



City of Mahtomedi

Massage Business License Application

Part I – General

For office use only

Date received in office ____/____/____ License Fee: \$ 200.00 /\$75.00 Background Fee: \$ 275.00

Approval Date ____/____/____ License No. _____

Business Only ____ Business/Individual ____

DIRECTIONS: PLEASE PRINT. This form must be filled out in ink or it must be typed. If the applicant is an individual, by that person; if a corporation, by an officer thereof; if a partnership, by one of the partners; if an unincorporated association, by the manager or managing officer thereof.

The City of Mahtomedi has an electronic notification system where all proposed ordinances are posted for Council consideration. Go to <https://www.mahtomedimn.gov> and click on Notifications to receive Mahtomedi updates or click on Agendas & Minutes for more information.

Section 1: Business Information

1. Date ____/____/____
2. Type of business: Individual ☐ Partnership ☐ Corporation ☐ Other organization ☐
3. Business name _____ Phone (____) _____
4. Business address _____
Street City County State Zip
5. Email address _____ Website address _____

Mandatory

*If business is to be conducted under a designation, name or style other than the name of the applicant, **attach** a certified copy of the Certificate of Assumed Name. **Attach** a list of owners and their respective ownership percentages totaling 100 percent.*

6. **Minnesota Business Tax ID Number** (Per Minnesota Statute 270C.72) _____

7. **Federal Business Tax ID Number** _____

8. **Proof of Workers' Compensation Insurance Coverage:**

Insurance company name _____

Dates of coverage _____ to _____

Policy number/Self-insurance permit number (Per Minnesota Statute Section 176.182) _____

9. Responsible Party _____ Phone (____) _____

10. Address _____
Street City County State Zip

11. Email address _____

Mandatory

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CITY CLERK OFFICE

Licensing Division
600 Stillwater Road
Mahtomedi, MN 55115

PH 651-426-3344
FAX 651-426-1786

<https://www.mahtomedimn.gov>

Section 2: Type of Applicant

Complete only one portion of this section. Refer to Question 1 for type of applicant.

12. Individual If applicable, complete this question and a Part II Personal History form. Then proceed to Section 3.

Name _____ Maiden name _____
Last First Middle
 Home address _____
Street City County State Zip
 Home phone (_____) _____ Business phone (_____) _____
 Business address _____
Street City County State Zip

13. Partnership *If applicable, complete this question for general and limited partners, then proceed to Section 3. A Part II Personal History form is required from each general partner including dates and address for the preceding 10 years.*

A. Full name _____ Phone (_____) _____
Last First Middle
 Residence _____
Street City State Zip
 Business _____ Phone (_____) _____

B. Full name _____ Phone (_____) _____
Last First Middle
 Residence _____
Street City State Zip
 Business _____ Phone (_____) _____

C. Full name _____ Phone (_____) _____
Last First Middle
 Residence _____
Street City State Zip
 Business _____ Phone (_____) _____

Attach a copy of the partnership agreement

13a. Corporation/other organization *If applicable, complete questions 13a and 13b, then proceed to Section 3.*

Name _____ Phone (_____) _____
Last First Middle
 Mahtomedi business address _____
Street City State Zip
 Corporate address _____
Street City State Zip
 State of incorporation/association _____

13b. Officers of corporation/other organization. A Part II Personal History form is required from each officer.

1. President name _____ Phone (_____) _____
Last First Middle

Residence _____
Street City State Zip

2. Vice President name _____ Phone (_____) _____
Last First Middle

Residence _____
Street City State Zip

3. Secretary name _____ Phone (_____) _____
Last First Middle

Residence _____
Street City State Zip

4. Treasurer name _____ Phone (_____) _____
Last First Middle

Residence _____
Street City State

Attach

1. A copy of the Certificate of Incorporation.
2. Foreign corporations attach a copy of Certificate of Authority, as required by *Minnesota Statutes, Section 303.06*.
3. Certificate of Assumed Name.

Section 3: Person(s) in charge of licensed premises

All applicants must complete this section.

The Part II Personal History must be completed and filed with this application by each person in this section.

14. General manager, proprietor, managing partner or any other individual or agent in charge of the licensed premises.

Name _____ Phone (_____) _____
Last First Middle

Residence _____
Street City State Zip

Position _____

Name _____ Phone (_____) _____
Last First Middle

Residence _____
Street City State Zip

Position _____

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Section 4: Premises

All applicants complete this section.

If the premises is planned, under construction or undergoing substantial alteration, the application shall be accompanied by a set of preliminary plans showing the proposed design. If the plans are on file with the Building and Inspection Division of the Community Development Department, no additional plans need be filed.

15. Attach legal description and exterior site plan of the premises to be licensed that shows dimensions, building locations, street access and parking facilities.

16. State the floor number, general area and all rooms where massage services will be conducted.
Attach a floor plan showing dimensions and clearly identified rooms.

17. Are any real estate taxes, personal property taxes, special assessments or other financial claims of the state, county, School District or City of Mahtomedi delinquent or unpaid for the premises to be licensed? ☐ **Yes** ☐ **No**

If yes, give years and unpaid amounts _____

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Section 5: Tennessean Warning and Notarized Signature

The data on this form will be used to process your license application. Some requested data is private. Private data is available to you and the City or State staff who need this information to perform their duties, but is not available to the public.

You are being asked to answer questions and provide information pursuant to the application process that is required by Minnesota State Law and the City of Mahtomedi ordinance. The information you provide is government data in accordance with Chapter 13 of State law known as the "Minnesota Government Data Practices Act". You are not required by law or ordinance to answer questions or provide the information requested. A refusal to answer questions or provide information being requested will prevent the City of Mahtomedi from processing the application for which you are applying.

As a consequence of that action, no license application will be forwarded to the Mahtomedi City Council for their consideration unless the application is complete and contains all required information. The information you provide may be classified as "public", "private" or "confidential" pursuant to the "Government Data Practices Act". Access to this information can be obtained by persons who are deemed eligible pursuant to the "act". This access can include the subject(s) of the license application, anyone they give their informed consent to consistent with Minnesota State law, or by court order.

I acknowledge that I have reviewed the City's Massage Business Regulations found in City Code Section 7, and will familiarize myself with its provisions. I understand that a criminal conviction will not bar me from obtaining a license unless the conviction is directly related to the occupation for which the license is sought and there is no showing of sufficient rehabilitation and present fitness to perform the duties of the occupation (*Minnesota Statute 364.03*). I understand that falsification of the application, including failure to reveal a criminal conviction, constitutes grounds for denial of the license.

The information I have provided on this application is truthful. I authorize the City of Mahtomedi 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 licensing and zoning ordinances.

I authorize the Washington County Sheriff's Department to receive the information provided in this application for the purpose of completing a criminal background investigation. ***My signature constitutes agreement of the Tennessean Warning and this application.***

X

Applicant's signature

STATE OF _____)
) ss
COUNTY OF _____)

_____, says that they are the person who has executed this application and that the statements made therein are true of their own knowledge and belief.

Subscribed and sworn to me before this _____ day of _____, 20 _____

Notary Signature

My Commission Expires:

_____, 20 _____