

**City of Richfield**  
**6700 Portland Avenue South**  
**Richfield, MN 55423**  
**612-861-9870**

**THERAPUTIC MASSAGE ENTERPRISE LICENSE**

**License Fee: \$656.00**  
**Background Investigation Fee: \$656.00**

**PART I - GENERAL INFORMATION (Please Print Neatly)**

1. Type of Applicant:  Individual  Partnership  Corporation  Other (Specify)

2. Name of Applicant: \_\_\_\_\_

3. Business Name: \_\_\_\_\_

4. Address: \_\_\_\_\_

5. Phone: (\_\_\_\_) \_\_\_\_\_

*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 as required by Minnesota Statutes, Section 333.01*

6. Floor number, street number and rooms where the massage services are to be conducted: \_\_\_\_\_  
(i.e., The second floor of 6625 Lyndale in Suite 301)

7. Have all real estate taxes, personal property taxes, assessments, or other financial claims of the State, county, school district or city been paid in full?  Yes  No

If not, indicate the years and amounts that are unpaid: \_\_\_\_\_

8. Has applicant or any person having an ownership or management position in the massage business had a massage license revoked within a two (2) year period immediately preceding the date this application will be submitted?

Yes  No If yes, explain: \_\_\_\_\_

9. Does the applicant hold a current Therapeutic Massage Enterprise license from any other governmental unit?  Y  N If Yes, name the governmental unit: \_\_\_\_\_

10. Has applicant previously been denied a Therapeutic Massage Enterprise license from any other governmental unit?

\_\_\_ Yes      \_\_\_ No      If yes, name the locations: \_\_\_\_\_

**Section I: TYPE OF APPLICANT**

Designate the type of applicant by completing one of the sections numbered 11-13.

11. **INDIVIDUAL:** If applicable, complete this question, complete a Part II Person History form and proceed to next page, Section II.

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

Residence Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Business Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

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12. **PARTNERSHIP:** If applicable, complete this question for all general partners, limited partners, and managing partners, then proceed to next page, Section II. NOTE: Each general partner must also complete a Part II Personal History to be submitted with this application. Please designate the managing partners

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** a copy of the partnership agreement.

13. **CORPORATION/OTHER ORGANIZATION:** If applicable, complete the following questions then proceed to Section II below.

Name: \_\_\_\_\_ State of incorporation or Association: \_\_\_\_\_

Richfield Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Home Office Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

- 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.

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**SECTION II. - ALL APPLICANTS MUST COMPLETE**

14. **MANAGER(S), PROPRIETOR(S), CORPORATE OFFICERS, OR ANY OTHER INDIVIDUAL OR AGENT** in charge of the licensed premises. NOTE: Each of the individuals named must also complete a Part II Personal History to be submitted with this application.

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

Residence Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

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

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

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

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

**All applicants must 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, no additional plans need be filed.

15. **LEGAL DESCRIPTION** of the premises to be licensed. Submit a drawing showing dimensions, location of buildings, street access and parking facilities. The floor plan shall detail all internal operations and activities, including a statement of the total floor space occupied by the business. The floor plan need not be professionally prepared but must be drawn to a designated scale with marked dimensions of the interior of the premises to an accuracy of plus or minus six inches.

**DATA PRIVACY NOTICE:** The data you supply on this form will be used to assess your qualifications for the license. You are not legally required to provide this data, but we will not be able to grant the license without it. If a license is granted, the data you supply will constitute a public record, and copies may be issued to anyone. The data requested is needed to distinguish you from other applicants; to identify you in our license files; to verify that you are the person who applied for the license; to contact you if additional information is required; to determine if you meet any minimum age requirements; and to determine if any conviction you may have is a job-related consideration affecting your suitability for the license. Residence address and telephone number will be considered public data, and be made available to anyone unless you request this information to be private data, and that you provide an alternative address and telephone number.

I have read the Data Privacy Notice and understand the data is necessary to process the application. I have received from the City of Richfield a copy of the Therapeutic Massage Enterprise and Massage Therapist Ordinance and will familiarize myself with the 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 failure to reveal a criminal conviction is falsification of the application and constitutes grounds for denial of the License.

The information I have provided on this application is truthful. I authorize the City of Richfield 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.

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

Date: \_\_\_\_\_