



CITY OF IOWA CITY

410 East Washington Street
Iowa City, Iowa 52240-1826
(319) 356-5000
(319) 356-5009 FAX
www.icgov.org

CITY OF IOWA CITY
MESSAGE BUSINESS FORM

Ordinance No. 18-4766 (to be codified at Title 5, Chapter 3 of the City Code) requires all businesses where “massage therapy” is practiced or administered produce this completed form upon request of a City staff member. *Massage therapy* means the same as it does in the massage therapy licensing provision in the state code found at Section 152C.1 of the Code of Iowa: performance for compensation of massage, myotherapy, massotherapy, bodywork, bodywork therapy, or therapeutic massage including hydrotherapy, superficial hot and cold applications, vibration and topical applications, or other therapy which involves manipulation of the muscle and connective tissue of the body, excluding osseous tissue, to treat the muscle tonus system for the purpose of enhancing health, muscle relaxation, increasing range of motion, reducing stress, relieving pain, or improving circulation.

Note: It is illegal for a business to engage in or offer to engage in the practice of massage therapy, or use the initials “L. M. T.” or the words “licensed massage therapist”, “massage therapist”, “masseur”, “masseur”, or any other word or title that implies or represents that a person practices massage therapy at the business, unless the person is a LMT.

1. Name of Business: _____

2. Street Address of Business: _____

3. Name and mailing address of tenant leasing the space listed on number 2 above:

Name of Tenant

Mailing Address of Tenant

4. Name, residential address, email address, and telephone number of Business Manager (must be Iowa resident):

Name

Telephone Number

Residential Address

Email Address

5. Names and telephone numbers of all persons who have an ownership in the business:

_____	_____
Name	Telephone Number

_____	_____
Name	Telephone Number

_____	_____
Name	Telephone Number

6. Names of all Licensed Massage Therapists (LMT) who work at this location (whether employees or independent contractors) and their state license number:

_____	_____
Name	License Number

_____	_____
Name	License Number

_____	_____
Name	License Number

_____	_____
Name	License Number

7. Names and addresses of all persons other than LMTs who perform work at this business location along with a description of the work performed:

_____	_____
Name	Description of Work

_____	_____
Name	Description of Work