



Massage and Spa Facility License

Finance Department
P.O. Box 1178 Billings, Montana 59103
406-657-8364
businesslicense@billingsmt.gov

A complete application will include all of the following items, for each owner of a non-exempt massage or spa facility.

- ✓ **Initial application fee of \$25.00**
- ✓ **Completed attached application**
- ✓ **State background check from the Montana Department of Justice**
- ✓ **Copy of Massage License issued from the Montana Board of Massage Therapy**
- ✓ **A certificate of good standing, registration, or incorporation from Montana Secretary of State**

Section I – Business Information

1.) Business Legal Name

2.) Business Name (DBA)

3.) Legal Business Form

Section II – Applicant Information

(This section is to be completed by all persons owning at least 5% of the business entity)

1.) Applicant Name

2.) Applicant Aliases

3.) Applicant Ownership Percentage

4.) Date of Birth

5.) Place of Birth

6.) Race (optional)

7.) Sex (optional)

8.) Telephone number(s)

9.) Email address

10.) Residential Address

a. If applicant has resided in this location for less than 2 years, list most recent previous address

11.) Has the applicant, either as an owner or employee, ever been refused any similar license or permit in the city or elsewhere?

YES _____ NO _____

12.) Has the applicant, either as an owner or employee, ever had any similar license or permit revoked or suspended in the city or elsewhere?

YES _____ NO _____

13.) Is the applicant or any owner (owning at least 5% of the business) a registered sex offender?

YES _____ NO _____

14.) Has the applicant or any owner (owning at least 5% of the business) been convicted of, or on diversion or deferred judgement for any felony, financial crime, or sexual offense?

YES _____ NO _____

a. If yes, please explain

15.) Is the applicant or any owner (owning at least 5% of the business) currently under indictment or charge for any felony, financial crime, or sexual offense?

YES _____ NO _____

16.) Please Provide: A state fingerprint background check from the Montana Department of Justice. Background checks can be obtained at: <https://dojmt.gov/enforcement/background-checks/>

17.) Is the applicant attestation aware of the provisions of the ordinance and will comply with them?

YES _____ NO _____

Section III – Applicant 5 Year Employment History

- 1.) Occupation and employment history for prior 5 years (use additional pages, if necessary)

Employer Name: _____

Occupation: _____

Dates of Employment: _____

Employer Contact Information: _____

Employer Name: _____

Occupation: _____

Dates of Employment: _____

Employer Contact Information: _____

Employer Name: _____

Occupation: _____

Dates of Employment: _____

Employer Contact Information: _____

Section IV – Business Information

- 1.) Physical Business Address

- 2.) Business Mailing Address, if different

- 3.) E-mail address

- 4.) Business telephone number

- 5.) Business entity legal structure (e.g, partnership, Corp, LLC, Sole Proprietor)

- a. Please Provide: A certificate of good standing, registration, or incorporation from Secretary of State

- 6.) Hours of Operation

- 7.) Hours of Operation during which the business entrance may be locked.

- 8.) Sec. 7-1911 Requires all interior and exterior doors to remain unlocked unless an exception or variance exists. If a variance to this requirement is desired, please use this space to provide information demonstrating that a variance is necessary for the security of employees, contractors, or property of the licensee.

- 9.) List of services to be provided at the facility

Section V – Business Location Premises Information

- 1.) Name of Business Premises Owner

- 2.) Physical Address of Business Premises Owner

- 3.) Phone Number of Owner of Premises

- 4.) E-mail address of building owner

Section VI – Applicant Attestation

1.) Every licensed massage facility shall be required to:

(a) Maintain a current list of employees and contractors on site with start dates of employment or contracted service, full legal name, date of birth, place of birth, home address and telephone number, employment position, date first began service and the date when services were terminated, if applicable.

(b) Maintain a copy of each massage therapist's Montana license for each employee and contractor performing massages.

(c) Operate under or conduct business under only the designation specified in the license.

(d) Massage therapists shall remain fully clothed in professional attire while administering massage to clients on business premises, including premises designated by the client through an outcall massage service.

(e) Massage facilities interior and exterior doors shall remain unlocked while the massage facility is open except as follows:

1. Restroom doors may be locked.

2. Exterior doors may remain locked if permitted by applicable building or zoning codes and if the massage facility is owned by one individual with no more than one employee or independent contractor present in the facility. Exceptions may be granted by the license administrator.

3. Internal doors may be locked to protect confidential client or business information except that internal doors may not be locked on rooms when a massage is being performed

(f) All massage facilities are required to have and maintain clear glass which is not painted over, darkened, or blocked by any cloth or obstruction, at the entrance to such establishment so that the front area where patrons are greeted is visible from the outside. A massage facility located in a building or residence that does not have glass on the front of the premises is required to notify the City in writing at the time of application or renewal.

(g) List the address of the facility in any advertisement.

(h) Provide a written list of prices for all services (through signage or written materials) of the massage facility available to all prospective customers.

(i) Upon the sale or transfer of any ownership interest in a massage facility, the license issued pursuant to this Article shall be null and void, and a new application shall be required.

2.) Inspections

(a) Any person operating a business within the City of Billings is subject to reasonable inspection provided in Section 13-432 to determine compliance with all laws and ordinances, including with this Section.

(b) Each massage facility shall conspicuously display on the premises the license of each massage therapist working at the business or, for a mobile practice, make the license readily available as required by MCA §37-33-406(1), or as amended.

(c) The license administrator, a designee of the Board of Massage Therapy, or a local law enforcement officer may enter a massage therapy business at any time during business hours to determine compliance with MCA §37-33- 406(1), as provided in MCA §37-33-406(2).

(d) All owners, managers, massage therapists, employees, contractors or persons occupying the facility other than clients shall present identification and shall not elude identification.

3.) Denial, suspension, or revocation of license

The licensing administrator may suspend or revoke a massage facility license if he or she finds:

- (a) The licensee has violated any of the provisions of this Article; or
- (b) That the qualifications set forth in the application utilized to obtain a massage facility license were likely obtained through fraud, deceit or misrepresentation; or
- (c) The State has revoked the massage therapy license of the licensee.

I have read the required acts and limitations of operation and understand that violation of these provisions may lead to disciplinary action up to and including revocation of my license. A pattern of facts indicating operation of an erotic business, house of prostitution, or human trafficking will lead to immediate summary suspension of the license. I have complete the application and to the best of my knowledge the application is accurate. False or omitted information may lead to a denial of the license.

Signature of Applicant

_____ Date _____

Printed Name and Title:

Office Use Only:

Date Rec'd: _____

Form of ID Presented: _____

Name Match (Initial): _____

Tender: Cash _____ Credit _____ Check _____