



600 Town Center Pkwy
 Lino Lakes, MN 55014
 651-982-2400

Checklist for Massage Therapist or Therapeutic Massage Enterprise License

	<p>Individual Massage Therapist or Massage Enterprise Application – Every question must be completed or the application may not be accepted.</p>
	<p>Identification - Must be eighteen (18) year of age or older. Provide color photocopy of applicant’s valid MN driver’s license or official MN Identification (front and back) or other government issued photo identification.</p>
	<p>License Fee – Annual fee is \$50 for Therapist License/\$200 for Enterprise License. The full fee must be paid with license application. The license fee for a partial calendar year may be prorated by month. The license period is July through June. The investigation cost is included in the license fee.</p>
	<p>Personal History Form- In order for the Police Department to conduct the required background check, a personal history form must be completed by each person application for a license.</p>
	<p>Proof of Training/Accreditation (for Massage Therapist) – Proof of completion of at least 500 hours of certified therapeutic massage training with content that includes the subjects of anatomy, physiology, hygiene, ethics, massage theory and research, and massage practice from an accredited institution or program or licensed institution. In the event the accredited program or accredited institution is no longer in existence, in the sole discretion of the city, a certified copy of the transcript of academic record may be accepted directly from the applicant with an affidavit stating said transcript of academic record is authentic. The transcript of academic record must be from a program or institution that was once accredited. The certified copy of the transcript of academic record must contain the applicant’s name, last address of the accredited institution at the time of closing, and reflect the 500 hours of certified therapeutic massage training with content as required by the city.</p> <p>Training institution must hold accredited status approved by the United States Department of Education or the Minnesota Office of Higher Education.</p>
	<p>Enterprise Licenses Only</p>
	<p>Minnesota & Federal Business Tax I.D. Form</p>
	<p>Minnesota Worker’s Compensation Insurance Coverage Form</p>
	<p>Legal description of the premises to be licensed together with a plan of the area showing dimensions, location of buildings, street access, and parking facilities, and indicating all rooms where massage services will be conducted.</p>



Therapeutic Massage Enterprise License Application

Part I – General

For office use only

Date received in office _____ / _____ / _____ License Fee: \$ **200.00**

Approval Date _____ / _____ / _____ License No. **MASS ENT** _____ - _____

Enterprise Only _____ Enterprise/Individual _____

DIRECTIONS: PLEASE PRINT. This form must be filled out in ink or it must be typed. If the applicant is an individual, by that person; if a corporation, by an officer thereof; if a partnership, by one of the partners; if an unincorporated association, by the manager or managing officer thereof.

Section 1: Business Information

- Date _____ / _____ / _____
- Type of business: Individual Partnership Corporation Other organization
- Business name _____ Phone (____) _____
- Business address _____
Street City County State Zip
- Email address _____ Website address _____

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. **Attach** a list of owners and their respective percentages totaling 100 percent.

- Minnesota Business Tax ID Number (Per Minnesota Statute 270C.72) _____
- Federal Business Tax ID Number _____

8. Proof of Workers' Compensation Insurance Coverage:

Insurance company name _____

Dates of coverage _____ to _____

Policy number/Self-insurance permit number (Per Minnesota Statute Section 176.182) _____

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

- I have no employees covered by the law Other (Specify)

Section 2: Type of Applicant

Complete only one type in this section. Refer to Question 2 for type of applicant.

9. Individual Applicant - complete this question and a Part II Personal History form. Then proceed to Section 3.

Name _____ Maiden name _____
Last First Middle

Home address _____
Street City County State Zip

Home phone (____) _____ Business phone (____) _____

Business address _____
Street City County State Zip

Continue to page 2

10. Partnership *If applicable, complete this question for general and limited partners, then proceed to Section 3. A Part II Personal History form is required from each general partner.*

A. Full name _____ Phone (_____) _____
Last First Middle

Residence _____
Street City State Zip

Business _____ Phone (_____) _____

B. Full name _____ Phone (_____) _____
Last First Middle

Residence _____
Street City State Zip

Business _____ Phone (_____) _____

C. Full name _____ Phone (_____) _____
Last First Middle

Residence _____
Street City State Zip

Business _____ Phone (_____) _____

Attach a copy of the partnership agreement.

10a. Corporation/other organization *If applicable, complete questions 8a and 8b, then proceed to Section 3.*

Name _____ Phone (_____) _____
Last First Middle

Blaine business address _____
Street City State Zip

Corporate address _____
Street City State Zip

State of incorporation/association _____

10b. Officers of corporation/other organization. A Part II Personal History form is required from each officer.

1. President name _____ Phone (_____) _____
Last First Middle

Residence _____
Street City State Zip

2. Vice President name _____ Phone (_____) _____
Last First Middle

Residence _____
Street City State Zip

3. Secretary name _____ Phone (_____) _____
Last First Middle

Residence _____
Street City State Zip

4. Treasurer name _____ Phone (_____) _____
Last First Middle

Residence _____
Street City State

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*.
3. Certificate of Assumed Name.

Section 3. Applicant History

11. Has applicant ever been engaged in the operation of massage services? Yes No
If so, furnish information as to the name, dates, place and length of involvement in such an establishment. _____

12. Has applicant ever had an interest in, as an individual or as part of a corporation, partnership, association, enterprise, business or firm, a massage license that was denied, revoked, or suspended within the last 10 years?
If yes, please explain _____

13. Has applicant ever been arrested, charged or convicted of any crime or violation of any ordinance other than a minor traffic offense?
If yes, please furnish information as to the date, time and offense of arrests, charges or convictions. _____

14. Has applicant ever been the subject of an investigation, public or private, criminal or non-criminal, regarding massage therapy?
If yes, please explain _____

Section 4: Person(s) in charge of licensed premises

*All applicants must complete this section.
The Part II Personal History must be completed and filed with this application by each person in this section.*

15. General manager, proprietor, managing partner or any other individual or agent in charge of the licensed premises.

Name _____ Phone (____) _____
Last First Middle

Residence _____
Street City State Zip

Position _____

Name _____ Phone (____) _____
Last First Middle

Residence _____
Street City State Zip

Position _____

Section 5: Premises

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 Division of the Community Development Department, no additional plans need to be filed.

16. Total cost of assets acquired to start business, including the business premises (if purchased), fixtures, furniture, equipment, merchandise for resale, cash for working capital, prepaid insurance and any other assets. _____

17. **Attach** an exterior site plan of the premises to be licensed *that shows dimensions, building locations, street access and parking facilities.*

18. State the floor number, general area and all rooms where massage services will be conducted.
Attach a floor plan showing dimensions and clearly identifying rooms.

How are the premises zoned under the Lino Lakes Zoning Ordinance? (this information can be obtained from the city)

19. Are any real estate or personal property taxes, special assessments or other financial claims of the state, county or City of Lino Lakes delinquent or unpaid for the premises to be licensed?

Yes No

If yes, give details _____

20. Are there any other businesses operating or proposed to be operated at the premises for which a therapeutic massage enterprise licenses is requested? If yes, please explain _____

20. Does applicant intend that all employees anticipated to perform therapeutic massage services on behalf of this enterprise will be certified or experienced as required by the Lino Lakes Code of Ordinances?

Section 6: Tennesen Warning and Notarized Signature

The data on this form will be used to approve your license. You are being asked to answer questions and provide information pursuant to the application process that is required by Minnesota State Law and the City of Lino Lake ordinance. The information you provide is government data in accordance with Chapter 13 of State law known as the "Minnesota Government Data Practices Act". Some requested data is private. Private data is available to you and the City staff who need this information to perform their duties. You are not legally required to provide this data, but the City may not be able to approve your license if you do not provide it and the license request will not be forwarded to the Lino Lakes City Council for their consideration. The information you provide may be classified as "public", "private" or "confidential" pursuant to the "Government Data Practices Act".

I have received a copy of Chapter 616 relating to Therapeutic Massage of the City Code, 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 falsification of the application, including failure to reveal a criminal conviction, constitutes grounds for denial of the license.

The information I have provided on this application is truthful. I authorize the City of Lino Lakes to investigate the information and contact persons/organizations named on this application. My signature constitutes agreement of the Tennesen Warning and this entire application.

X

Applicant's signature

STATE OF _____)
) ss
COUNTY OF _____)

_____, says that he/she is the person who has executed this application and that the statements made therein are true of his/her own knowledge and belief.

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

Notary Signature

My Commission Expires:

_____, 20 _____

Certificate of Compliance Minnesota Workers' Compensation Law

PRINT IN INK or TYPE.

Minnesota Statutes, 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 or engage in any activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minnesota Statutes, Chapter 176. The required workers' compensation insurance information is the name of the insurance company, the policy number, and the dates of coverage, or the permit to self-insure. If the required information is not provided or is falsely stated, it shall result in a \$2,000 penalty assessed against the applicant by the commissioner of the Department of Labor and Industry.

A valid workers' compensation policy must be kept in effect at all times by employers as required by law.

BUSINESS NAME (Individual name only if no company name used)	LICENSE OR PERMIT NO (if applicable)
--	--------------------------------------

DBA (doing business as name) (if applicable)

BUSINESS ADDRESS (PO Box must include street address)	CITY	STATE	ZIP CODE
---	------	-------	----------

YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WITHOUT THE FOLLOWING INFORMATION. You must complete number 1, 2 or 3 below.

NUMBER 1 COMPLETE THIS PORTION IF YOU ARE INSURED:

INSURANCE COMPANY NAME (not the insurance agent)

WORKERS' COMPENSATION INSURANCE POLICY NO.	EFFECTIVE DATE	EXPIRATION DATE
--	----------------	-----------------

NUMBER 2 COMPLETE THIS PORTION IF SELF-INSURED:

I have attached a copy of the permit to self-insure.

NUMBER 3 COMPLETE THIS PORTION IF EXEMPT:

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

- I have no employees.
- I have employees but they are not covered by the workers' compensation law. (See Minn. Stat. § 176.041 for a list of excluded employees.) Explain why your employees are not covered: _____
- Other: _____

ALL APPLICANTS COMPLETE THIS PORTION:

I certify that the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify that I am authorized to sign on behalf of the business.

APPLICANT SIGNATURE (mandatory)	TITLE	DATE
---------------------------------	-------	------

NOTE: If your Workers' Compensation policy is cancelled within the license or permit period, you must notify the agency who issued the license or permit by resubmitting this form.

This material can be made available in different forms, such as large print, Braille or on a tape. To request, call 1-800-342-5354 (DIAL-DLI) Voice or TDD (651) 297-4198.



State of Minnesota

Business Tax Identification Information

DIRECTIONS: PLEASE PRINT this form must be filled out in ink or it must be typed. If the application is an individual, by that person; if a corporation, by an officer thereof; if a partnership, by one of the partners; if an unincorporated association, by the manager or managing officer thereof.

Section 1: License Information

1. Type of License Being Applied for _____
2. Licensing Authority (name of city, county or state agency issuing license) _____
3. Application or Renewal Date _____/_____/_____

Section 2: Applicant

To be completed by applicant

4. Name _____ Phone (____) _____
Last First Middle
5. Home address _____
Street City State Zip
6. Social Security Number _____ - _____ - _____

Section 3: Business Information

7. Business name _____ Phone (____) _____
8. Business address _____
Street City State Zip
9. Minnesota tax identification number _____
10. Federal tax identification number _____
11. Individual Tax ID Number or Social Security Number _____

Section 4: Notice and Signature

Under Minnesota law (M.S.270C.72(4)), 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.

X _____
Applicant's Signature Title Date

If a Minnesota tax identification number is not required, please explain (use reverse side of form if necessary)