



City of Davenport
Reflexology Business License Application
Please print in dark ink and mail to Business Licensing Service
City Ordinance 5.25

Business Name: _____
Enter the name you will be doing business as. You must operate and advertise in the exact name listed.

Parent Company Name: _____
(If Corporate Owned)

Business Address: _____
Street # Street name Unit # City State Zip

Mailing Address _____
Street # Street name Unit # City State Zip

Phone: () - _____ **Business Start Date:** _____

Ownership (Check One Only)

Sole Proprietor Partnership Corporation LLC

LLP LP Other:

E-mail: _____

Website: _____

REAL ESTATE OWNER INFORMATION

Name _____ **City** _____

Address _____ **State** _____ **Zip** _____

Applicant must provide the following information to the City of Davenport:

- 1) Lease, deed or other document establishing the applicant's control of business location.**
- 2) Names and addresses of the applicant**
- 3) Names and mailing addresses of the all individuals who have an ownership interest in the business**
- 4) Name and address of all employees, contractors or other persons who are or will be present on the premises to perform reflexology not licensed as a massage therapist**
- 5) Names and address of all other persons who work on the business premises whether employees or independent contractors of the business along with a description of work performed**
- 6) Government issued photo of for all listed in items 2, 3 and 4.**

The information above is required with license renewals and change of personnel or contractors.

Massage Therapists licensed by the State of Iowa are regulated by the City of Davenport under Municipal Code 5.24 and not required to hold a Reflexology business license if they are a Licensed Massage Therapist by the State of Iowa.

If the applicant intends to operate a reflexology business in multiple physical locations, a separate application is required along with supporting documentation for each individual location.

Documents can be submitted via email at businesslicenses@ci.davenport.ia.us or mail to: City of Davenport, Business Licensing, 226 W 4th Street, Davenport, IA 52801

Signature of Applicant _____	Date _____
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Approvers: CPED, Police, Fire, Finance

Annual Fee: \$100.00 (April 1st – March 31st)