

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

THERAPUTIC MASSAGE ENTERPRISE LICENSE

License Fee: \$733.00
Background Investigation Fee: \$733.00

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: (____) _____

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.

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: _____

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

**Massage Therapist Yearly Fee: \$ 75.00
Massage Therapist Investigation Fee: \$ 75.00**

THERAPUTIC MASSAGE THERAPIST LICENSE

PART II – PERSONAL HISTORY

1. Therapeutic Massage Enterprise name and address where you are employed:

2. Full Name: _____ Maiden Name: _____

3. Residence Address: _____ Home Phone: (____) _____

4. Business Phone: (____) _____

5. Date of Birth: _____

Weight: _____ Height: _____ Eye Color: _____ Hair Color: _____

6. Are you a U.S. citizen? _____ Yes _____ No

Or

- Are you a Resident Alien? _____ Yes _____ No

Or

Do you have the legal authority to work in the United States? _____ Yes _____ No

If you answered “No” to above, please provide documentation establishing your ability to be legally employed in the U.S.

7. If you have ever used or been known by a name or names other than the name given above, list such name(s) and information concerning dates and places used.

8. Address(es) at which you have lived during the previous five (5) years.

9. Name, address and type of every business, occupation, or employer you have been engaged in during the previous five (5) years.

10. Have you ever been convicted of any felony, crime or violation of any ordinance, other than a minor traffic offense?

Yes No

If yes, give time, place and offense:

11. Have you had a massage license revoked within a two (2) year period immediately preceding the date the application was submitted?

Yes No

If Yes, explain:

Attach evidence that the applicant:

1. is a member in good standing of the American Massage Therapy Association, the Associated Bodywork and Massage Professionals or other organizations of therapeutic massage professionals which has a similar written and enforceable code of ethics, and has been currently approved by the public safety director;
2. has current insurance coverage over \$1,000,000 for professional liability in the practice of massage;
3. is affiliated with, employed by or own a therapeutic massage enterprise licensed by the city;
4. has completed 400 hours of certified therapeutic massage training from a recognized school accredited by one of the national organizations described in paragraph (1);
5. has at least two years of experience practicing massage therapy.