



City of Maple Grove
Community & Economic Development
 12800 Arbor Lakes Pkwy
 Maple Grove, MN 55369
 763-494-6040



MESSAGE SERVICES APPLICATION

BUSINESS LICENSE

NEW _____ RENEWAL _____

Expiration Date: January 31st Annually

Completed application must be accompanied by the following:

1. License fee of **\$500** for Regular Business License
2. Investigation fee of **\$75** per person.
3. Proof of insurance - see page 6.
4. Applicant must apply in person, provide a Government issued Photo ID.

A. Name of Applicant _____
 (Full Given) (Middle) (Last)

B. If applicant is a natural person, complete the following:

1. True Name _____
 Place of birth _____
 Date of birth _____
 Street address _____
 City, State, Zip _____
 Phone number _____
 Email _____

2. Has applicant ever used or been known by a name other than his/her true name?
 Yes_____No_____If yes, what was such name or names and when and where
 was it (they) used? _____

3. What is the name of the business if it is to be conducted under a designation,
 name or style other than the full individual name of the applicant; in such case, a
 certified copy of the certificate as required by Minnesota Statutes, Chapter 333,
 shall be attached to this application. _____
 Minnesota ID No. of Business _____

4. Applicant's street address(es) at which applicant has lived during the preceding
 five (5) years. _____

5. List the kind, name and location of every business or occupation the applicant has been engaged in during the preceding five (5) years.

6. List the name and addresses of the applicant's employer(s) and partner(s), if any, for the preceding five (5) years. _____

7. Has the applicant ever been convicted of any felony or other crime or violation of any ordinance other than traffic ordinances? Yes ___ No ___ If yes, please indicate the time, place and offense for which convictions were had.

8. The physical description of the applicant. _____

9. List the applicant's training or experience in performing massage services. _____

10. What is the name of the manager or proprietor or other agent in charge of the business to be licensed (Must reside in Minnesota or Wisconsin)? _____

C. If the applicant is a partnership, answer the following questions:

1. List the names, addresses and interest of all partners and all information concerning each partner as is required of an individual applicant in paragraph (B) above.

2. List the name of the manager or proprietor or other agent in charge of the business to be licensed. _____

3. Please attach a true copy of the partnership agreement. If the partnership is required to file a certificate as to a trade name under the provisions of Minnesota Statutes, Chapter 333, a certified copy of such certificate shall also be attached.

D. If the applicant is a corporation or other organization, please complete the following:

1. List the name and, if incorporated, the state of incorporation. _____

2. Please attach a true copy of the Certificate of Incorporation, Articles of Incorporation or Association Agreement, and By-Laws. If a foreign corporation, a Certificate of Authority, as described in Minnesota Statutes, Chapter 303, shall also be attached.

3. List the name of the manager or proprietor or other agent in charge of the business to be licensed and all information concerning said person(s) as is required in paragraph (B) above. _____

4. List all persons who are officers or directors of the corporation or organization or who control or own an interest in excess of five percent (5%) in such corporation or organization, and all information concerning said person(s) as is required in paragraph (B) above. _____

E. List all persons who are officers or directors of the corporation or organization or who control or own an interest in excess of five percent (5%) in such corporation or organization, and all information concerning said person(s) as is required in paragraph (B) above. _____

F. List the names of employees who currently hold, or are seeking, a Personal Service License to perform massage within the City of Maple Grove.

G. Is the applicant licensed in other communities to run similar businesses? Yes ___ No ___
If yes, where? _____

H. Has the applicant been previously denied a massage license or had such a license or permit suspended or revoked? Yes ___ No ___ If yes, explain any such denial, suspension or revocation. _____

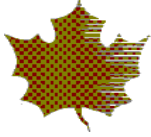
I. List the names, residences, and business addresses of three (3) residents residing in Minnesota, of good moral character, not related to the applicant or financially interested in the premises or business, who may be referred to as the applicant's and/or manager's character. _____

J. What is the address and legal description of the business premises? _____

Applicant shall have a continuing duty to immediately disclose to the City of Maple Grove any change in the information supplied in this application.

I declare under the penalty of perjury that the above statements are true and correct to the best of my knowledge.

Signature of Applicant Date



CERTIFICATE OF COMPLIANCE
DEPARTMENT OF REVENUE INFORMATION

City of Maple Grove • 12800 Arbor Lakes Parkway
 Maple Grove, MN 55369 • 763-494-6040

Pursuant to Minnesota Statute 270C.72 Tax Clearance; Issuance of Licenses, the licensing authority 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 are required to advise you of the following regarding the use of this information:

1. This information may be used to deny the issuance, renewal, or transfer of your license in the event you owe the Minnesota Department of Revenue delinquent taxes, penalties, or interest;
2. Upon receiving this information, the license authority will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Agreement, the Department of Revenue may supply this information to the Internal Revenue Service;
3. Failure to supply this information may jeopardize or delay the processing of your license issuance.

Please supply the following information and return along with your application:

Personal Information:

Applicant's Name

Applicant's Address	City/State/Zip
Social Security Number	Phone Number

Business Information:

Business Name

Business Address	City/State/Zip
Minnesota Tax ID #	Federal Tax ID #

If a Minnesota Tax ID number is not required, please attach explanation.

TENNESSEN WARNING: In connection with your request for a license, the City has asked that you provide information about yourself which may be classified as private, confidential, nonpublic, or protected nonpublic under the Minnesota Government Data Practices Act. This means that this data is not ordinarily available to the general public. Accordingly, the City is required to inform you of the following:

1. The purpose and intended use of the information requested is to determine if you are eligible for a license from the City of Maple Grove.
2. The known consequences of supplying the requested information is that the information or further investigation could disclose information which could cause your application to be denied.
3. You are not legally obligated to supply the requested information. The known consequences of refusing to supply the requested information is that your request for a license cannot be processed.
4. A criminal charge, arrest, or conviction will not necessarily bar you from obtaining a license with the City, unless the conviction is related to the matter for which the license is sought, according to Minn Stat. 364.03. However, failure to reveal the requested criminal information will be considered falsification of the application and may be used as grounds for the denial of the application.
5. Other governmental agencies necessary to process your application are authorized by law to receive the information provided.
6. The City is required by law to furnish some of this information to the Department of Labor and Industry and the Minnesota Commissioner of Revenue.

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

Signature

Position	Date
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FEES:

Regular Massage Business

- \$500.00 Massage Business License Application Fee – **(Must be renewed annually)**
- \$75.00 Investigation Fee (One-Time, Non-Refundable)
- \$575.00 Check Payable to the City of Maple Grove

Sole Proprietor Business

- \$250.00 Massage Business License Application Fee – **(Must be renewed annually)**
- \$75.00 Investigation Fee (One-Time, Non-Refundable)
- \$325.00 Check Payable to the City of Maple Grove

The licensing year is February 1 through January 31. Fees are not pro-rated. Complete renewal applications must be filed before January 1.

REVIEW & APPROVAL PROCESS:

Massage Business

Completed applications, together with all required fees and supporting documents, shall be submitted to the Community & Economic Development Department. Applications will be referred to the Police Department for investigation and to the Building and Fire Departments for review. Within 15 days the Chief of Police will make written report and recommendation to the Community & Economic Development Director. The Community & Economic Development Director makes the determination whether to approve or deny the license.

INSURANCE REQUIREMENT:

Sec. 16-438. - Massage services.

(a) Prior to the issuance of a license under subsection [10-184\(a\)\(1\)](#) and (2), pertaining to business and personal licenses for massage services, the applicant shall submit proof to the city in the form of insurance policies or certificates of insurance acceptable to the city, and issued by insurance companies authorized to do business in the state, for the following policies:

- (1) Professional liability in the practice of massage for a minimum limit of \$1,000,000.00.
- (2) General liability for bodily injury and property damage liability with minimum combined single limits as follows:

General aggregate	\$300,000.00
Each occurrence	\$300,000.00
Medical expense (each person/aggregate)	\$1,000.00/\$10,000.00

(3) Workers' compensation and employers' liability as required by the state.

- (b) Should any of the policies be canceled or not renewed before the expiration date thereof, the issuing company shall mail 30 days' written notice to the city clerk, except such notice shall be ten days for nonpayment of premium.
- (c) The insurance policies shall be written with an insurance company having a minimum Best's Key Guide of A-VII, or as approved by the city's insurance agent.