



Massage Business License Addendum Application

FEES: As of September 6, 2023, there are no fees associated with this Application.

Scappoose Municipal Code Chapter 5.20 Massage Facilities requires that all non-exempt massage businesses in the City of Scappoose City Limits hold a Massage Business License Addendum while doing business within the City of Scappoose. If your business offers massage, massage-like, or massage-related services, you need to complete this application, even if you are exempt from the requirements of 5.20. If you are exempt, you will only be required to complete a handful of items on this Application.

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Section 1: Exemptions

If you/your business is exempt from the Massage Business License Addendum requirement, please complete this section. For more information on Exemptions please review Scappoose Municipal Code 5.20.060.

Exemptions from the Massage Business License Addendum requirement; check all that apply:

- Persons licensed under any other law of this State to do any acts included in the definition of massage in ORS 687.011, or persons working under the direction of any such person.
- Trainers of any amateur, semi-professional, or professional athlete or athletic team.
- Massage practiced at an athletic department of any institution maintained by public funds of the state or of any of its political subdivisions.
- Massage clinics operated as part of a certified class for the purpose of student training. See additional requirements in SMC 5.20.060 (E).
- Students enrolled in a certified class. See additional requirements in SMC 5.20.060 (F).
- Nonresident practitioners registered in another state temporarily practicing massage, not to exceed 30 days. See additional requirements in SMC 5.20.060 (G).
- Psychotherapy or counseling modalities that use physical techniques. See additional requirements in SMC 5.20.060 (H).
- Reflexology practitioners who do not claim to be massage therapists. See additional requirements in SMC 5.20.060 (I).
- Practitioners who do not claim to be massage therapists and limit their work to certain modalities. See additional requirements in SMC 5.20.060 (J).
- Health Care Professionals licensed with the State practicing in the course of their health care profession. See additional requirements in SMC 5.20.060 (K).
- Barber shops, beauty salons, etc. where barbers and cosmetologists licensed by the state provide massage in the ordinary course of their profession. See additional requirements in SMC 5.20.060 (L).
- As part of a public or charity event. See additional requirements in SMC 5.20.060 (M).
- A self-employed Licensed Massage Therapist operating out of their home or their client's home.
- A spa or resort on the premise of a hotel with at least one hundred (100) rooms for overnight guests.

___ A place of business that does not claim to employ massage therapists and provides: reflexology; meridian therapy; Feldenkrais Method/Trager approach; body-mind centering; healing touch to effect energy systems; reiki; shiatsu; Rolfing, Hellerwork. See additional requirements in SMC 5.20.060 (P).

Please attach a typed narrative about why you believe your business is exempt and under which section of SMC 5.20.060 you are exempt. Please include attachments that bolster your claim or prove your exemption. The City of Scappoose will review your Addendum Application, Narrative, and attachments to determine your exemption status.

Please complete:

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of this Application and submit this form in its entirety (pages 1-14), and required documents, to the City of Scappoose.

If you are found to be exempt, you will be notified of this and will not need to pay any fees associated with this Addendum. If you are found not to be exempt, you will be notified, and will be required to complete the remaining sections of this Application before your business license is granted and pay associated Application fees, if applicable.

Section 2: Business Information

APPLICANT INFORMATION

Applicant #1 Name: _____

Mailing address: _____

Phone #: _____ Email address: _____

Driver's License Number and expiration date: _____

Signature: _____ Date: _____

Applicant #2 Name: _____

Mailing address: _____

Phone #: _____ Email address: _____

Driver's License Number and expiration date: _____

Signature: _____ Date: _____

All applicants are required to be listed. Please include their information on clearly labeled additional pages with your Application if needed.

BUSINESS INFORMATION

Business name: _____

Business address(es) all locations of business are required to be listed: _____

Brief Business Description: _____

Equity Holder #1 (see definition of Equity Holder in SMC 5.20.010 (B)):

Name: _____

Other Names they have been known by: _____

Residence Address: _____

Phone Number: _____

Date of Birth: _____

Equity Holder #2:

Name: _____

Other Names they have been known by: _____

Residence Address: _____

Phone Number: _____

Date of Birth: _____

Equity Holder #3:

Name: _____

Other Names they have been known by: _____

Residence Address: _____

Phone Number: _____

Date of Birth: _____

If there are more Equity Holders, please include their information on clearly labeled additional pages with your Application.

Detailed Business Description; please include all specific services to be rendered.

Supporting Documents to be attached to your application:

- Documentary evidence that each officer, equity holders, and managers of the applicant/business are at least a minimum of eighteen (18) years of age.

- Documentary evidence that the applicant has or will have possession of the premises to be licensed during the term of the license by ownership, lease, rental, or other arrangement.

- Documentary evidence that any massage therapists working at or for the business giving massage are or will be appropriately licensed with the Oregon State Board of Massage Therapists.

- A detailed diagram of each floor of the business showing the configuration of the premise to be licensed as follows:
 - Each floor shall be diagramed no larger than eight and one-half inches by eleven inches (8-1/2" x 11");
 - The diagram shall include the dimensions and total square footage of the premises to be licensed, but does not need to be drawn to scale;
 - The diagram shall designate the use of each room or other definitive area of the premises to be licensed;
 - The diagram shall show the type of control of the exterior areas of the premises to be licensed including, without limitation, fences, walls, and entry/exit points;
 - A separate diagram shall be filed for each floor of the premise;
 - The premises to be licensed shall be outlined in bold.

The City Manager or their designee may waive the site diagram for renewal applications based on certain criteria. See SMC 5.20.030 (6) (g) for more information.

Section 3: Compliance Checks

Certain parties related to or working for the business will need to submit to a background check and verification of standing with the Oregon State Board of Massage Therapists (SMC 5.20.040).

Individuals required to go through this process will need to submit a notarized background check form, along with this application, and pay the associated background check fee. The Background Check Form can be found in Section 6 of this Application. City Staff can notarize the background check authorization at no charge. As of September 6, 2023, the Fee for each background check is \$30.00.

The current Background Check Fee can be found in the City Fee Schedule:

<https://www.scappoose.gov/cityhall/page/city-fee-schedule>

A final decision about the necessity of employees of the business submitting to a background check will be made after this Addendum Application is submitted to the City of Scappoose.

Individuals required to submit to a background check and/or license verification with the Oregon Board of Massage Therapists include (See SMC 5.20.3040 (D) through (K) for complete details):

- Each Applicant, principal, managing agent, and equity holder.
- Any partner, equity holder, manager, employee, or potential employee who will be, or might conduct, massage, will need a license verification with the Oregon State Board of Massage Therapists. These individuals will need to complete a background check form, but there is no fee associated with a status verification.
- Other employees not listed here may be required to submit to the background check or license verification.

Exemptions from the background check requirement (this does not exempt an individual from the License Verification, if applicable):

- Licensed Massage Therapists who:
 - Have successfully completed a background check to receive their Licensed Massage Therapists License or a License Renewal within the last three years; and
 - Who can substantiate that the background check occurred; and
 - Successful passing of that background check can be substantiated by the Police Department.

Once initial background checks have been completed most individuals will not be subject to background checks for three (3) years.

Upon Business License Renewal, new applicants, principals, managing agents, equity holders, Licensed Massage Therapists, and potentially other employees, are subject to background checks under this section.

Decision Making Criteria and Mitigating Circumstances

A full list of criteria and mitigating circumstances can be found in SMC 5.20.040 (H), (I), and (J).

If you believe you have mitigating circumstances, please review SMC 5.20.040 (I) (1) (f) (VI) and SMC 5.20.040 (J). Mitigating narratives, evidence of mitigating factors, rehabilitation, character references, and education achievements may be considered during decision making.

Section 4: Other Items to be aware of

Denial, Suspension, or Revocation of a License requirements are explained in SMC 5.20.070.

Unlawful Acts in relation to obtaining this License Addendum are explained in SMC 5.20.080.

Records and Inspection requirements, additional conditions on businesses licensed under this Addendum, are explained in SMC 5.20.090.

Please familiarize yourself with all requirements in SMC 5.20 if you are applying for this Business License Addendum.

Section 5: Certification

Each Applicant that is a part to this Addendum must affix their signature, printed name, and date of signature to this application certifying the following:

I certify that the information contained in this Application is correct, accurate, and truthful. In addition to any other requirement of Scappoose Municipal Code Chapter 5.04 and 5.20, each licensee shall: conform to all federal, state, and local laws and regulations, the provisions of the Scappoose Municipal Code, and any rules adopted hereunder, with the exception of the federal Controlled Substances Act as it pertains to marijuana legal under the laws of the State of Oregon.

Applicant #1

Printed Name	Signature	Date

Applicant #2

Printed Name	Signature	Date

Applicant #3

Printed Name	Signature	Date

*If more Applicants are part to this application, please print additional signature pages as needed for their use.

Final notes:

- Submit this Application in its entirety (pages 1-14).
- Application Fees are due upon submittal of the Addendum Application.
- All additional documentation is required to be submitted at the time this Application is submitted.
- Notarized background check forms are required to be submitted with this Application.
- Failure to include required documentation, complete the application or its requirements, or submit background check forms could delay your Application, and makes your application eligible for summary denial.

Section 6: Background Check Form

Waiver for City of Scappoose Massage Business License Addendum Background Check Subject to SMC 5.20.040	Staff only, complete when paid. Print: _____ Sign: _____ Date: _____
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- Background Check and License Verification – Staff, assess Background Check Fee.
- License Verification Only – Staff, do not assess Background Check Fee.

I hereby authorize the City of Scappoose to make any necessary and appropriate investigations into my criminal history, and if applicable, my standing with the Oregon State Board of Massage Therapists, and to procure those reports. I hereby release from liability and promise to hold harmless under any and all possible causes of legal action the City of Scappoose, its officers, agents or employees, any persons, companies, or corporations supplying information pertaining to me, for any statements, acts or omissions in the course of conducting my background investigation. **These reports will be obtained for the purposes described in SMC 5.20 Massage Facilities.**

Applicant Address: _____

Social Security Number: _____ Date of Birth: _____

Driver's License Number: _____ State of Issue: _____

(Do not sign, print, or date until in presence of Notary.)

Applicant's Signature: _____ Date: _____

Printed Name: _____

CERTIFICATE - Witnessing or Attesting a Signature

State of OREGON, County of _____, Signed (or attested) before me on (date)

_____, 20____,

by (name of individual)

_____.

Notary Public - State of Oregon

Stamp

Staff Use Only

Needs:

- Background Check
- License Verification with the Oregon State Board of Massage Therapists

Background Check

- Pass Fail

Comments: _____

License Verification

- Pass Fail

Comments: _____

Signature

Date

Name and Title

Section 7: City Staff Approvals

Applicant, do not write anything in this section. City Staff use only.

Potentially Exempt Application:

Police Department:

- Approve Exemption
- Conditionally Approve Exemption
- Deny Exemption and require a full Massage Business License Addendum Application be submitted.

Comments: _____

Signature (Police Chief or Designee)

Date

Name and Title

Approve

Conditionally Approve

Deny

Signature (City Manager)

Date

Name and Title

Massage Business License Addendum Application

Submittal Requirements:

- Section 2: Business Information complete.
- Documentary evidence that each officer, equity holder, and manager is at least 18 years of age.
- Documentary evidence that the applicants has or will have possession of the premises to be license.
- Documentary evidence that massage therapists working for the business will be appropriately licensed.
- Detailed diagram(s) of the business, meeting the requirement of SMC 5.20.030 (6).
- Compliance Checks. All relevant background check forms completed and paid:

Background Check Form Required, Fee Assessed	Background Check Form May Be Needed
<ul style="list-style-type: none"> • Applicants • Principals • Managing Agents • Equity Holders 	<ul style="list-style-type: none"> • Licensed Massage Technicians only need to submit to License Verification via the background check form. No fee assessed for License Verification only. • Other employees not listed in SMC 5.20, at the discretion of the Police Chief or their designee.

- Completed and signed Certification

Failure to complete any of the above requirements is grounds for denial of the Application.

Police Department:

- Approve Application
- Conditionally Approve Application
- Deny Application

Comments: _____

Signature (Police Chief or Designee)

Date

Name and Title

- Approve
- Conditionally Approve
- Deny

Signature (City Manager)

Date

Name and Title