

# Massage Facility Exemption Application

**All answers must be printed in black ink or typewritten**  
**Applicant must check the appropriate box(es)**

Ordinance NO. O-023-001 requires that no person shall operate a massage facility without a massage facility license. The definition of massage facility excludes those listed below in conformance with Section 1(n) of the Ordinance. If your business will operate under one of the allowed exemptions within the definition in the Ordinance, then please fill out and sign this exemption form and provide the requested information for the applicable selection.

Select the applicable exemption below (For item 8, you must select either 'a' or 'b', and item 'c' must always be selected.) Provide required documentation as attachments with the completed form.

<input type="checkbox"/>	<p>1. Training rooms in public and nonpublic institutions of higher education, as defined in C.R.S. § 23-3.1-102(5).</p> <p>Provide a list of course offerings, admission requirements, graduation requirements, degrees granted, and proof of national accreditation.</p> <p>Provide a brief explanation regarding the usefulness of massage in their area(s) of practice.</p>
<input type="checkbox"/>	<p>2. Training rooms of recognized professional or amateur athletic teams.</p> <p>Provide an active roster, schedule, proof of membership in a league, or similar.</p> <p>Provide a brief explanation regarding the usefulness of massage in their area(s) of practice.</p>
<input type="checkbox"/>	<p>3. Offices, clinics, and other facilities at which medical professionals licensed by the state of Colorado, or any other state, provide massage services to the public in the ordinary course of their medical profession.</p> <p>Provide a list of all medical professionals practicing at the location, their primary area of practice, and copies of their professional licenses.</p> <p>Provide a brief explanation regarding the usefulness of massage in their area(s) of practice.</p> <p>Provide a copy of lease or proof of ownership.</p>
<input type="checkbox"/>	<p>4. Medical facilities licensed by the state.</p> <p>Provide a copy of State License.</p> <p>Provide a copy of lease or proof of ownership.</p>
<input type="checkbox"/>	<p>5. Barber shops, beauty salons, and other facilities at which barbers and cosmetologists licensed by the state provide massage services to the public in the ordinary course of their professions.</p> <p>Provide a list of all barbers and cosmetologists practicing at the location, their primary area(s) of practice, and copies of their professional licenses.</p> <p>Provide a copy of lease or proof of ownership.</p> <p>Provide a brief explanation regarding the usefulness of massage in their area(s) of practice.</p>
<input type="checkbox"/>	<p>6. Bona fide athletic clubs not engaged in the practice of providing massage therapy to members or to the public for remuneration, or an athletic club that does not receive more than 10 percent of its gross income providing massages to the athletic club's members or to the public.</p> <p>Provide a copy of lease or proof of ownership.</p> <p>Provide a brief explanation regarding the usefulness of massage in their area(s) of practice.</p> <p>Provide an estimate of the gross income percentage from massage therapy.</p>
<input type="checkbox"/>	<p>7. A place of business where a person offers to perform or performs massage therapy:</p> <p style="margin-left: 20px;"><input type="checkbox"/> a. For 72 hours or less in any six-month period; and</p> <p style="margin-left: 20px;"><input type="checkbox"/> b. As part of a public or charity event, the primary purpose of which is not to provide massage therapy.</p> <p>Provide a brief explanation regarding the reason and frequency of massage therapy being provided.</p> <p>Provide a brief explanation regarding the nature of the event, and the reason for massage therapy being provided as part of the event.</p>

- 8. A place of business where a licensed massage therapist practices as a solo practitioner, and:
  - a. Does not use a business name or assumed name; or
  - b. Uses a business name or assumed name and provides the massage therapist's full legal name or license number in each advertisement, and each time the business name or assumed name appears in writing; and
  - c. Does not maintain or operate a table shower

First Name: \_\_\_\_\_ Last Name \_\_\_\_\_

State of Colorado Massage Therapist License Number MT. \_\_\_\_\_

Legal Entity Name of Business \_\_\_\_\_

Trade Name if Different \_\_\_\_\_

Any Other Massage Businesses Owned Previously or Currently:

\_\_\_\_\_

Massage school attended, location, and date of completion:  
\_\_\_\_\_

Provide a copy of your ID.

Provide a copy of lease or proof of ownership.

**Oath Of Applicant**

I declare under penalty of perjury in the second degree that this application and all attachments are true, correct, and complete to the best of my knowledge. I also acknowledge that it is my responsibility and the responsibility of my agents and employees to comply with the provisions of all Colorado laws which affect my license.

Authorized Signature	Printed Name and Title	Date
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