



APPLICATION FOR
2020-2021 THERAPEUTIC MASSAGE ENTERPRISE LICENSE

Date: _____

Application is hereby submitted for a Therapeutic Massage Establishment License within the City of Monticello, in accordance with the Ordinance of said City regulating the same.

Enclose with the application:

- The license fee of \$100 + \$50 per Massage Therapist (a separate application must be submitted for each therapist)
- A completed and signed “background check authorization” form and copy of driver’s license
- A certificate of workers’ comp. insurance or company name & policy # _____ (if applicable)
- A certificate of liability insurance

1. **FULL** Name of Business: _____

2. **Check:** **Individual** **Corporation** **Partnership** **Other** _____

3. **Address of the Business to be Licensed:** _____

4. **Business Phone Number(s):** _____

5. **Minnesota Tax Identification No.:** _____

6. **Federal Tax Identification No.** _____

7. **Manager or Owner’s FULL Name:** _____

Last

First

MI

8. **Manager or Owner’s Date of Birth:** _____

9. **Manager or Owner’s Place of Birth:** _____

If applicant is different from Manager/Proprietor, please fill out Q’s 10 through 15

10. **Applicant’s Full Name:** _____

Last

First

MI

11. **Applicant's Phone Number:** Cell _____ Home _____
12. **Applicant's Email Address:** _____
13. **Applicant's Home Address:** _____
14. **Applicant's Date of Birth:** _____
15. **Applicant's Place of Birth:** _____
16. **Is Applicant, or has Applicant been known by a name other than the current true legal name, and if so, what name(s), when, and in what capacity or place was such a name used.**
- _____
- _____
17. **Are you a U.S. Citizen or resident alien or has the legal authority to work in the United States?**
- _____
18. **The name and street address of the business if it is to be conducted under a designation, name, or style other than the name of the applicant, and a certified copy of certificate as required by Minnesota Statutes, Section 333.02.**
- _____
- _____
- _____
19. **Applicant's Position with Company:** _____
- _____
20. **List the type, name, and location of every business or occupation Applicant has been engaged in during the preceding five years.**
- _____
- _____
- _____
21. **Does Applicant have any training or experience in performing massage services, including any certification, degrees, diplomas, or educational coursework.**
- _____
- _____
- _____
22. **Full Name of Owner of Premises:** _____
23. **Address of Owner of Premises: (If different from applicant):** _____
24. **Owners Phone Number (If different from applicant):** _____
25. **Amount of Investment (buildings, fixtures, furniture, etc):** _____

26. **If partnership, state names and addresses of all partners. Include a copy of the Partnership Agreement.**

27. **If corporation, state names, addresses and birthdates of all officers and directors. Include a copy of the Articles of Incorporation and Secretary of State's Certificate of Good Standing. Ordinance doesn't require this?**

No other persons than those named in this application have any interest in the management and control of such business.

28. **Description of services to be provided and of goods, if any, to be sold:**

29. **Business Hours of Operation:** _____

30. **Other communities where licenses are or have been held:**

31. **Has Applicant previously been denied a license to perform massage services, or had a license revoked or suspended, and, if so, the circumstances of such denial, revocation, or suspension.**

32. **List below as to whether, within the preceding five (5) years, the applicant, and/or owner of the business has been convicted of any crime relating to theft, damage or trespass to property, sale of a controlled substance, or the operation of business; the nature of any such offense and the penalty assessed.**

33. The names, residences and/or business addresses of three (3) persons, residents of the State of Minnesota of good moral character, not related to the Applicant or financially interested in the licensee's premises who may be referred as to the Applicant's character, or in the case where information is required of a manager, the manager's character.

34. Do you reside in Monticello and have your home as a base for your business:

Yes _____ No _____

DATA PRACTICES ADVISORY: *The data supplied in this application will be used to assess the qualifications for a license. This data is not legally required but the City will not be able to grant the license without it. If a license is granted, the data will constitute a public record.*

I hereby certify that the foregoing statements are true and correct to the best of my knowledge and that the giving of false information or the failure to give pertinent information constitutes cause for revocation of this permit. Further, I agree to comply with all the provisions of the ordinance under which this license is granted.

Applicant's Signature: _____

Date: _____

***Return completed application and requested information along with the fee to: Jennifer Schreiber, City Clerk,
City of Monticello, 505 Walnut Street, Monticello, MN 55362
Phone: 763-271-3204***

Make check or money order payable to "City of Monticello"

OFFICE USE ONLY

Approved by/Date

This license will expire on June 30, 2021