



## Therapeutic Massage Establishment Application

### Part I – General Information

**Fees:** \$200 Individual/\$300 Corporation, Partnership, Association, etc.

If applicant is a natural person, this application shall be completed by such person. If a partnership, by one of the general partners. If a corporation, an incorporated association, or a limited liability company, the application shall be signed by an officer or member of said entity, providing proof of authority to sign on behalf of said entity.

#### Applicant

1. Type of applicant:  Individual  Partnership  Corporation  Other \_\_\_\_\_
2. Legal business name (name of individual, partnership, corporation, or other organization)  
\_\_\_\_\_  
 **ATTACH** – proof of filing legal business name with State of MN
3. DBA or trade name \_\_\_\_\_  
 **ATTACH** – if business is conducted under a designation, name, or style other than the name of the applicant, attached a certified copy of the certificate as required by MN Stat. § 333.01 and §333.02
4. Premise address \_\_\_\_\_
5. Phone \_\_\_\_\_ Email: \_\_\_\_\_
6. Mailing Address (if different) \_\_\_\_\_
7. Description of services to be provided \_\_\_\_\_
8. MN Statute 270C.72 requires us to collect a tax identification or social security number for each applicant who is issued a license.  
  
MN Tax ID # \_\_\_\_\_ Federal Tax ID # \_\_\_\_\_  
If you do not have a MN or Federal Tax ID, provide SSN \_\_\_\_\_
9. Have all real estate, personal property taxes, utility bills, assessments, or other financial claims of the city due and payable for the premises to be licensed been paid?  No  Yes  
If no, indicate the years and amounts unpaid \_\_\_\_\_
10. Has the applicant had an interest in, as an individual or as part of a corporation, partnership, association, enterprise, business, or firm, a massage license revoked or suspended within the last 5 years?  No  Yes If yes, provide date, place, and explanation \_\_\_\_\_  
\_\_\_\_\_

**Type of Applicant**

Complete only the section below (11a, 11b, or 11c) that applies to the applicant type (refer to question #1)

**A Part 2 – Personal History Form is required for each person listed below.**

**11a. Individual** – if applicable, complete this section and proceed to question 12.

Name \_\_\_\_\_  
First Full Middle Last Maiden

**11b. Partnership** – if applicable, complete this section for all partners, then proceed to question 12.

Name \_\_\_\_\_  
First Full Middle Last Maiden  
Financial interest \_\_\_\_\_ %

Name \_\_\_\_\_  
First Full Middle Last Maiden  
Financial interest \_\_\_\_\_ %

Attach additional sheet if necessary.

**ATTACH** – if partnership, copy of the partnership agreement. The license will only be issued in the name of the partnership.

**11c. Corporation** – if applicable, complete this section then proceed to question 12.

Name of corporation/organization \_\_\_\_\_  
State of incorporation \_\_\_\_\_

List the officers of the corporation and all persons or entities with a financial interest of 10% or more.

Name \_\_\_\_\_  
First Full Middle Last Maiden  
Title \_\_\_\_\_ Financial interest \_\_\_\_\_ %

Name \_\_\_\_\_  
First Full Middle Last Maiden  
Title \_\_\_\_\_ Financial interest \_\_\_\_\_ %

Name \_\_\_\_\_  
First Full Middle Last Maiden  
Title \_\_\_\_\_ Financial interest \_\_\_\_\_ %

Attach additional sheets if necessary.

**ATTACH** – if incorporated, a copy of the certificate of incorporation must be attached. If a foreign corporation, a certificate of authority must be attached as required by MN Stat. §303.06

## Person(s) in Charge of the Licensed Premises

12. Designated on-site manager(s)/agent in charge of licensed premises. The on-site manager/agent is responsible for 1) the conduct of the licensed premises and operation and 2) serve as agent for service of notices and other process relating to the license. The manager/agent must reside within 75 miles of the licensed business and maintain such residency throughout the existence of the license and all renewals.

Name \_\_\_\_\_  
First Full Middle Last Maiden

Name \_\_\_\_\_  
First Full Middle Last Maiden

Attached additional sheets if necessary.

**ATTACH** – the designated on-site manager(s) must complete the attached On-Site Manager/Agent Consent Form and a Part 2 Personal History Form.

## Insurance

13.  **ATTACH** – Certificate of insurance from a company authorized to do business in MN, insuring the applicant against any and all loss arising out of the use, operation, or maintenance of the Therapeutic Massage Establishment. The policy of insurance shall be in limits of not less than \$1,000,000.00.
14. MN Statute 176.182 requires us to collect workers' compensation insurance coverage information on all applicants.

Insurance company name (not the agent) \_\_\_\_\_  
Policy number or self-insure permit number \_\_\_\_\_  
Effective date \_\_\_\_\_  
Expiration date \_\_\_\_\_

**OR**

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

- I have no employees  
 I have employees but they are not covered under the workers' compensation law.  
Please explain \_\_\_\_\_  
 Other \_\_\_\_\_

**Notice and Notarized Signature**

I hereby certify the information supplied on this application and all attachments is true and correct. The information requested on this form will be used by the City of Elk River to approve or deny the license request. I understand falsification or misrepresentation of information submitted on or with my application constitutes grounds for denial of the license. I authorize the City of Elk River to investigate and make whatever inquiries are necessary to verify the information provided and to assure this application complies with the city's ordinances.

I acknowledge I have reviewed Chapter 38 Article VI of the Elk River City Code regarding Therapeutic Massage Establishments and Massage Therapist Licenses and am familiar with the provisions thereof.

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Printed name

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public Signature

{Notary Public Stamp Here}

**OFFICE USE ONLY**

**Planning Department**

The therapeutic massage establishment at address listed on this application form is consistent with such use as outlined in the Elk River Code of Ordinances subject to the conditions listed below.

No    Yes

Conditions/Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Planning Department Manager/designee

\_\_\_\_\_  
Date

**Administration**

Application complete: \_\_\_\_\_

Building Compliance Form rcvd?  No    Yes \_\_\_\_\_

Taxes paid?  No    Yes \_\_\_\_\_

Utilities paid?  No    Yes \_\_\_\_\_



## Therapeutic Massage Establishment On-Site Manager/Agent Consent Form

To be completed by the designated on-site manager(s)/agent(s).

On-site manager/agent name \_\_\_\_\_  
First Full Middle Last Maiden

Address: \_\_\_\_\_

I, \_\_\_\_\_, have been designated on-site manager/agent for  
Name of designated on-site manager or agent

\_\_\_\_\_ located at \_\_\_\_\_  
Business name Business address

I affirm the following:

- I reside within 75 miles of the licensed establishment and will maintain such residence requirement throughout the existence of the license and renewals.
- I take full responsibility for the licensed premises.
- I agree to serve as the agent for service of notices and other process relating to the license.

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Printed name

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public Signature

{Notary Public Stamp Here}



## Building Compliance Form

Return this form with application

**Check the appropriate box:**

- The building in which the massage or sauna establishment is located is new construction.
- The building in which the massage or sauna establishment is located is an existing building. The applicant has made improvements or changes to the establishment.
- The building in which the massage or sauna establishment is located is an existing building. The applicant has made NO improvements or changes to the establishment.

### FLOOR PLAN

A floor plan showing the size and location of all rooms (hand drawn sketch is permissible or attach the floor plan if created separately).

\_\_\_\_\_ Building Official initials  
Floor plan has been verified



**Inspection Form**

The applicant is responsible for scheduling the following inspections **after** a completed Therapeutic Massage Establishment application has been submitted. Keep this form and return it once it has been completed by the Building and Fire Departments.

**Establishment Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Call 763.635.1060 at least 48 hours in advance to schedule an inspection with the Building Official or his designee. Someone must be present to let the inspector in the building.**

I have inspected the building that will be used as a massage or sauna establishment and find that it complies with the requirements of the City Code of Ordinances.

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Building Official/designee

\_\_\_\_\_  
Date

**Call 763.635.1110 at least 48 hours in advance to schedule an inspection with the Fire Chief or his designee. Someone must be present to let the inspector in the building.**

I have inspected the building that will be used as a massage or sauna establishment and find that it complies with the requirements of the Fire Code.

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Fire Chief/designee

\_\_\_\_\_  
Date



## Therapeutic Massage Establishment Application

### Part 2 – Personal History

To be completed by each owner, partner, officer, each general or on-site manager, proprietor, or any other individual or agent in charge of the business premises and by all persons or entities that have a ten (10) percent or more financial interest in the therapeutic massage establishment.

1. Name of licensed establishment \_\_\_\_\_

2. Business address \_\_\_\_\_

3. Complete the following personal information:

Name \_\_\_\_\_  
First Full Middle Last Maiden

Address \_\_\_\_\_  
Street City County State Zip

Phone \_\_\_\_\_ Email \_\_\_\_\_

4. Are you a U.S. Citizen?  No  Yes

If no, present proof of immigration/employment status.

If yes, but birthplace was not in the U.S., please provide proof of citizenship.

5. Provide name, address, and dates of all employers for the preceding five (5) years.

*Attach additional sheets if necessary.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Have you ever been engaged in the operation of massage services?  No  Yes

If yes, provide name, place, and dates of involvement in such an establishment.

\_\_\_\_\_  
\_\_\_\_\_

7. Have you ever had a massage therapist or therapeutic massage establishment related license in another jurisdiction that was denied, suspended, or revoked within the preceding five (5) years?

No  Yes If yes, provide date, place, and reason \_\_\_\_\_



I hereby certify the information supplied on this application form and all attachments are true and correct. The information requested on this form will be used by the City of Elk River to approve or deny the applicant's license. I understand that falsification or misrepresentation of information submitted on or with my application constitutes grounds for denial of the license. I authorize the City of Elk River to verify any and all of the information requested on this application and to conduct any necessary investigation to assure this application complies with the city's licensing and zoning ordinances.

I acknowledge I have reviewed Chapter 38 Article VI of the Elk River City Code regarding Therapeutic Massage Establishments and Therapists and am familiar with the provisions thereof.

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Printed name

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public Signature

{Notary Public Stamp Here}



To be completed by each owner, partner, officer, each general or on-site manager, proprietor, or any other individual or agent in charge of the business premises and by all persons or entities that have a ten (10) percent or more financial interest in the therapeutic massage establishment.

**Background Investigation Consent Release**  
**Information to be Used for Business License Processing**

As a license applicant, I hereby authorize the Elk River Police Department to conduct a criminal history background investigation to include adult and juvenile records and also a search of my driver's license record, as well as any other searches deemed necessary in the determination of whether my business license application is to be approved. The results of such investigation shall be made public pursuant to appropriate City Council approval or denial of the license application. I understand that I am under no legal obligation to consent to such investigation, but that if I refuse to so consent, my application cannot be processed.

I understand that data I have provided may be shared in whole, or in part, with other agencies within the criminal justice system, by other private and public entities, by other persons for the purpose of conducting a background investigation, and by all individuals in the city who need to know this information.

I release the City of Elk River, the Elk River Police Department, and any of its agents or employees, from any and all liability for its receipt and use of information and records received pursuant to this consent. I further acknowledge that I have carefully read this release, fully understand its terms and legal significance, and execute it voluntarily.

Business Name: \_\_\_\_\_ Type of License Applied for: Massage Establishment

Applicant: \_\_\_\_\_  
(First Name) (Full Middle Name) (Last Name)

Have you ever been known by a name(s) other than the name given above?  Yes  No  
If yes, list name(s) and information concerning dates and places used \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Attach proof of identification as outlined in Section 38-223 (a)(1)(e) of the Elk River City Code. Examples include a driver's license or military id.

Place of Birth: \_\_\_\_\_

Driver's License/State ID#: \_\_\_\_\_ State Issued: \_\_\_\_\_

Residential Address: \_\_\_\_\_  
(Address) (City) (State) (Zip)

List Complete Addresses of Any Prior Residence(s) in the Last 5 Years: *(attach additional sheets if necessary)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physical Appearance: Sex: \_\_\_\_\_ Race \_\_\_\_\_ Ht \_\_\_\_\_ Wgt \_\_\_\_\_ Eyes \_\_\_\_\_ Hair \_\_\_\_\_

Have you ever been convicted of a felony, gross misdemeanor, or misdemeanor?  Yes  No  
If yes, state jurisdiction, type of violation, and disposition: \_\_\_\_\_

These statements are true, correct, and are made with the knowledge that this information may be made public. False disclosures are subject to perjury proceedings and forfeiture of the license application.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Office Use Only**  
Background Investigation:  Approved  Denied  
Comments: \_\_\_\_\_  
\_\_\_\_\_  
Police Chief/designee: \_\_\_\_\_ Date: \_\_\_\_\_



To be completed by each owner, partner, officer, each general or on-site manager, proprietor, or any other individual or agent in charge of the business premises and by all persons or entities that have a ten (10) percent or more financial interest in the therapeutic massage establishment.

### Tennessee Warning Application for Business License

In connection with your request for a license the City of Elk River has asked that you provide 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 private or confidential information requested includes, but may not necessarily be limited to, the following: *Your social security number or Minnesota business identification number.*
2. The purpose and intended use of the information requested is: *To comply with Minnesota Statutes, Section 270.72.*
3. You are required to supply the requested information.
4. The known consequences of supplying the requested information is as follows: *Loss or denial of the requested license if you owe the State of Minnesota delinquent taxes, penalties or interest.*
5. The known consequences of refusing to supply the requested information is: *Your request for a license cannot be processed.*
6. The following persons and entities are authorized by law to receive the information if provided: *State of Minnesota - Department of Revenue and other government agencies as provided by law.*

*By signing below, I acknowledge that I have read and understand the contents of this notice.*

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Applicant

#### **Notice to all license applicants - proposed ordinances**

The City of Elk River distributes general city information and notices electronically through an electronic notification system. As an applicant for a new business license or for a renewal of an existing business license, you can sign up to receive notices through the city's electronic notification system at the city's website at [www.ElkRiverMN.gov](http://www.ElkRiverMN.gov). This would include getting notifications of any proposed ordinances at least ten days before the city council conducts a final vote on the proposed ordinance.