




City of Columbia

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

Building & Site Development
(573) 874-7474
Fax (573) 874-7283

Neighborhood Services
(573) 817-5050
Fax (573) 442-0022

Planning & Zoning
(573) 874-7239
Fax (573) 874-7546

TTY 1-800-676-3777 MO Relay

www.gocolumbiamo.com/communitydevelopment

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.


Enforcement Officer Signature: _____


Leigh Kottwitz 11/19/2020


Enforcement Officer Name (printed): Leigh Kottwitz


  Groups


 New conversation

 My groups


 Recent groups


 All groups


 City of Columbia, MO


 Starred conversations


Covid-19 Code Reports


 **Conversations** 99+


 Approved 99+


 Pending


 Labels


 People


 Members

 Pending members

 Banned users

 About

 My membership settings

 Group settings



Conversations



Search conversations with...



Tyler 311 - Request COVID-386 - COVID19 Code Reports Action 4 views



City of Columbia, MO - PRODUCTION <noreply@como.gov>

to COVID19 Code Reports

A new request concerning Community Relations/COVID19 Code Reports Action was created on 11/2/2020 3:20:13 PM.

Please refer to request COVID-386 when inquiring about this request.

Request Details:

Web submission 10/30/20: My name is Paula Goldberg. My daughter was referred by her dentist to a chiropractor for sp herself to the appointment (10/21/20). No one, not the staff, nor the doctor, wore masks. I told my daughter she would n The doctor is Dr. Jeremy Maxwell.

Other Details:

- MU Mask Violation Report? - No

Location:

[No location]

2401 BERNADETTE DR

Reported by:

Paula Goldberg
(573) 657-7332

 Reply all Reply to author Forward

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:

Name of Owners, Individual or Business Entity	Charter # Required If Business Entity	Street and Number	City and State	Zip Code	If Listed, Percentage of Ownership Must 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 - Jeremy Maxwell
Owner's Signature or Authorized Signature of Business Entity

WELLNESS WAY COLUMBIA LLC -
JEREMY MAXWELL
Printed Name

01/08/2020
Date

Name and address to return filed document:

Name: Nathan A Jones

Address: Email: nathan@nathanjoneslaw.com

City, State, and Zip Code: _____