



1685 CROSSTOWN BOULEVARD N.W. • ANDOVER, MINNESOTA 55304 • (763) 755-5100
FAX (763) 755-8923 • WWW.ANDOVERMN.GOV

THERAPEUTIC MASSAGE ESTABLISHMENT LICENSE APPLICATION

1. Name of Applicant _____
First Middle Last
2. Applicant's Date of Birth (must be 18 yrs old) _____
3. Telephone Number of Applicant _____
4. Email Address of Applicant _____
5. Home Address of Applicant _____

6. Address of Business/Premises to be Licensed

7. Name of Business/Premises _____
8. Telephone Number for Business/Premises _____
9. Legal Description of Business/Premises to be Licensed

10. Name of Owner of Premises to be Licensed

11. Address of Owner of Premises to be Licensed

12. Within the preceding five years has the applicant or spouse been convicted of any felony, crime or violation of any ordinance other than traffic. If so, provide the state or county of conviction, the date of conviction and the specific crime so committed. _____
13. If the applicant is a corporation list the names, addresses and dates of birth of all persons having a beneficial interest therein (i.e. officers, directors, stockholders).

14. Description of services to be provided.

The information requested in items 1,2,3 and 9 must be provided for all owners, lessees, operators and massage therapists of the proposed therapeutic massage establishment.

Insurance: Each applicant for a license shall file with the city a public liability insurance policy or certificate of insurance from a company authorized to do business in the state of Minnesota, insuring the applicant against any and all loss arising out of the use, operation or maintenance of the therapeutic massage establishment. The policy of insurance shall be in limits of not less than five hundred thousand dollars (\$500,000.00). Failure to keep in full force and effect the insurance required herein is grounds for revocation.

Prior to consideration of the application by City Council, an investigation shall be made by the code enforcement officer and the building official to determine compliance with this chapter of all premises proposed to be licensed, and by the County Sheriff's Department of all persons listed on the license application. **Please attach a copy of your driver's license.**

Applicant and associates in this application will strictly comply with all ordinances of the City. I hereby certify that I have read the foregoing questions and that the answers are true of my own knowledge.

Licenses expire on December 31st of each year. Lack of payment of annual licensing fee shall be cause for revocation of license.

Signature of Applicant

Date

License Fees:

- Single Application: \$200.00
- Corporate Application: \$300.00
- Partnership Application: \$300.00
- Residential Application: Conditional Use Permit (refer to fee schedule for fee)
(fees include investigation fee)
- Renewal Fee: \$150.00

License # _____ Amount Paid _____ Date Paid _____

Approve: _____ Deny: _____

Sheriff's Office

City Clerk: _____ Approve _____ Deny

City Council*: _____ Approve _____ Deny

* Council needs to approve Conditional Use Permit requests only.

CITY OF ANDOVER TAX CLEARANCE

Pursuant to Minnesota Statute 270.72 Tax Clearance: Issuance of Licenses, the licensing authority required to provide to the Minnesota Commissioners of Revenue your Minnesota Business Tax Identification Number and the social security number of each license applicant.

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 licensing authority will supply the information 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 licensing application.

Please supply the following information and return along with your application to the agency issuing the license. **DO NOT RETURN TO THE DEPARTMENT OF REVENUE.**

License Being Applied for or Renewed: _____

Licensing Authority: CITY OF ANDOVER

License Renewal Date: _____

Personal Information:

Applicant's Name: _____

Applicant's Address: _____

Social Security Number: _____

Or Individual Tax Identification Number (ITIN) _____

Business Information:

Business Name: _____

Business Address: _____

Minnesota Tax Identification # _____

Federal Tax Identification # _____

If Minnesota Tax Identification number is not required, please explain. _____

Signature: _____

Company: _____

TENNESSEN WARNING

In connection with your request for a license the City of Andover has asked that you provide information about yourself which is classified as either *private* or *confidential* by the Minnesota Government Data Practices Act (M.S.A. 13.04). Accordingly, the City is required to inform you of the following:

1. The private or confidential information requested includes, but may not necessarily be limited to, the following: *Your social security number or Minnesota business identification number.*
2. The purpose and intended use of the information requested is: *To comply with Minnesota Statutes, Section 270.72.*
3. You are required to supply the requested information.
4. The known consequences of supplying the requested information are as follows: *Loss or denial of the requested license if you owe the State of Minnesota delinquent taxes, penalties or interest.*
5. The known consequences of refusing to supply the requested information is: *Your request for a license cannot be processed.*
6. The following persons and entities are authorized by law to receive the information if provided: *State of Minnesota – Department of Revenue and other government agencies as provided by law.*

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

Date

Signature of Applicant

Print Name

**CERTIFICATE OF COMPLIANCE
MINNESOTA WORKER'S COMPENSATION LAW**

PRINT LEGIBLY IN INK OR TYPE

Minnesota Statute, Section 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business or engage in any activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minnesota Statutes, Chapter 176. The required workers' compensation insurance information is the name of the insurance company, the policy number, and the dates of coverage, or the permit to self-insure. If the required information is not provided or is falsely stated, it shall result in a \$2,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry.

ALL APPLICANTS: I certify that the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify that I am authorized to sign on behalf of the business.

Signature: _____

Printed Name: _____

Title: _____ Date: _____

I am not required to have worker's compensation insurance coverage because:

- I have no employees
- I have employees but they are not covered by workers' compensation law.
(see Minnesota Statute 176.041 for list of excluded employees)

Explain why your employees are not covered: _____

COMPLETE THIS PORTION ONLY IF YOU ARE INSURED: A valid worker's compensation policy must be kept in effect at all times by employers as required by law.

Business Name (Individual name only if no company name is used): _____

DBA (if applicable): _____

Address (must include street address): _____

Insurance Company Name (not agent): _____

Workers Compensation Policy No.: _____

Effective Date: _____ Expiration Date: _____

IF SELF-INSURED – ATTACH A COPY OF THE PERMIT TO SELF-INSURE

NOTE: If your worker's compensation policy is canceled within the license period, you must notify the agency who issued the license/permit by resubmitting this form.