

Community Development Department

701 East Broadway • PO Box 6015 • Columbia, MO 65205-6015

November 19, 2020

TO:

Maxwell Family Chiropractic

FROM:

Leigh Kottwitz

RE:

Violation of City of Columbia Mask Order

Please find enclosed the notice of violation that has been sent to the City of Columbia Municipal Prosecutor for additional action. I have included their contact information below for your reference.

Thank you for your future efforts to comply with the City of Columbia's mask order.

City Prosecutor's Office 600 E. Broadway P. O. Box 6015 Columbia, MO 65205-6015

Voice: (573) 874-7229 Fax: (573) 874-7533

E-mail: CityProsecutor@CoMo.gov

VIOLATION NOTICE

State of Missouri In the Circuit Court of Boone County Municipal Division, City of Columbia 600 E. Broadway Columbia Missouri, 65201

Within the aforesaid City and State:

I, knowing that false statements on this form are punishable by law, state that I have probable cause to believe that:

Defendant Name: Maxwell Family Chiropractic

Address: 2401 Bernadette Drive, Suite 209, Columbia, MO 65203

Phone: 573-443-6828 Email address:

On or about (date): November 19, 2020 Time: 12:00 p.m.

Did then and there commit the following offense and the facts supporting this belief are as follows:

The City of Columbia received a complaint on October 30, 2020 from Paula Goldberg regarding Maxwell Family Chiropractic (attached). I spoke to Paula by phone on November 5, 2020. Paula provided me the contact information for her daughter, Elizabeth Stevenson, who observed the violations. Elizabeth provided me a written statement about her observations on November 10, 2020, also attached.

That these facts herein are true and constitute a violation of Emergency Ordinance 024284, Section _____ of the Columbia Code of Ordinances and punishable under Ordinance 024284 Section 9 of the Columbia Code of Ordinances.

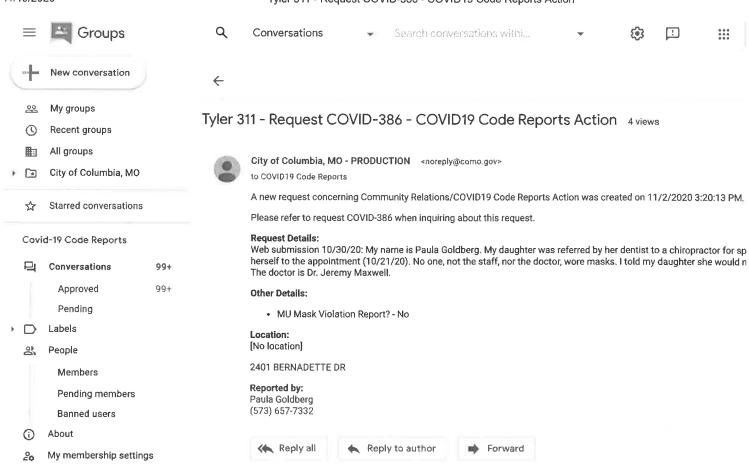
Kotherty 11/19/2020

Enforcement Officer Signature:

Enforcement Officer Name (printed): Leigh Kottwitz

(3)

Group settings



To Whom It May Concern,

I had an appointment at Maxwell Family Chiropractic, The Wellness Way, on October 21st. I was referred by my dentist as part of my TMJ Syndrome treatment. When I arrived at their clinic, I noticed that neither of the two receptionists were wearing masks; one of the receptionists also offered me coffee which did not seem very safe either. After waiting for a few minutes, I noticed another patient who was leaving, and he was not wearing a mask either. This made me uncomfortable, but I didn't know what to do and was sure that the doctor I was seeing would be wearing a mask. However, when my doctor, Dr. Maxwell, came to get me from the waiting room he was not wearing a mask. Throughout the entire appointment, including a chiropractic adjustment, he did not wear a mask, nor did he put on gloves. I started to get the feeling that the entire staff didn't wear masks, and, sure enough, as I was leaving I counted two other employees (I believe other physicians) who were not wearing masks either. I came to the conclusion that masks are not mandatory to enter their office nor do they require any of their employees to wear masks. If you have any other questions, feel free to reach out.

Sincerely,

Elizabeth Stevenson



State of Missouri

John R. Ashcroft, Secretary of State Corporations Division PO Box 778 / 600 W. Main St., Rm. 322 Jefferson City, MO 65102 X001382163 Date Filed: 1/8/2020 Expiration Date: 1/8/2025 John R. Ashcroft Missouri Secretary of State

Registration of Fictitious Name

(Submit with filing fee of \$7.00) (Must be typed or printed)

This information is for the use of the public and gives no protection to the name being registered. There is no provision in this Chapter to keep another person or business entity from adopting and using the same name. The fictitious name registration expires 5 years from the filing date. (Chapter 417, RSMo)

Please check one box: New × Registration Renewal Amendment Correction Charter number Charter number Charter number The undersigned is doing business under the following name and at the following address: Business name to be registered: Maxwell Family Chiropractic Business Address: 2503 Bernadette Dr (PO Box may only be used in addition to a physical street address) City, State and Zip Code: Columbia, MO 65203 **Owner Information:** If a business entity is an owner, indicate business name and percentage owned. If all parties are jointly and severally liable, percentage of ownership need not be listed. Please attach a separate page for more than three owners. The parties having an interest in the business, and the percentage they own are: Charter# Name of Owners, Required If If Listed, Percentage **Individual or Business Business** of Ownership Must **Entity Entity** Street and Number City and State Zip Code **Equal 100%** Wellness Way Columbia LLC LC001683567 2412 Forum Blvd Suite 101 Columbia, MO 65203 100.00 All owners must affirm by signing below In Affirmation thereof, the facts stated above are true and correct: (The undersigned understands that false statements made in this filing are subject to the penalties of a false declaration under Section 575.060 RSMo) WELLNESS WAY COLUMBIA LLC -Wellness Way Columbia LLC - Jeremy Maxwell JEREMY MAXWELL 01/08/2020 Owner's Signature or Authorized Signature of Business Entity Printed Name Date

Name and address to return filed document:	
Name:	Nathan A Jones
Address:	Email: nathan@nathanjoneslaw.com
City, State, and Zip Code:	