



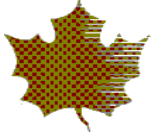
4. Applicant's street address(es) at which applicant has lived during the preceding five (5) years. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
5. List the kind, name and location of every business or occupation the applicant has been engaged in during the preceding five (5) years.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
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, certification, and experience in performing massage services. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- C. Is the applicant licensed in other communities to run similar businesses? Yes\_\_\_No\_\_\_  
If yes, where? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- D. 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. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- E. 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. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- F. List the location or locations where the applicant will perform massage services. The location(s) must conform with Sections 10-193 and 10-194 unless otherwise provided in Chapter 10 ARTICLE VII. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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:**

**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.