



## LICENSE APPLICATION FOR - **MASSAGE ESTABLISHMENT** MUNICIPAL CODE SECTION - **4-35**

### DEFINITION:

Massage Establishment means any business located in a building, room, place or establishment, utilized for the practice of massage therapy, other than a recognized school of massage therapy or an Indiana State Department of Health licensed medical facility.

Massage establishments include any establishments having a fixed place of business where any person engages in, conducts, carries on, or permits to be engaged in, conducted or carried on, massages or baths.

Massage Therapy means the manipulation of the superficial and deep layers of the muscle and connective tissue using various techniques, to enhance function, aid in the healing process, or promote relaxation and well-being with the hand, fingers, elbows, knees, feet and legs. Massage involves working and acting upon the body with pressure through structured and unstructured, stationary, or moving tension, motion, or vibration, performed manually or with mechanical aids. Target tissues may include muscles, tendons, ligaments, fascia, skin, joints, or other connective tissue, as well as lymphatic vessels, organs or the gastrointestinal system. Target tissue specifically excludes the genitals or female breasts.

### IF DESCRIPTION DOES NOT APPLY, SEE:

Massage Therapist (Ord. §4-35)

### GENERAL INSTRUCTIONS:

1. Print legibly and complete all sections to ensure efficient processing.
2. Assemble all required information and materials before filing application.
3. Thoroughly review all applicable Municipal Code Sections listed above.
4. Licenses expire on the last day of February.
5. Add 10% to license fee for renewal after February 28.
6. Include \$5.00 license application fee payable to City of South Bend.
7. License fee payable to City of South Bend due at issuance - \$200.00

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### REQUIRED INFORMATION AND MATERIALS:

1. Business form (corporate, partnership, etc.) and ownership information.
2. Proposed business location (including zoning), and description of nature and scope.
3. (3) Passport photos, 1"x1", taken within 6 months.
4. Licensure and employment history for previous (3) years.
5. Applicant addresses for previous (3) years.
6. List of non-traffic criminal convictions.

### APPLICATION PROCESS:

1. Review Municipal Code Section 4-35 thoroughly.
2. Submit Application with \$5.00 Processing Fee.
3. Review and recommendations by appropriate city offices to Board of Public Safety.
4. Health Department inspections as required.
5. Public hearing, per Municipal Code Section 4-35
6. Within thirty (30) days of receipt of the application and after proper publication and receipt of the aforesaid recommendations, the Board of Public Works shall conduct a public hearing and shall instruct the City Controller to issue a license to operate a massage establishment if it is found that:
  - a. The application reasonably conforms to the provision of this section.
  - b. The applicant has not knowingly made a material misrepresentation in the application for a license.
  - c. The applicant has reasonably cooperated in the review of his application.
  - d. The massage establishment as proposed by the applicant would comply with all applicable laws, including but not limited to the City's building, zoning, health, fire and safety regulations.
  - e. The applicant if an individual, or any of the stockholders of the corporation, any officers or directors, if the applicant is a corporation, or any of the partners, including limited partners, if the applicant is a partnership, have not been convicted of any crime involving deviate conduct, deviate sexual conduct, or unlawful sexual conduct, as defined in Title 35 of the Indiana Code, within three (3) years prior to the date of application.

## LICENSE APPLICATION FOR - **MASSAGE ESTABLISHMENT** MUNICIPAL CODE SECTION - **4-35**

### APPLICATION PROCESS (Continued):

- f. The applicant has not had a massage establishment license or a massage technician permit or other similar license or permit denied or revoked for cause by this City or by any other city in this or any other state within three (3) years of the date of application.
  - g. The applicant, if an individual, or any of the officers and directors, if the applicant is a corporation, or any of the partners, including limited partners, of the applicant is a partnership, is eighteen (18) years of age.
  - h. The applicant, if a corporation, is licensed to do business and is in good standing in the State of Indiana.
  - i. The massage establishment as proposed by the applicant would comply with the requirements of this Article (Municipal Code Section 4-35).
7. License issued on payment of fee.
  8. Permit holder may do business with properly displayed License, and in compliance with §4-35, including Building Department, Fire Department, and Health Department inspections as required.

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**MUNICIPAL CODE SECTION - 4-35**

I. APPLICATION TYPE Check One: **New** \_\_\_\_\_ **Renewal** \_\_\_\_\_

II. BUSINESS DATA

A. Business Name: \_\_\_\_\_

B. Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

C. Mailing Address (If different from above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

D. Business Telephone Number: \_\_\_\_\_

E. Business Fax Number: \_\_\_\_\_

F. E-Mail Address: \_\_\_\_\_

G. Zoning of Business Location: \_\_\_\_\_

H. Have you ever had a Massage Establishment license, or similar license, suspended or revoked by any governing municipality within three (3) years prior to the date of this application:

YES \_\_\_\_\_ NO \_\_\_\_\_

1. If yes, what was the reason: \_\_\_\_\_

2. If yes, what was the business occupation following the suspension/revocation: \_\_\_\_\_

I. Describe the nature and scope of the business: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**For Office Use Only**

Application Filed \_\_\_\_\_ Public Safety Approval \_\_\_\_\_

Application Fee Paid \_\_\_\_\_ License Fee Paid \_\_\_\_\_

Sent to Dept. \_\_\_\_\_ License Number \_\_\_\_\_

Not Approved \_\_\_\_\_

Reason \_\_\_\_\_

\_\_\_\_\_

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**MUNICIPAL CODE SECTION - 4-35**

**III. OWNERSHIP**

**A. Type of ownership (check one):**

- \_\_\_\_\_ Sole Proprietorship (If sole proprietorship, proceed to 1).  
\_\_\_\_\_ Partnership (If partnership, proceed to 2).  
\_\_\_\_\_ Corporation (If corporation, proceed to 3).

**1. Sole Proprietor**

Name: \_\_\_\_\_  
Residential Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**2. Partnership (List at least two (2) partners)**

Name #1: \_\_\_\_\_  
Residential Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name #2: \_\_\_\_\_  
Residential Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**3. Corporation**

Legal name of corporation: \_\_\_\_\_  
Date and state of incorporation: \_\_\_\_\_

**List officers and directors who own 15% or more of stock:**

Name #1: \_\_\_\_\_  
Title: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Residential Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name #2: \_\_\_\_\_  
Title: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Residential Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**LICENSE APPLICATION FOR - MASSAGE ESTABLISHMENT**  
**MUNICIPAL CODE SECTION - 4-35**

III. OWNERSHIP (Continued)

3. Corporation (Continued)

Name #3: \_\_\_\_\_

Title: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Residential Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

IV. PERSONAL DATA

A. Applicant's Legal Name: \_\_\_\_\_

B. Residential Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

C. Residential Telephone Number: \_\_\_\_\_

D. Residential Fax Number: \_\_\_\_\_

E. Cellphone Number: \_\_\_\_\_

F. E-Mail Address: \_\_\_\_\_

G. Position with business: \_\_\_\_\_

H. Please list all criminal convictions (if any), excluding traffic violations:

Nature of Conviction	City	State	Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(Attach additional sheets if necessary)

I. Please list all addresses for three (3) years prior to application date:

Street Address	City	State	Dates
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(Attach additional sheets if necessary)

J. Date of birth: \_\_\_\_\_

K. Gender: \_\_\_\_\_

L. Social Security Number: \_\_\_\_\_

M. Race: \_\_\_\_\_

**LICENSE APPLICATION FOR - MASSAGE ESTABLISHMENT  
MUNICIPAL CODE SECTION - 4-35**

IV. PERSONAL DATA (Continued)

N. Photographs:

Attach below (3) Passport photos, 1"x1", taken within 6 months of the date of this application.

O. Please list all previous employment for three (3) years prior to the date of this application:

Company	Address	City, State, ZIP	Dates
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(Attach additional sheets if necessary)

V. INCLUDE WITH APPLICATION:

Three (3) passport photos taken within 6 months of application.

VI. INCLUDE \$5.00 PROCESSING FEE WITH APPLICATION

VII. AFFIRMATION

I, hereby, certify and affirm that all of the information I have given in this application is true and accurate to the best of my knowledge. I further certify that I have in no way attempted to mislead the City in this application by omitting facts known to me. I agree to cooperate with any review conducted pursuant to the licensing procedures, including permission to enter and inspect the place of business and facilities in conjunction with such review. I have read and understand the regulations of the Massage Establishment and/or Therapist license found in the City of South Bend Municipal Code, Section 4-35.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date