Business Licensing
226 West 4th Street
Davenport, Iowa 52801
Phone: (563) 326-7715
Fax: (563) 326-7722
Email: businesslicenses@ci.davenport.ia.us

THE CITY OF
DAVENPORT
IOWA | USA

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

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.

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** _____