



Received:

MESSAGE BUSINESS - PREMISES EXEMPTION FOR SELF-EMPLOYED / SOLO PRACTITIONERS

operating in a business location in the city limits of the City of Colorado Springs

THIS REVIEW FORM MUST BE FULLY COMPLETE, WITH ALL REQUIRED ATTACHMENTS, and must be accompanied by the required \$50 review fee, payable to The City of Colorado Springs . Return completed form, attachments, and fee to the City Clerk’s Office, 30 S. Nevada Avenue, #101, 80903

SECTION A: BUSINESS INFORMATION			
1. Full Name of Individual (first, middle, last – include aliases):			2. DORA MT License #:
3. Business Phone:	4. Alternate Phone:	5. Email:	
6. Full Physical Premises Address (non-residential place of business):		City: Colorado Springs	State: CO
7. MAILING Address (if different):		City:	State: ZIP:
8. Legal Entity Name of Business (if any):			SOS #:
9. Trade Name (DBA – if any):			
10. Brief statement/description of massage therapy services provided with reason/qualification for exemption from Massage Business License requirements for the business location/premises identified above:			

SECTION B: QUALIFYING INFORMATION
<p>11. Are you a self-employed solo practitioner that operates in a business location other than your residence address or client home?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <u>If yes</u>, proceed to Question #12;</p> <p><u>If no</u>, STOP STOP : This form is not required. A self-employed massage therapist operating out of the massage therapist’s home or client’s home is exempt pursuant to City Code §2.3.105(G).</p>
<p>12. Are you a self-employed solo practitioner that operates as employee or contractor for a Massage Business?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <u>If yes</u>, STOP STOP : This form is not required. The Massage Business that employs you will need to complete the Massage Business License application – please inform employer they need a license for the business location;</p> <p><u>If no</u>, proceed to question #13.</p>
<p>13. Are you a self-employed solo practitioner that operates under a business name in a non-residential business location?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <u>If yes</u>, attach Certificate of Good Standing for business issued by the Colorado Secretary of State;</p> <p>Proceed to question #14.</p>

14. Are you a self-employed solo practitioner that operates in a non-residential business location with exclusive possession of the premises during your operational hours?

Yes No If yes, proceed to Question #15;

If no, ATTACH a statement describing business relationship with other tenants for shared premises:

Proceed to question #15.

15. Terms of legal possession for which application is made: Owned Leased Other

- ATTACH executed copy of deed, lease, or other arrangement for possession.

If leased or other, provide the terms: Start Date: _____ End Date: _____

Dimensions of Premises: _____ Total Square Footage: _____

SECTION C: CHECKLIST

- Fully completed Massage Business Premises Exemption form with \$50 review fee.
- Copy of current valid government issued photo ID.
- Copy of current valid DORA issued Massage Therapist License.
- Copy of valid, executed possessory document (lease, deed, or other arrangement) for business location.
- Copy of current valid Certificate of Good Standing from Colorado Secretary of State (as applicable).

SECTION D: AFFIRMATION AND OATH OF APPLICANT

I, _____ (printed name), as the self-employed solo practitioner listed above, declare under the penalty of perjury and under penalty for offering a false instrument for recording that this entire review form, statements, and attachments are true, correct, and complete to the best of my knowledge. I further declare and consent that:

1. 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 written exemption by the City of Colorado Springs (initial here) _____;
2. 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 (initial here) _____;
3. 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 (initial here) _____;
4. 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 (initial here) _____;

Signature

Date

DO NOT WRITE BELOW THIS LINE - FOR CITY CLERK OFFICE USE ONLY

REPORT AND APPROVAL OF LOCAL LICENSING AUTHORITY

The foregoing exemption review request has been examined and the business conducted appears to meet the qualifications for a self-employed sole practitioner exemption from Massage Business License requirements. THEREFORE, THIS EXEMPTION IS APPROVED for the circumstances and business operation noted above.

For The City of Colorado Springs		Date Filed with Local Authority:	
Signature	Title	Date	