



City of Maplewood | **Citizen Services Department**
1830 County Road B East | Maplewood, MN 55109
651-249-2005 | 651-249-2009 (fax)

**MASSAGE CENTER
SEPTEMBER 1 THROUGH AUGUST 31, ANNUALLY**

City Ordinance 972 provides regulation of Massage Centers, and is on file at the Maplewood City Clerk’s Office or can be obtained on the City’s website at <http://www.maplewoodmn.gov/citycode>. All license holders are required to be familiar with the provisions of this Chapter and with applicable Minnesota Statutes and federal regulations.

In submitting a license application, the applicant and their business associates declare that they meet the requirements for issue of said license and that such business will be operated in compliance with the above regulations, statutes and ordinances. Knowingly submitting an incomplete or inaccurate application constitutes fraudulent application; failure to comply with the aforesaid regulations, statutes and ordinances; or conviction for related felony or misdemeanor violations constitutes grounds for denial, suspension, or revocation of licenses.

LICENSE APPLICATION CHECKLIST:

**To prevent delay, please ensure the following information is submitted.
Incomplete applications are not accepted and will be returned immediately.**

- Massage Center application
- License Fee *(See Attached Fee Schedule)*
- Massage Center - License Supplement *(submitted by **each** owners/partner/corporate officer with 5% or more interest, and establishment manager)*
- Copy of Executed Lease Agreement
- One of the Following:
 - True copy of the partnership agreement *(if “applicant” is a partnership)*
 - True copy of the certificate of incorporation, articles of incorporation or association agreement, and bylaws *(if “applicant” is a corporation or other organization)*
 - A Certificate of Authority, as described in MN Statutes Ch. 303 *(if “applicant” is a foreign corporation)*
- Certificate of Insurance naming the City of Maplewood as the Certificate Holder in the amounts of coverage as follows:
 - \$300,000 General Liability
 - \$100,000 Property Damage
 - \$50,000 Workers’ Compensation

Applicant Information (individual who executes and signs this application)

Name of Applicant _____

Job Title _____ E-mail Address _____

Address _____ City _____ State _____ Zip Code _____

Telephone (_____) _____ Driver’s License Number _____ State _____

Business Owner Information:

Name of Owner _____

Address _____ City _____ State _____ Zipcode _____

Telephone (_____) _____ E-Mail Address _____

Business Owner is a: Natural Person Partnership Corporation Foreign Corporation

List all parties who control or own an interest in excess of five percent in such corporation or organization or who are officers of the corporation or organization (attach additional page if necessary):

<u>%</u>	<u>Name (first, middle, last)</u>	<u>Address (include city, state, zip code)</u>	<u>Phone Number</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Business Information (Maplewood location, to be licensed)

Business Name _____ DBA _____

Business Address _____

Business Phone (_____) _____ E-mail Address _____

Website _____ Opening Date _____

Federal Tax ID # _____ State Tax ID # _____

Business Type Athletic Lodging Recreational Religious Social Salon Other _____

Will the revenue generated from massage offered be greater than 15% of the business's gross revenue? Yes No

Does the Massage Center offer Outcall Service? Yes No

Have all the real estate and personal property taxes that are due & payable for the premise been paid? Yes No

If no, please indicate the years and amount that is unpaid: _____

Hours of Operation (massage service allowed from 7:00am to 9:00pm, daily):

Sunday _____ to _____ Monday _____ to _____ Tuesday _____ to _____ Wednesday _____ to _____	Thursday _____ to _____ Friday _____ to _____ Saturday _____ to _____
--	---

Business Manager Information (person who oversees day-to-day operations, must hold a Massage Therapist license)

Name _____ Date of Birth _____

Home Address _____

Phone Number (_____) _____ E-Mail Address _____

Renewal notice should be mailed to: _____

The data in this application will be used to approve your license. Upon approval of license, the information contained in this application shall be deemed public unless private by State Statute. 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 not legally required to provide this data, but the City may not be able to approve your license if you do not provide it.

I have received from the City of Maplewood a copy of Ordinance 972 (Massage Centers) and will familiarize myself with the provisions contained within it.

I declare that the information I have provided on this application is truthful and I understand that falsification of answers on this application will result in denial of the application. I authorize the City of Maplewood to investigate and make whatever inquiries necessary to verify the information provided.

Signature of Applicant _____ Date _____

Office Use Only

Approved by City Council <input type="checkbox"/> Yes <input type="checkbox"/> No	Date _____
Reviewed by City Manager or Designee _____	Date _____
Reviewed by Building Inspections _____	Date _____
Reviewed by Environmental Health Officer _____	Date _____
Reviewed by City Planner _____	Date _____
Reviewed by Fire Marshal _____	Date _____
License Fee Paid \$ _____	Date _____
Receipt No. _____	License # _____

**STATE STATUTE REQUIREMENTS:
TAX CLEARANCE**

Minnesota Statute Chapter 270C, Section 72 requires the licensing authority to provide to the Minnesota Commissioner of Revenue the 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 or renewal of your license in the event you owe Minnesota sales, employer's withholding or motor vehicle excise taxes;
2. Upon receiving this information, the licensing 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 or renewal application.**

Please supply the following information and return along with your application to the licensing authority:

Applicant's Full Name _____	Job Title _____
SSN _____ - _____ - _____	Driver's License Number _____ State _____
Business Name _____	Business Trade Name _____
Business Address _____	City _____ State _____ ZipCode _____
Federal Tax ID _____	MN State Tax ID _____

**STATE STATUTE REQUIREMENTS:
PROOF OF WORKERS' COMPENSATION**

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 in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Section 176.181, Subd. 2. The information required is: The name of the insurance company, the policy number, and dates of coverage or the permit to self-insure. This information will be collected by the licensing agency and put in their company file. It will be furnished, upon request, to the Department of Labor and Industry to check for compliance with Minnesota Statute Sec. 176.181, Subd. 2.

This information is required by law, and licenses and permits to operate a business may not be issued or renewed if it is not provided and/or is falsely reported. Furthermore, if this information is not provided and/or is falsely reported, it may result in a \$1,000 penalty assessed against the applicant by the Commissioner of the Department of labor and Industry payable to the Special Compensation Fund. Provide the information specified above in the following spaces, or certify the precise reason your business is excluded from compliance with the insurance coverage requirement for workers' compensation:

- | |
|--|
| <input type="checkbox"/> I carry Workers' Compensation Insurance
Insurance Company Name (not the name of the agent): _____
Workers' Compensation Policy Number: _____ Effective Date: _____ Expiration Date: _____ |
| <input type="checkbox"/> I am Self-Insured and have attached a copy of the permit to self-insure |
| <input type="checkbox"/> I am not required to have workers' compensation liability coverage because:
<input type="checkbox"/> I have no employees.
<input type="checkbox"/> I have employees but they are not covered by the Workers' Compensation law. (See MN Statute § 176.041 for a list of excluded employees) Explain why your employees are not covered: _____
_____ |
| <input type="checkbox"/> Other: _____ |

I have read and understand my rights and obligations with regard to business license, permits and workers' compensation coverage and I certify that the information provided is true and correct.

Signature of Applicant _____ Date _____



City of Maplewood | **Citizen Services Department**
1830 County Road B East | Maplewood, MN 55109
651-249-2005 | 651-249-2009 (fax)

**MASSAGE CENTER AND THERAPIST LICENSE
FEE SCHEDULE**

**New Business License Fees:
(First Time License Holders Only)**

Massage Center & Therapist Licenses..... \$724.00

The following is included:

- Massage Center License for one (1) location
- Therapist Licenses for up to two (2) therapists
- Background investigation for Massage Center Owner/Partner/Establishment Manager and up to two (2) Therapists

Massage Center License Fees:

Massage Center License (Initial) \$259.00

Massage Center One-Time Investigation Fee (Initial)..... \$135.00

Massage Center License (Renewal)\$259.00

Massage Therapist License Fee:

Therapist License (Initial) \$224.00

Therapist One-Time Investigation Fee (Initial)\$135.00

Therapist License (Renewal) \$224.00

Each **new** therapist is required to pay a one-time background investigation fee in addition to the Therapist license fee