



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.

Applicant Information			
Type of Business <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other Organization			
Legal Business Name (name of individual, partnership, corporation, or other organization)			
<input type="checkbox"/> ATTACH - Proof of filing legal business name with the State of Minnesota (https://mblsportal.sos.state.mn.us/)			
Assumed Name (d/b/a name)			
<input type="checkbox"/> ATTACH - Proof of filing assumed name with the State of Minnesota (https://mblsportal.sos.state.mn.us/)			
Premises Address	City <i>Apple Valley</i>	State <i>Minnesota</i>	Zip <i>55124</i>
<input type="checkbox"/> ATTACH - If applicant does not own premises, attach copy of lease agreement.			
Local Business Phone	MN Business Tax ID Number (7-digits)		
Licensing Contact Name	Licensing Contact Phone	Licensing Contact Email	
Mailing Address (if different)	City	State	Zip
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? If yes, give unpaid amounts.			<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the applicant made an application for a massage therapy business license which was denied? If yes, provide place and explanation.			<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the applicant had a massage therapy business license suspended or revoked within the last 10 years? If yes, provide date, place, and explanation.			<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the applicant ever been criminally convicted of any federal, state, county, or local law or regulation other than a minor traffic violation? If yes, provide date, place, and nature of offense.			<input type="checkbox"/> Yes <input type="checkbox"/> No

Type of Business - Complete only the section that applies			
Each person listed is required to complete a Part II-Personal History Form (or) Massage Therapist Application.			
Individual			
First Name	Middle Name	Last Name	Financial Interest <i>100%</i>
Partnership (for additional partners, attach separate sheet)			
First Name	Middle Name	Last Name	Financial Interest
First Name	Middle Name	Last Name	Financial Interest
<input type="checkbox"/> ATTACH - Copy of Partnership Agreement.			

Corporation/Other Organization (for additional partners, attach separate sheet)

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

Owner (or other title):

First Name	Middle Name	Last Name	Financial Interest
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President (or other title):

First Name	Middle Name	Last Name	Financial Interest
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Vice President (or other title):

First Name	Middle Name	Last Name	Financial Interest
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Secretary (or other title):

First Name	Middle Name	Last Name	Financial Interest
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Treasurer (or other title):

First Name	Middle Name	Last Name	Financial Interest
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ATTACH - Copy of Certificate of Incorporation. Foreign corporations, attach Certificate of Authority (MN Stat. 303.06).

Licensed Premises

ATTACH – Floor plans showing the size and location of all rooms. A hand-drawn sketch is permissible.

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

Person(s) in Charge of Licensed Premises

The designated on-site manager(s) 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.

Each person listed is required to complete a Part II-Personal History form (or) Massage Therapist Application.

First Name	Middle Name	Last Name	Maiden Name
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First Name	Middle Name	Last Name	Maiden Name
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Massage Therapists

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

Each person listed is required to complete a Massage Therapist Application.

First Name	Middle Name	Last Name	Maiden Name
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First Name	Middle Name	Last Name	Maiden Name
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First Name	Middle Name	Last Name	Maiden Name
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First Name	Middle Name	Last Name	Maiden Name
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First Name	Middle Name	Last Name	Maiden Name
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Insurance

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

<u>Insurance Company Name (not agent)</u>	<u>Policy Number</u>	<u>Dates of Coverage</u>
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I am not required to have workers' compensation liability coverage because:

I have no employees covered by the law Other:

ATTACH - Certificate of Liability Insurance

Must show general liability insurance coverage with a minimum of \$300,000 combined single limit per occurrence.

Verification

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.

The data you furnish on this application will be used by the City of Apple Valley in the issuance of your license. Disclosure of this information is voluntary. You are not legally required to provide this data; however, if you fail to do so, the City of Apple Valley may be unable to process this application. Disclosure of your Minnesota Business Tax ID Number and Social Security Number is required by Minnesota Statutes 270C.72, and your Minnesota Tax ID Number and/or Social Security Number may be requested by and released to the Minnesota Commissioner of Revenue. After submission, all information contained in this application except your Social Security Number will be public information pursuant to Minnesota Statutes, Chapter 13.

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

Your signature is required in order to process this application.

I, (print name) _____, certify or declare under penalty of perjury under the laws of the State of Minnesota that the foregoing is true and correct. All information given is subject to verification by the State of Minnesota. I understand that false information may result in the denial, suspension, or revocation of this license.

I authorize the City to conduct a background investigation pursuant to City Code § 114.03 (E).

Signature of Applicant _____ Date _____

Licenses run July 1 - June 30 annually.

Initial application fee prorated quarterly:

July 1-Sept. 30	\$600
Oct. 1-Dec. 31	\$525
Jan. 1-March 31	\$450
April 1-June 30	\$375 + \$300 renewal fee
If no employees	\$0

06/20	Office use only	Code 1001.4038
Date rec'd/paid	Amount \$	Receipt #
Date to Police	Approve/Deny	License #