



11800 Town Center Drive NE  
St. Michael, MN 55376  
763-497-5306

## THERAPEUTIC MASSAGE ENTERPRISE LICENSE APPLICATION

### APPLICATION CHECKLIST

**FEES:**

- Partnership/  
Corporation: Initial Application \$250    Renewal \$200

**PARTNERSHIP / CORPORATIONS MUST INCLUDE THE FOLLOWING:**

Partnership: One copy of the Certificate of Trade Name

Corporation: One copy of the Certificate of Incorporation

### ADDITIONAL INFORMATION

#### THERAPISTS

- All massage therapists employed at the establishment shall complete an annual massage therapist application and pay an annual fee for the license and a one-time background check.

#### TAXES

- A property tax search will be completed by the City to make sure the taxes for the establishment premises are current. If taxes are not current your license may be denied.



**TYPE OF APPLICANT**  
**Complete only ONE section below.** Refer to Question 1 for the type of applicant.  
 All persons listed in this section must also complete **Part II** of the application.

If Applicant is an **INDIVIDUAL**:

Full Name: \_\_\_\_\_  
 Residence Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Provide a Color Copy of Driver's License

.....  
 If applicant is a **PARTNERSHIP**:

For each member of the partnership state the following and provide a color copy of Driver's License:

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 additional sheets if necessary**

State who the managing partner will be: \_\_\_\_\_

.....  
 If applicant is a **CORPORATION/OTHER ORGANIZATION**:

Corporation Name: \_\_\_\_\_  
 Home Office Address: \_\_\_\_\_ Phone: \_\_\_\_\_

State of Incorporation \_\_\_\_\_ Date of Incorporation \_\_\_\_\_  
 Is Corporation authorized to do business in Minnesota?  Yes  No

The full name, residence address and telephone number of all officers of said corporation or other organization and provide color copy of Driver's License:

President: \_\_\_\_\_  
 Residence Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Vice President: \_\_\_\_\_  
 Residence Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Secretary: \_\_\_\_\_  
 Residence Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Treasurer: \_\_\_\_\_  
Residence Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Attach additional sheets if necessary**

The full names, residence addresses, telephone numbers and birth dates of those owners holding more than five (5) percent of the outstanding stock of said corporation:

Full Name: \_\_\_\_\_  
Residence Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ Interest: \_\_\_\_\_

Full Name: \_\_\_\_\_  
Residence Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ Interest: \_\_\_\_\_

Full Name: \_\_\_\_\_  
Residence Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ Interest: \_\_\_\_\_

**Attach additional sheets if necessary**

I declare that the information I have provided on this application is truthful and I understand that falsification of answers on this application may result in denial of this application. I authorize the City of St. Michael to investigate and make whatever inquiries are necessary to verify the information provided.

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

\_\_\_\_\_  
Date

**State of Minnesota  
License Applicant Information**

Under Minnesota law (M.S. 270C.72, subd. 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 (person signing the application)**.

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)*

**TYPE OF LICENSE BEING APPLIED FOR OR RENEWED:** \_\_\_\_\_

**LICENSING AUTHORITY:** City of St. Michael

**Personal Information (required):**

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Applicant's Last Name	First Name and Initial	Social Security Number
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Applicant's Address	City	State	Zip Code
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**Business Information (if applicable):**

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Business Name

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Business Address	City	State	Zip Code
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Minnesota tax identification number: \_\_\_\_\_

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

Federal tax identification number: \_\_\_\_\_

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Signature

Title

Date

**This section to be completed by all owners, officers, partners and managers of the establishment business.**

**PART II – In Support of Massage Establishment Application**

**Incomplete applications will not be processed. If a question does not apply, please write “N/A”.**

1. Name of Licensed Establishment \_\_\_\_\_

2. Applicant Name: \_\_\_\_\_  
                                    First                                    Full Middle                                    Last                                    Maiden

3. Residence Address: \_\_\_\_\_ Phone: \_\_\_\_\_

4. Business Address: \_\_\_\_\_ Phone: \_\_\_\_\_

5. Marital Status:  Single  Married  Divorced  Widowed  Separated

6. Are you (the applicant) a U.S. citizen or resident alien or have the legal authority to work in the United States? *If yes, but birthplace was not in the U.S. please provide a certificate of naturalization, certificate of citizenship, current or previously issued passport, or certificate of birth. If no, please present proof of immigration or employment status.*       Yes       No

7. If married, true name, place and date of birth, and residence address of spouse:

Spouse True Name: \_\_\_\_\_  
                                    First                                    Full Middle                                    Last                                    Maiden

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

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

8. Address at which you have lived during the preceding five (5) years. (Begin with present or last address and work back).

Number and Street	City and State	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Attach additional sheets if necessary**

9. Address at which your spouse has lived during preceding five (5) years. (Begin with present or last address and work back).

Number and Street	City and State	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Attach additional sheets if necessary**

11. Type, name and location of every business or occupation your spouse has been engaged in during the preceding five (5) years. (Begin with present or last address and work back).

Business or Occupation	Full Address	Nature of Business/Occupation
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Attach additional sheets if necessary**

12. Have you or your spouse ever been convicted of a felony or a willful violation of a federal or state law or local ordinance, other than a traffic offense?

Yes  No

If yes, give information as to the time, place and offense for which convictions were had: \_\_\_\_\_

\_\_\_\_\_

13. Have you or your spouse ever been engaged as an employee or in operating a massage center or other business of a similar nature:  Yes  No

If yes, give information as to the time, place and length of time: \_\_\_\_\_

\_\_\_\_\_

14. Have you ever had an interest in any previous massage centers licenses that were revoked, suspended or not renewed?

Yes  No

If yes, state the circumstances: \_\_\_\_\_

\_\_\_\_\_

15. Have you ever individually, or with others, made application for a massage center license and had such application denied?

Yes  No

If yes, state the circumstances: \_\_\_\_\_

\_\_\_\_\_

16. List the names, residence and business addresses of three (3) references, of good moral character, not related to the applicant or financially interested in the premises, or business, who may be referred to as to the applicant's and/or manager's character.

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

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

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

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

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

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

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

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

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

17. List the amount of the investment that you (applicant) has in the business, buildings, premises, fixtures, furniture and equipment along with proof of the source of such investment.

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18. List the identity of all other persons investing in the business, building, premises, fixtures, furniture and equipment, the amount of their investment and proof of the source of such investment:

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

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

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

Investments: \_\_\_\_\_

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

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

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

Investments: \_\_\_\_\_

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

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

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

Investments: \_\_\_\_\_

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I declare that the information I have provided on this application is truthful and I understand that falsification of answers on this application may result in denial of this application. I authorize the City of St. Michael to investigate and make whatever inquiries are necessary to verify the information provided.

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

\_\_\_\_\_  
Date



This form must be completed by all owners, officers, partners and managers

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

In connection with your request for a license the City of St. Michael 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 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 requested 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.*

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

\_\_\_\_\_ Date

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

\_\_\_\_\_ Print Name

This form must be completed by all owners, officers, partners and managers

**CITY OF ST. MICHAEL  
BACKGROUND INVESTIGATION CONSENT RELEASE  
INFORMATION TO BE USE FOR BUSINESS LICENSE PROCESSING**

*As a license applicant, I hereby give my consent for a personal background investigation, to include a criminal history check, to be used in the determination of whether my 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 release the City of St. Michael and the Wright County Sheriff's Office, 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:** \_\_\_\_\_

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

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

**Home Phone:** (\_\_\_\_) \_\_\_\_\_ **Business Phone:** (\_\_\_\_) \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Place of Birth:** \_\_\_\_\_  
(City) (State)

**Driver's License or State ID #:** \_\_\_\_\_ **State Issued:** \_\_\_\_\_  
A color copy of the driver's license or state ID must be attached (front and back)

**Are you (the applicant) a U.S citizen or resident alien or have the legal authority to work in the United States?**  Yes  No *If yes, but birthplace was not in the U.S. please provide a certificate of naturalization, certificate of citizenship, current or previously issued passport, or certificate of birth. If no, please present proof of immigration or employment status.*

**Physical:**  
**Sex** \_\_\_\_\_ **Race** \_\_\_\_\_ **Height** \_\_\_\_\_ **Weight** \_\_\_\_\_ **Eyes** \_\_\_\_\_ **Hair** \_\_\_\_\_

**List All Aliases/Previous Last Names:** \_\_\_\_\_

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

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

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
*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.*

**OFFICE USE ONLY**

Background Check/Investigation:  Approved  Denied

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

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**BUILDING AND ZONING COMPLIANCE**

**TO BE COMPLETED FOR ALL MASSAGE ESTABLISHMENTS**

**Check the appropriate box:**

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

**FLOOR PLAN**

A floor plan either drawn out on paper or on the computer showing the dimensions and locations of rooms must be submitted. Attach additional sheet(s) if necessary.