



**Application for  
Therapeutic Massage Enterprise  
License**

**License Fee: \$929.00  
Background Investigation Fee: \$929.00**

**PART I - GENERAL INFORMATION (Please Print Neatly)**

1. Type of Applicant:  Individual  Partnership  Corporation  Other (Specify)

2. Name of Applicant: \_\_\_\_\_

3. Business Name: \_\_\_\_\_ d/b/a \_\_\_\_\_

4. Address: \_\_\_\_\_ 5. Phone: (\_\_\_\_) \_\_\_\_\_

*If business is to be conducted under a designation, name or style other than the name of the applicant, ATTACH a certified copy of the Certificate of Assumed Name as required by Minnesota Statutes, Section 333.01*

6. Floor number, street number and rooms where the massage services are to be conducted: \_\_\_\_\_  
(i.e., The second floor of 6625 Lyndale in Suite 301)

\_\_\_\_\_

7. Have all real estate taxes, personal property taxes, assessments, or other financial claims of the State, county, school district or city been paid in full?  Yes  No

If not, indicate the years and amounts that are unpaid: \_\_\_\_\_

8. Has applicant or any person having an ownership or management position in the massage business had a massage license revoked within a two (2) year period immediately preceding the date this application will be submitted?

Yes  No If yes, explain: \_\_\_\_\_

9. Does the applicant hold a current Therapeutic Massage Enterprise license from any other governmental unit?  Y  N If Yes, name the governmental unit: \_\_\_\_\_

10. Has applicant previously been denied a Therapeutic Massage Enterprise license from any other governmental unit?

\_\_\_ Yes      \_\_\_ No      If yes, name the locations: \_\_\_\_\_

**Section I: TYPE OF APPLICANT**

Designate the type of applicant by completing one of the sections numbered 11-13.

11. **INDIVIDUAL:** If applicable, complete this question, complete a Part II Person History form and proceed to next page, Section II.

Full Name: \_\_\_\_\_

Residence Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Business Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

12. Has the applicant even engaged in the operation of massage services?  No  Yes  
If yes, provide place and length of employment for each location.

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13. **PARTNERSHIP:** If applicable, complete this question for all general partners, limited partners, and managing partners, then proceed to next page, Section II. NOTE: Each general partner must also complete a Part II Personal History to be submitted with this application. *Please designate the managing partners*

Full Name: \_\_\_\_\_ Interest: \_\_\_\_\_%

Residence Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Business Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Full Name: \_\_\_\_\_ Interest: \_\_\_\_\_%

Residence Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Business Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Full Name: \_\_\_\_\_ Interest: \_\_\_\_\_%

Residence Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Business Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

**ATTACH** a copy of the partnership agreement.

14. **CORPORATION/OTHER ORGANIZATION:** If applicable, complete the following questions then proceed to Section II below.

Name: \_\_\_\_\_ State of incorporation or Association: \_\_\_\_\_

Richfield Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Home Office Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

- ATTACH:**
1. A copy of the Certificate of Incorporation.
  2. Foreign corporations attach a copy of Certificate of Authority, as required by Minnesota Statutes, Section 303.06.

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**SECTION II. - ALL APPLICANTS MUST COMPLETE**

15. **MANAGER(S), PROPRIETOR(S), CORPORATE OFFICERS, OR ANY OTHER INDIVIDUAL OR AGENT** in charge of the licensed premises. **NOTE:** Each of the individuals named must also complete a Part II Personal History to be submitted with this application.

Full Name: \_\_\_\_\_ Position: \_\_\_\_\_

Residence Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Full Name: \_\_\_\_\_ Position: \_\_\_\_\_

Residence Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Full Name: \_\_\_\_\_ Position: \_\_\_\_\_

Residence Address: \_\_\_\_\_ Phone ( ) \_\_\_\_\_

**All applicants must complete this section.**

If the premises is planned, under construction or undergoing substantial alteration, the application shall be accompanied by a set of preliminary plans showing the proposed design. If the plans are on file with the Building and Inspection Division, no additional plans need be filed.

16. **LEGAL DESCRIPTION** of the premises to be licensed. Submit a drawing showing dimensions, location of buildings, street access and parking facilities. The floor plan shall detail all internal operations and activities, including a statement of the total floor space occupied by the business. The floor plan need not be professionally prepared but must be drawn to a designated scale with marked dimensions of the interior of the premises to an accuracy of plus or minus six inches.

**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 we will not be able to grant the license without it. If a license is granted, the data you supply will constitute a public record, and copies may be issued to anyone. The data requested is needed to distinguish you from other applicants; to identify you in our license files; to verify that you are the person who applied for the license; to contact you if additional information is required; to determine if you meet any minimum age requirements; and to determine if any conviction you may have is a job-related consideration affecting your suitability for the license. Residence address and telephone number will be considered public data, and be made available to anyone unless you request this information to be private data, and that you provide an alternative address and telephone number.

I have read the Data Privacy Notice and understand the data is necessary to process the application. I have received from the City of Richfield a copy of the Therapeutic Massage Enterprise and Massage Therapist Ordinance and will familiarize myself with the provisions. I understand that a criminal conviction will not bar me from obtaining a License unless the conviction is directly related to the occupation for which the License is sought and there is no showing of sufficient rehabilitation and present fitness to perform the duties of the occupation (Minnesota Statute 364.03). I understand that failure to reveal a criminal conviction is falsification of the application and constitutes grounds for denial of the License.

The information I have provided on this application is truthful. I authorize the City of Richfield to verify any and all of the information requested on this application, including the ordering of criminal background checks, and to conduct any necessary investigation to assure this application complies with the Licensing and Zoning Ordinances.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

# City of Richfield

## 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 licensing agency will supply it 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*

Name of license being applied for or renewed: \_\_\_\_\_

Licensing Authority (Name of city, county, or state agency issuing license): \_\_\_\_\_

Licensing (or renewal) date: \_\_\_\_\_

### **Personal Information:**

|                       |                        |                        |
|-----------------------|------------------------|------------------------|
| Applicant's last name | First name and initial | Social Security number |
|-----------------------|------------------------|------------------------|

|                     |      |       |          |
|---------------------|------|-------|----------|
| Applicant's address | City | State | Zip Code |
|---------------------|------|-------|----------|

### **Business Information (if applicable):**

Business name \_\_\_\_\_

|                  |      |       |          |
|------------------|------|-------|----------|
| Business address | City | State | Zip Code |
|------------------|------|-------|----------|

|                                     |                                   |
|-------------------------------------|-----------------------------------|
| Minnesota tax identification number | Federal tax identification number |
|-------------------------------------|-----------------------------------|

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

|           |       |      |
|-----------|-------|------|
| Signature | Title | Date |
|-----------|-------|------|

**APPLICATION FOR LICENSE INVOLVING  
PRIVATE OR CONFIDENTIAL INFORMATION  
(Tennessee Warning)**

IN CONNECTION WITH YOUR REQUEST FOR A LICENSE, THE CITY HAS ASKED THAT YOU PROVIDE IT WITH INFORMATION ABOUT YOURSELF WHICH IS CLASSIFIED AS EITHER PRIVATE OR CONFIDENTIAL BY THE MINNESOTA GOVERNMENT DATA PRACTICES ACT (M.S.A 13.04). ACCORDINGLY, THE CITY IS REQUIRED TO INFORM YOU OF THE FOLLOWING:

1. The Purpose and intended use of the information requested is: To determine if you are eligible for a license from the City of Richfield.
2. You are not legally obligated to supply the requested information.
3. The known consequences of supplying the requested information is: The information, or further investigation could disclose information, which could cause your application to be denied.
4. The known consequences of refusing to supply the requested information is: Your request for a license cannot be processed.
5. The following persons and entities are authorized by law to receive the information if provided: Staff of Richfield Public Safety Department, Bureau of Criminal Apprehension, Hennepin County Warrant Office, Ramsey County Warrant Office, State of Minnesota – Driver License Section, Hennepin County Auditor, and other governmental agencies necessary to process your application.

The undersigned, by signing this notice, acknowledges that he/she has read and understood the contents of this notice.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**PROOF OF WORKERS' COMPENSATION INSURANCE COVERAGE**

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 Section 176.181, Subd. 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 will be collected by the licensing agency and put in their company file. It will be furnished, upon request to the Department of Labor and Industry to check for compliance with Minnesota Statute Sec. 176.181, Subd. 2.

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 reported, it may result in a \$1,000 penalty assessed against the applicant by the Commissioner of the Department of labor and Industry payable to the Special Compensation Fund.

Provide the information specified above in the spaces provided, or certify the precise reason your business is excluded from compliance with the insurance coverage requirement for workers' compensation.

Insurance Company Name: \_\_\_\_\_  
(NOT the insurance agency)

Policy Number or Self-Insurance Permit Number: \_\_\_\_\_

Dates of Coverage: \_\_\_\_\_

(Or)

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

( ) I have no employees covered by law.

( ) Other (Specify): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I HAVE READ AND UNDERSTAND MY RIGHTS AND OBLIGATIONS WITH REGARDS TO BUSINESS LICENSES, PERMITS AND WORKERS' COMPENSATION COVERAGE, AND I CERTIFY THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT.

\_\_\_\_\_  
(SIGNATURE)

\_\_\_\_\_  
(DATE)