit and update information, pay fees, and track the sta

If you are applying for a renewal application, please make sure you have worked with the City Clerk's office to link your accounts PRIOR to creating an

Please "Allow Pop-ups from This Site" before proceeding. You must accept the General Disclaimer below before beginning your application.

**General Disclaimer**

While the Agency attempts to keep its Web information accurate and timely, the Agency neither warrants nor makes representations as to the functionality or condition of this Web site, its suitability for use, freedom from interruptions or from computer virus, or non-infringement of proprietary rights. Web materials have been compiled from a variety of sources and are subject to change without notice from the Agency as a result of updates and corrections.

I have read and accepted the above terms.

[Continue Application >](#)

3. Choose *Massage Business Application* and click *Continue Application*.

### Select a Record Type

Choose one of the following available record types. For assi:

► **Business**

- Contractor Application
- General Business Application
- Massage Business Application**
- Pedal Cab Application
- Security License Application



4. In step 1 of the application flow, enter the massage business trade name in the *Business Name/Applicant Name* field if applying for a *Massage Business License*. If applying for a *Premises Exemption*, enter the massage therapist's *first and last name* in this field.

### Detail Information

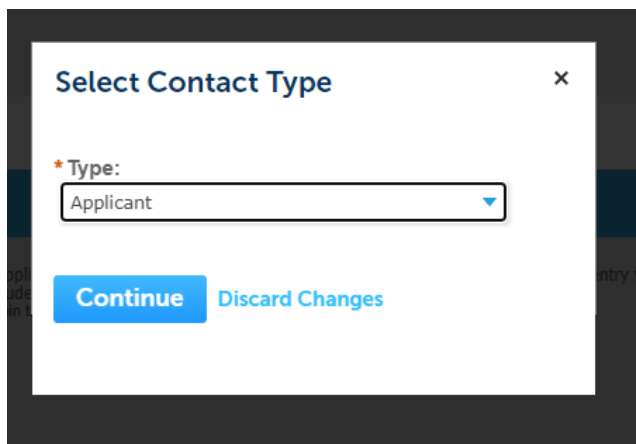
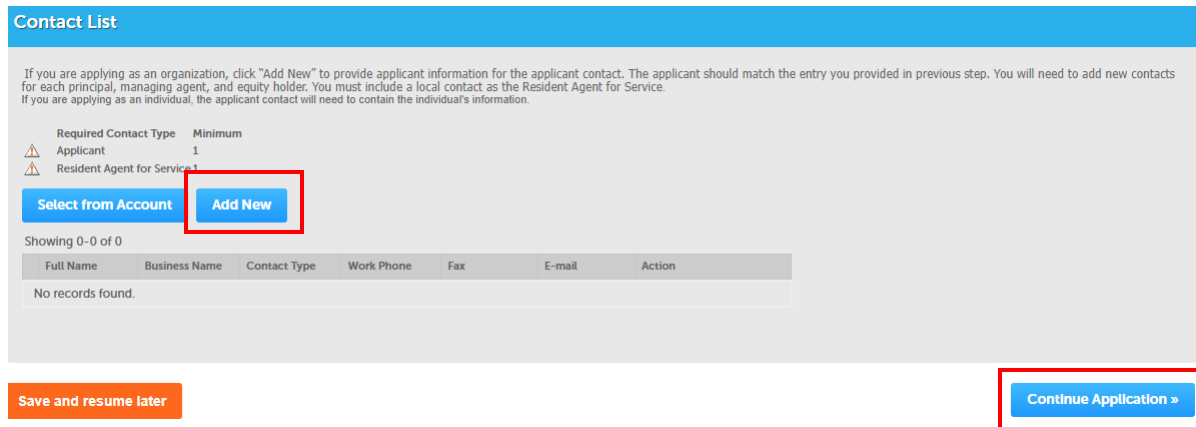
If you are applying for a business license, enter the business trade name below. If you are applying as an individual, enter your name.

Business/Applicant Name:

General Description:

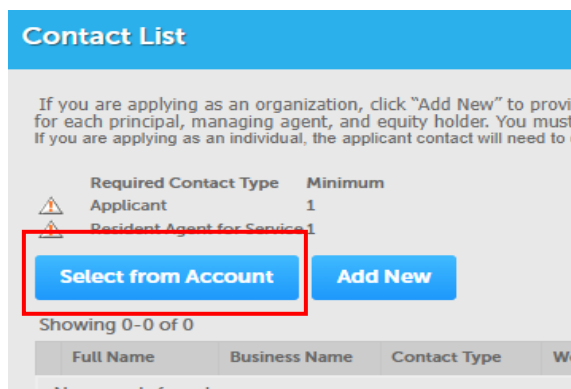


5. If applying for a *Massage Business License*, add the company information as the *Applicant* contact in the next option. If applying for a *Premises Exemption*, enter massage therapist's personal information under the *Applicant* option.



6. If applying for a *Massage Business License*, add all additional relevant owners, officers, managing agents, and the registered agent for service in the same fashion, ensuring personal (as opposed to business) information is provided for all individuals. If personal details for any of the individuals listed here is on file from when you registered the account, you may import their data here by click the **Select from Account** option. **NOTE: A resident agent for service located in the State of Colorado is required for ALL company licenses.**

If applying for the *Premises Exemption*, additional contacts are unnecessary; simply move forward in the application.



7. Select which license type for which you are applying from the *Type of License* drop-down menu and answer the questions in the *Custom Fields* step of the application flow. Note, the system generates different questions depending upon which license type you seek.

*Step 1: Step 1 > Page 2*

The image shows a screenshot of a web form titled "Custom Fields" with a blue header. The form is divided into a "LICENSE INFORMATION" section. The fields and their corresponding red arrows are as follows:

- \*Type of License:** A dropdown menu with "--Select--" selected. A red box highlights the dropdown, and a red arrow points to it from the right.
- \*Business Type:** A dropdown menu with "--Select--" selected. A red arrow points to it from the right.
- Please describe the types of services to be provided:** A large text area. A red arrow points to it from the right.
- Colorado SOS Entity ID:** A text input field. A red arrow points to it from the right.
- City Sales Tax Number:** A text input field. A red arrow points to it from the right.
- FEIN:** A text input field. A red arrow points to it from the right.

Below the text area, there is a "spell check" link.

8. In the *Custom Lists* flow of the application, *Massage Business License* applicants must enter all owners, officers, and managing agents. *Premises Exemption* applicants may skip this step.

**Custom Lists**

**OFFICERS OWNERS AND DIRECTORS**  
Please make separate entries for every officer, owner, and managing agent.

Showing 0-0 of 0

First Name	Middle Name	Last Name	Position Held	Percent Owned
No records found.				

**Add a Row** ▼ **Edit Selected** **Delete Selected**

**CRIMINAL AND LICENSE HISTORY**  
Please make separate entries for every offence for each officer, owner, or managing agent.

Showing 0-0 of 0

First Name	Last Name	Role	Type of History	Description of Date, Place and Disposition
No records found.				

**Add a Row** ▼ **Edit Selected** **Delete Selected**

**OFFICERS OWNERS AND DIRECTORS** ✕

Please make separate entries for every officer, owner, and managing agent.

First Name:  Middle Name:  Last Name:

Position Held:  Percent Owned:

**Submit** **Cancel**

ence for each officer, owner, or managing agent.

9. In Step 2 Page 1 of the workflow, enter in the address for *Business* location where you operate and click search. If the address is not found, click the link for the *El Paso County Tax Assessor's* website to find your parcel number. Once the address and parcel number are entered, click *Continue Application* to move forward to Step 2 Page 2.

### Address

For Message Business applications only.  
Please provide the physical address of the business location below and click search to find your parcel number. If your parcel number is not found, click the link for the El Paso County Tax Assessor's website to find your parcel number.

<https://assessor.elpasoco.com/>

Country:  
United States

Street No.:  Direction: --Select--

Street Name:  Unit #:  Street Type: --Select--

Unit Type: --Select--

City:  State: --Select-- Zip:

### Parcel

\* Parcel Number:

Lot:  Block:  Subdivision: --Select--

Book:  Page:

Tract:  Legal Description:

spell check

Parcel Area:

Land Value:  Improved Value:  Exemption Value:

[Save and resume later](#)

[Continue Application »](#)

10. In step 2 Page 2 of the workflow, click **Add** to attach all required documentation. Attachments are required. Once all necessary documents have been uploaded, click **Continue Application** to move forward to Step 3.

Step 2: Step 2 > Page 2

\* indicates a required field.

### Attachment

Please attach the applicable documentary evidence:

Message Business License:

- Current valid government issued photo ID for every officer, owner and equity holder
- Valid executed possessory document (deed, lease, or other arrangement)
- Certificate of Good Standing from the Colorado Secretary of State and Trade Name certificate
- Current valid diagram of licensed premises
- Attach a completed Page 3 & 4 of the Massage Business Application for every officer, owner, and managing agent which can be found on the City Clerk's website.
- Individual Work and Residence History
- Lawful presence affidavit

Massage Self-Employed Exemption:

- Current valid government issued photo ID
- Current valid DORA license
- Valid executed possessory document (deed, lease, or other arrangement)
- Certificate of Good Standing from the Colorado Secretary of State (if applicable)

You must save each document after you upload to the system. Please reference the City Clerk's website to obtain any supplemental documentation at [www.coloradosprings.gov/massage](http://www.coloradosprings.gov/massage).

The maximum file size allowed is 20 MB.  
ade;adp;bat;chm;cmd;com;cpl;exe;hta;htm;html;ins;isp;jar;js;jse;lib;lnk;mde;mht;mhtml;msc;msp;mst;php;pif;scr;scf;shb;sys;vb;vbe;vbs;vxd;wsc;wsf;wsh are disallowed file types to upload.

Name	Type	Size	Latest Update	Action
No records found.				

**Add**

**Save and resume later** **Continue Application »**

11. In step 3 of the workflow, review all information for accuracy. At the bottom of the page, read the language in the certification window, and check the box below it to confirm you understand and agree. Then move forward by clicking **Continue Application**.

Step 3: Review

**Save and resume later** **Continue Application »**

Please review all information below. Click the "Edit" buttons to make changes to sections or "Continue Application" to move on.

As the authorized representative of the Massage Business listed herein, declare under the penalty of perjury and under penalty for offering a false instrument for recording that this entire application, statements, and attachments are true, correct, and complete to the best of my knowledge. This statement is executed with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for the refusal to issue a License by the City of Colorado Springs. I am aware that later discovery of an omission, or misrepresentation made, may jeopardize any future business license(s), as such falsehood or omission constitutes evidence regarding the character of the applicant. I further declare and consent that:

**Self-Employed / Solo Practitioners:**  
I understand that this requested exemption is valid only for as long as I maintain the circumstances and business operations in the location identified above.

I understand that the Massage Business must be in and maintain compliance with all applicable regulations by other applicable governmental agencies which may include, but is not limited to, Health, Sales Tax, Zoning, Land Use, Building, and Fire Codes.

**Massage Business License:**

By checking this box, I agree to the above certification.

Date: \_\_\_\_\_

**Save and resume later** **Continue Application »**

12. In step 4 of the workflow, review the payment information for accuracy, and click *Check Out*. The next screen will review all items in your cart. Click *Checkout* again to move forward with paying the license fees.

#### Step 4: Pay Fees

Listed below are preliminary fees based upon the information you've entered. Some fees are based on the quantity of work items installed or repaired. Enter quantities where applicable. The following screen will display your total fees.

##### Application Fees

Fees	Qty.	Amount
Self-Employed Massage Therapist Exemption Review Fee	1	\$50.00

TOTAL FEES: \$50.00

Note: This does not include additional inspection fees which may be assessed later.

[Check Out »](#)

#### Step 1: Select item to pay

Click on the arrow in front of a row to display additional information. Items can later link.

Note: The additional 2.75% service fee is only applicable for Credit Card payment check, the service fee will be removed prior to payment.

**PAY NOW**

United States

1 Application(s) | \$50.00

▶ Message Business Application  
22TMP-001579

Total due: \$50.00

**Total amount to be paid: \$50.00**

Note: This does not include additional inspection fees which may be assessed later.

[Checkout »](#)

[Edit Cart »](#)

[Continue Shopping »](#)




**13. Submit payment details and click *Submit Payment* to finalize.**

Amount to be charged: \$50.00

- Pay with Credit Card  
 Pay with Bank Account

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**Credit Card Information:**

\* Card Type: \* Card Number: \* Security Code: 

--Select--

\* Name on Card: \* Exp. Date:

01 2022

**Credit Card Holder Information:**

Auto-fill with

Country:

United States 

\* Street Address:

\* City: \* State: \* Zip:

--Select--

\* Phone:

E-mail:

14. Once you receive payment confirmation, the application has been sent to the City Clerk's office for review. Please note, the license is not yet issued at this stage. If any additional information is required, City Clerk general business licensing staff will contact the email address provided for the Applicant. Otherwise, the license will be issued by City Clerk staff and mailed to the address provided for the Applicant.

### *Step 3: Receipt/Record issuance*

#### Receipt



Your request has been successfully submitted.  
Please print or retain a copy of your request for your records.