



## City of Washington Beauty Salon License Application

405 Jefferson Street Washington, MO 63090

(636) 390-1048 or (636) 390-1090 & Fax (636) 390-1068

Email: [shellebusch@ci.washington.mo.us](mailto:shellebusch@ci.washington.mo.us)

**Annual License: July 1, 2016-June 30, 2017**

**½ year license: July-1-December 31, 2016 or January 1-June 30, 2017**

**Fees: (Full Year) For ½ year license, the fee is ½ the base amount.**

Salon Establishment: \$60.00 plus \$2.00 per employee plus \$25.00 per each Massage Therapist

Estimated License Fee: \_\_\_\_\_

**Do you offer Massage? YES or NO If yes, how many Massage Therapists will you have? \_\_\_\_\_**

**Will you be covering them under your Business License? YES or NO If no, they will be required to have their own individual Massage Therapist License. Will the business be selling anything at retail? YES or NO**

**Requirements: (you MUST have all of the following before the license will be issued)**

1. Must have all City of Washington bills (utilities, miscellaneous invoices), real estate & personal property taxes paid.
2. Approved Commercial Certificate of Occupancy (**If occupying a location within the City Limits**).
3. Paid copy of personal property and real estate tax receipts for the business from the previous year from Franklin County, MO.
4. Copy of State of Missouri Massage License Therapist Certificate.
5. Proof OF NO-TAX-DUE Statement for any business with a Sales Tax number and where goods are sold at retail.

Business Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Business Address: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone #: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Types of services offered: \_\_\_\_\_

Massage Therapists; List Name, DOB & phone number for each Therapist: (if covering under the Salon License) \_\_\_\_\_

Nature of Massage Offered: \_\_\_\_\_

**Please list one of the following:**

State Tax ID#: \_\_\_\_\_ Federal Tax ID#: \_\_\_\_\_ SSN: \_\_\_\_\_

I declare under penalty of perjury that this application has been examined by me and that the statements made herein are in good faith pursuant to the City of Washington, MO tax regulations and, to the best of my knowledge and belief, are true, correct and complete.

**Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_**

***We accept cash or check for payment. Make checks payable to: City of Washington***