

*CITY OF SHAKOPEE
129 Holmes Street South
Shakopee, MN 55379
952-233-9300*

APPLICATION FOR A MASSAGE THERAPY BUSINESS LICENSE

PART I – GENERAL INFORMATION

.....
Name of applicant (name of individual, partnership or corporation) _____

Business Name _____
(If business is to be operated under a name or designation other than name of the applicant, **attach** a copy of the certificate required by Minn. Stat. 333.01 and 333.02)

Business Address _____

(Include floor number and rooms where massage services are to be conducted)

Phone Number _____

Type of Applicant: () Natural Person (individual) () Partnership () Corporation/ LLC

NATURAL PERSON (INDIVIDUAL)

If applicant is a **natural person (individual)**, state full name.

Full Name _____

(A Part II – “Personal Information” form must be filled out and attached.)

PARTNERSHIP

If the applicant is a **partnership**, state full names of each general and limited partner, as well as the managing partner.

Full Name _____ Interest _____ %

Full Name _____ Interest _____ %

Full Name _____ Interest _____ %

(A Part II – “Personal Information” form must be filled out and attached for each of the individuals listed above.)

ATTACH a copy of Partnership Agreement

CORPORATION OR ASSOCIATION

Name _____ State of Incorporation _____

Full names and titles of all corporate officers, proprietors & other persons in charge of the licensed premises.

Full Name _____ Title _____ Interest _____ %

Full Name _____ Title _____ Interest _____ %

Full Name _____ Title _____ Interest _____ %

Full Name _____ Title _____ Interest _____ %

(A Part II – “Personal Information” form must be filled out and attached for each of the individuals listed above.)

ATTACH a copy of Certificate of Incorporation

ON-SITE MANAGER OR AGENT

I _____ take full responsibility for the conduct of the licensed premises and operation; and serve as the business’s agent for purposes of services of notices and other processes related to the license by the City.

Full Name _____

Applicant Signature _____ Date _____

Subscribed and sworn to before me this _____ day of _____ 20_____

Notary Signature

(A Part II – “Personal Information” form must be filled out and attached.)

State legal description of the premises to be licensed. (**Attach** plan of the area showing dimensions, location of buildings, street access, and parking facilities).

Name, address and telephone number of the owner of the building wherein the licensed business will be located, if the owner is other than the applicant.

Name_____

Address_____ Phone_____

Where the building is owned by other than the applicant, **attach** copy of lease.

Are any real estate taxes, personal property taxes, special assessments, or other financial claims of the City of Shakopee delinquent or unpaid for the premises to be licensed?

Yes_____ No_____ If yes, give details_____

Names of each person employed as a massage therapist at the premise. (A Massage Therapist License application is required from each therapist.

DATA PRIVACY NOTICE:

The data you supply on this form will be used to assess your qualifications for the license. You are not legally required to provide this data, but the City will not be able to grant the license without it. The data requested is considered to be public data pursuant to the Minnesota Government Data Practices Act. The data you supply will constitute a public record, and copies may be obtained by anyone.

I have read the Data Privacy Notice above and understand that the data is necessary to process the application.

I declare that the information I have provided on the application is truthful and I understand that falsification of answers on this application will result in denial of the application. I authorize the City of Shakopee to investigate and make whatever inquiries that are necessary to verify the information provided.

Applicant Signature Date

Subscribed and sworn to before me this _____ day of _____ 20_____

Notary Signature

Please provide (with application) the following:

Check item(s)

Submitted

_____ \$50.00 Background Investigation fee

_____ Copy of your general liability insurance providing minimum coverage of \$300,000 combined single limit per occurrence

_____ Copies of construction plans are to be provided if the premises is being constructed or remodeled.

Staff will notify when the background investigation has been completed and approved. At that time we will require the following:

_____ \$100.00 License Fee

**CERTIFICATION OF COMPLIANCE
MINNESOTA WORKERS' COMPENSATION LAW**

Minnesota Statute Section 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minnesota Statutes Section 176.181, subdivision 2. The information required is: The name of the insurance company, the policy number, and dates of coverage or the permit to self-insure. This information is collected by the City and put in the City's licensing file.

This information is required by law, and licenses and permits to operate a business may not be issued or renewed if it is not provided and/or is falsely reported. Furthermore, if this information is not provided and/or falsely stated, it may result in a \$2,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry.

Insurance Company Name: _____
(NOT the insurance agent)

Policy Number: _____

Dates of Coverage: _____ to _____
OR

I am not required to have workers' compensation liability coverage because:

- () I have no employees.
- () I am self insured (include permit to self-insure)
- () I have no employees who are covered by the workers' compensation law
(These include: Spouse, Parents, Children and certain farm employees)

I certify that the information provided above is accurate and complete and that a valid workers' compensation policy will be kept in effect at all times as required by law.

Name: _____
(Last, First, Middle)

Doing Business As: _____
(Business name if different than your name)

Business Address: _____

City, State, Zip: _____ Phone: _____

Signature: _____ Date: _____

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**STATE OF MINNESOTA
LICENSE APPLICANT INFORMATION**

Under Minnesota law (M.S. 270.72), the agency issuing you this license is required to provide to the Minnesota Commissioner of Revenue your Minnesota business tax identification number and the Social Security number of each license applicant.

Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we must advise you that:

- ⇒ This information may be used to deny the issuance, renewal or transfer of your license if you owe the Minnesota Department of Revenue delinquent taxes, penalties, or interest;
- ⇒ The City will supply the information that you are providing only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Act, the Department of Revenue is allowed to supply this information to the Internal Revenue Service;
- ⇒ Failing to supply this information may jeopardize or delay the issuance of your license or processing your renewal application.

Please fill in the following information and return this form along with your application to the agency issuing the license. Do not return this form to the Department of Revenue.

Please print or type

Type of License Being Applied For _____ Massage Therapy Business License _____

Licensing Authority _____ Shakopee _____

License Renewal Date _____

Personal Information:

Applicant's Full Name _____ Social Security Number _____
First, Middle, Last

Applicant's Address _____
Street, City, State, Zip Code

Business Information (if applicable):

Business Name _____

Business Address _____
Street, City, State, Zip Code

Minnesota Tax Identification Number (Sales & Use Tax) _____

Federal Tax Identification Number _____

If a Minnesota tax identification number is not required, please explain on the reverse of this form.

Signature Title Date

CITY OF SHAKOPEE
129 Holmes Street South
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IN SUPPORT OF AN APPLICATION FOR A MASSAGE THERAPY BUSINESS LICENSE

PART II – PERSONAL INFORMATION

This form must be filled out by the sole owner, by each partner, officer, by each manager, proprietor or other person with management responsibilities for the premises, by each person who by combined ownership or control has an interest in a corporation in excess of 5%.

Name _____
 First Middle Maiden Last

Address _____
 Street City State

Phone Number _____

Place of Birth _____ Date of Birth _____
 (City, State)

Are you a U.S. Citizen or legally permitted to be in the U.S.? Yes _____ No _____
If yes, but birthplace was not in the U.S., please provide a Certificate of Naturalization, Certificate of Citizenship, or current passport. If no, present proof of immigration/employment status.

Have you ever been known by a name other than the true name given above? Yes _____ No _____

If yes, list name(s) and information concerning dates and places used _____

Have you ever been convicted of any crime or violation of any ordinance?
Yes _____ No _____ If yes, give information as to time, place and offense for which convictions were had.

Have you ever had a massage therapist or massage therapy business-related license in the City or another jurisdiction, suspended or revoked in the last ten years?
Yes _____ No _____ If yes, explain in detail _____

Have you ever been denied a massage therapist or massage therapy business-related license in the last ten years?
Yes _____ No _____ If yes, explain in detail _____

Address (es) at which you have lived during previous five years. (Begin with present and work back).

Address

City and State

Dates

Names and addresses of your employers for the preceding five years. (Begin with present or last one first and work back.)

Employers or Partners

Street Address

City and State

Dates

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I declare that the information I have provided on the application is truthful and I understand that falsification of answers on this application will result in denial of the application. I authorize the City of Shakopee to investigate and make whatever inquiries that are necessary to verify the information provided.

Applicant Signature

Date

Subscribed and sworn to before me this _____ day of _____ 20_____

Notary Signature

Please provide (with application) a copy of one of the following:

Check item
Submitted

_____ A valid driver's license or identification card issued by a state of the United States or a province of Canada that includes the photograph and date of birth of the applicant; OR

_____ A valid military identification card issued by the United States Department of Defense; OR

_____ A valid passport issued by the United States or another country if the applicant is a foreign national

Pursuant to Minn. Stat. 13.05, Subd. 4
Minnesota Data Practices Act

I, _____ birth date _____, hereby authorize and grant my informed consent to allow the City of Shakopee Police Department to conduct a criminal history check in conjunction with my Massage Business license application. Minnesota Statutes Section 299C.72 authorizes the City to conduct criminal history checks in these situations, provided to City receives the informed consent of the individual.

I understand that the Shakopee Police Department will be conducting a criminal history check on me, and that this information (data), in addition to the information in my application, will be considered by the City in determining whether or not to grant approval of my license application. A criminal history check is authorized to be performed by the City relating to this type of license application by Section 6.46, subdivision 5 (B) of the City Code.

I understand the criminal history data consists of private data on individuals, as defined by Minnesota Statutes Section 13.02, subdivision 12 and Minnesota Statutes Section 13.87. The City of Shakopee Police Department will not disseminate my criminal history data and will maintain it securely within the department. However, the City of Shakopee Police Department will inform the appropriate City personnel involved in the processing of the license application whether I have a criminal history that would prevent issuance of the license.

I understand that the purpose of permitting the City of Shakopee to have access to this information is to determine my suitability to engage in a Massage Business and that I am not legally required to provide this information, however the City will not license persons who refuse to submit to this investigation.

This authorization shall be valid for a period of one year, but I reserve the right to, at any time prior to that expiration, cancel the written authorization by providing written notice to the City.

Signature

Date