



City Clerk's Office
11701 Community Center Dr.
Northglenn, CO 80233
303.450.8755

Massage Business Questionnaire

The City of Northglenn follows the Colorado Revised Statutes' definition of "massage therapist" as defined in Section 12-35.5-103(7). "Massage therapist" means a person who has graduated from a massage therapy school accredited by the state educational board or division charged with the responsibility of approving private occupational schools, or from a school with comparable approval or accreditation from another state with transcripts indicating completion of at least five hundred hours of training in massage therapy. All "massage therapists" providing services within the City of Northglenn must be certified with the State of Colorado to engage in the practice of massage therapy.

Any business providing massage services by any person that is ***not*** registered with the State of Colorado as a "certified massage therapist" must apply for a Massage Parlor License. Additionally, pursuant to Northglenn Municipal Code Section 18-15-14, all applicants, managers, agents and employees of a business deemed a "massage parlor" will be required to obtain an identity card from the City Clerk's Office prior to providing massage services in the City of Northglenn.

To ensure compliance, please complete the following information relating to your business services. Certification of all "massage therapists" will be verified with the State of Colorado Department of Regulatory Agencies.

Name of Business: _____

Address: _____

Owner/ Manager: _____

Phone Number: _____

Number of Employees: _____

Choose one of the following:

- Business does not offer massage services.
Please stop here, sign the acknowledgement on page 3 and return this form as instructed.

- Business offers massage services provided solely by Certified Massage Therapists.
Please complete the entire form and return as instructed.

- Business offers massage services provided by persons who are not Certified Massage Therapists.
Please complete the entire form and return as instructed.

List of all employees: *(Please attach additional pages as needed)*

Name: _____

Home Address: _____

Title/ Position/ Services Provided: _____

Providing massage services:	YES	NO	
Certified Massage Therapist:	YES	NO	Injunctions

Notes: _____

Name: _____

Home Address: _____

Title/ Position/ Services Provided: _____

Providing massage services:	YES	NO	
Certified Massage Therapist:	YES	NO	Injunctions

Notes: _____

Name: _____

Home Address: _____

Title/ Position/ Services Provided: _____

Providing massage services:	YES	NO	
Certified Massage Therapist:	YES	NO	Injunctions

Notes: _____

Name: _____

Home Address: _____

Title/ Position/ Services Provided: _____

Providing massage services:	YES	NO	
Certified Massage Therapist:	YES	NO	Injunctions

Notes: _____

Name: _____

Home Address: _____

Title/ Position/ Services Provided: _____

Providing massage services:	YES	NO	
Certified Massage Therapist:	YES	NO	Injunctions

Notes: _____

Name: _____

Home Address: _____

Title/ Position/ Services Provided: _____

Providing massage services: YES NO
 Certified Massage Therapist: YES NO Injunctions

Notes: _____

Name: _____

Home Address: _____

Title/ Position/ Services Provided: _____

Providing massage services: YES NO
 Certified Massage Therapist: YES NO Injunctions

Notes: _____

Name: _____

Home Address: _____

Title/ Position/ Services Provided: _____

Providing massage services: YES NO
 Certified Massage Therapist: YES NO Injunctions

Notes: _____

ACKNOWLEDGEMENT

I declare under the penalty of perjury that this questionnaire has been examined by me and, to the best of my knowledge and belief, is true, correct and complete. I also acknowledge that, pursuant to Section 18-15-14(b) of the Northglenn Municipal Code, every applicant, licensee, agent or employee of said applicant or licensee who is employed by a massage parlor shall, prior to commencing work in or upon the licensed premises, obtain an identity card from the City Clerk and shall carry said identity card at all times while in or upon the licensed premises. Therefore, an updated questionnaire shall be submitted to the City Clerk’s Office to report any new employees of any business providing massage services prior to said employee commencing work in the City of Northglenn. Certification of all “massage therapists” will be verified with the State of Colorado Department of Regulatory Agencies.

Signature: _____

Date Signed: _____

STATE OF _____)

COUNTY OF _____)

Sworn to before me this _____ day of _____, 20____, by _____.

 Notary Public

My Commission Expires: _____