



City of Apple Valley
 7100 147th Street W.
 Apple Valley, MN 55124
 (952) 953-2500

**MASSAGE THERAPY BUSINESS
 LICENSE APPLICATION**
Part I - General

If applicant is an individual, this application shall be completed by such person; if a corporation, by an officer; if a partnership, by one of the general partners; if an unincorporated association, by the manager or managing officer.

Section 1: 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 the State of Minnesota (<https://mblsportal.sos.state.mn.us/>)

3. Assumed name (d/b/a name) _____

ATTACH - Proof of filing assumed name with the State of Minnesota (<https://mblsportal.sos.state.mn.us/>)

4. Premise address _____ Apple Valley MN 55124
City State Zip

ATTACH: If applicant does not own premises, attach copy of lease.

5. Phone _____ Email _____

6. Mailing address (if different) _____
Street City, State, Zip

7. Minnesota Business Tax ID Number (required per MN Stat. § 270C.72)

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7-digit no.

8. Are any property taxes, special assessments, or other financial claims of the state, county, or City of Apple Valley delinquent or unpaid for the premises to be licensed? No Yes If yes, give years and unpaid amounts.

9. Has the applicant made an application for a massage therapy business license which was denied?
 No Yes If yes, provide place and explanation.

10. Has the applicant had a massage therapy business license suspended or revoked within the last 10 years?
 No Yes If yes, provide date, place, and explanation.

11. Has the applicant ever been criminally convicted of any federal, state, county, or local law or regulation other than a minor traffic violation?
 No Yes If yes, provide date, place, and nature of offense.

Applicant Information

Complete only the section (12a, 12b, or 12c) that applies to the applicant type (refer to question #1).

ATTACH: A Part II-Personal History Application (**or**) Massage Therapist Application is required for each person listed in said section.

12a. Individual: If applicable, complete this section, then proceed to Section 2.

Name _____
 First Middle Last Maiden Name

12b. Partnership: If applicable, complete this section, then proceed to Section 2. List the names and financial interest of each partner.

Name _____
 First Middle Last Maiden Name

Financial interest _____ %

Name _____
 First Middle Last Maiden Name

Financial interest _____ %

Name _____
 First Middle Last Maiden Name

Financial interest _____ %

For additional partners, attach separate sheet.

ATTACH: Copy of Partnership Agreement.

12c. Corporation/Other Organization: If applicable, complete this section for corporations, then proceed to Section 2.

Name of corporation _____ State of _____
or organization _____ incorporation _____

List the officers of the corporation and all persons or entities with a financial interest of five percent (5%) or more.

Owner (or other title _____) Financial interest _____ %

Name _____
 First Middle Last Maiden Name

President (or other title _____) Financial interest _____ %

Name _____
 First Middle Last Maiden Name

Vice President (or other title _____) Financial interest _____ %

Name _____
 First Middle Last Maiden Name

Secretary (or other title _____) Financial interest _____ %

Name _____
 First Middle Last Maiden Name

Treasurer (or other title _____) Financial interest _____ %

Name _____
 First Middle Last Maiden Name

For additional officers, persons, or entities attach separate sheet.

ATTACH: 1. Copy of Certificate of Incorporation.
2. Foreign corporations, attach a Certificate of Authority as required by Minn. Stat. § 303.06.

Section 2: Person(s) in Charge of Licensed Premises

13. Designated on-site manager in charge of the licensed premises. The on-site manager is responsible for the conduct of the licensed premises and operation; and serves as agent for service of notices and other processes relating to the license. He/she must be a resident of the State of Minnesota or one of the following Wisconsin counties: Pierce, St. Croix, Pepin, Dunn, Polk.

Name _____
First Middle Last Maiden Name

Name _____
First Middle Last Maiden Name

For additional manager(s) or agent(s), attach separate sheet.

- ATTACH:** A Part II-Personal History form (or) Massage Therapist Application is required from each person in charge.

Section 3: Massage Therapists

14. The name of each person employed or who the applicant intends to employ as a massage therapist at the premise.

Name _____
First Middle Last Maiden Name

Name _____
First Middle Last Maiden Name

Name _____
First Middle Last Maiden Name

Name _____
First Middle Last Maiden Name

For additional therapists, attach separate sheet.

- ATTACH:** A Massage Therapist Application is required from each therapist.

Section 4: Insurance

15. **ATTACH:** Certificate of insurance showing general liability insurance coverage with a minimum of \$300,000 combined single limit per occurrence.

16. Provide workers' compensation insurance coverage as required by Minnesota law (per MN Stat. § 176.181).

Insurance company name (not the agent) _____

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 the law Other _____

Section 5: Additional Information

17. **ATTACH:** Floor plans showing the size and location of all rooms (a hand drawn sketch is permissible).

18. If placing signage, contact the Apple Valley Community Development Department at (952) 953-2575 regarding signage regulations and permits.

Section 6: Notice and Notarized Signature

Applicant may subscribe to receive an electronic notification from the City of proposed ordinances by signing up for *Email Updates* on the City's website at www.cityofapplevalley.org.

I hereby certify that the information supplied on this application form and all attachments is true and correct. The information requested on this form will be used by the City of Apple Valley to approve or deny the applicant's license. I understand that the falsification or misrepresentation of information submitted on or with my application constitutes grounds for denial of the license. I authorize the City of Apple Valley 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 City's licensing and zoning ordinances.

The information supplied on this form will become public information when received by the City of Apple Valley. Under Minnesota law (Minn. Stat. § 270.72), the City may be required to provide the business tax identification number and/or social security number of each applicant to the Minnesota Commissioner of Revenue.

I also acknowledge that I have received and/or reviewed Chapter 123 of the City Code, regarding Massage Therapy Business and Massage Therapist Licenses, and am familiar with the provisions thereof.

Subscribed and sworn to before me this

X _____
Applicant signature

_____ day of _____, 20_____.

Printed name

Notary Public

Title

FEES:

Application fee	\$300.00
Investigation fee	\$300.00
Addl. owner/new officer	\$120.00
Change in on-site mgr.	\$120.00
Amendment to license	\$ 75.00
If no employees	\$ 0.00

All licenses expire June 30th.

<i>07/19</i>	<i>Office use only</i>	<i>Code 1001.4038</i>
Date rec'd/paid	Amount \$	Receipt #
App. to Police	Approve/Deny	License #