

City of St. Paul Park

600 Portland Avenue
St. Paul Park MN 55071
651-459-9785

THERAPEUTIC MASSAGE BUSINESS LICENSE

License Fee: \$200 per year **plus**
\$50 investigation fee per year (two hour max)
\$25/hour investigation fee exceeding two hours - \$500 maximum
License expires 12/31 of each year.

Date: _____

Business Name: _____

Business Address: _____

Business Phone: _____ Alternate Phone: _____

APPLICANT:

Applicant's Full Name: _____

Applicant's Address: _____

Applicant's Phone: _____

Please attach the following:

Floor Plan: One copy of a detailed plan of the premises

Certificate of Insurance: Current professional liability insurance coverage with a minimum of \$1,000,000 of coverage per occurrence.

Applicant Signature

Date

**PERSONAL HISTORY FORM
IN SUPPORT OF A THERAPEUTIC MASSAGE BUSINESS LICENSE**

PROPERTY OWNER:

Property Owner's Full Name: _____

Property Owner's Address: _____

Property Owner's Phone: _____

BUSINESS OWNER:

Business Owner's Full Name: _____

Business Owner's Address: _____

Business Owner's Phone: _____

LESSEE:

Lessee Full Name: _____

Lessee Address: _____

Lessee Phone: _____

MANAGER:

Manager's Full Name: _____

Manager's Address: _____

Manager's Phone: _____

APPLICANT'S REFERENCES: Please list two persons, residents of the state, who may be referred to as to the applicant's manager's, or operator's character.

1. _____
Name Address City, State, Zip

2. _____
Name Address City, State, Zip

Have you ever been convicted of a crime or offense, other than a traffic offense, within the last ten years?

No

Yes

Date

Place

Nature of such crime or offense

MANAGER'S REFERENCES: Please list two persons, residents of the state, who may be referred to as to the applicant's, manager's, or operator's character.

1. _____
Name Address City, State, Zip

2. _____
Name Address City, State, Zip

Have you ever been convicted of a crime or offense, other than a traffic offense, within the last ten years?

No

Yes

Date Place Nature of such crime or offense

OPERATOR:

Operator's Full Name: _____

Operator's Address: _____

Operator's Phone: _____

OPERATOR'S REFERENCES: Please list two persons, residents of the state, who may be referred to as to the applicant's, manager's, or operator's character.

1. _____
Name Address City, State, Zip

2. _____
Name Address City, State, Zip

Have you ever been convicted of a crime or offense, other than a traffic offense, within the last ten years?

No

Yes

Date Place Nature of such crime or offense

EMPLOYEES: *(please list additional employees on a blank paper and attach)*

Employee Name: _____

Employee Address: _____

Have you ever been convicted of a crime or offense, other than a traffic offense, within the last ten years?

No

Yes

Date Place Nature of such crime or offense

Employee Name: _____

Employee Address: _____

Have you ever been convicted of a crime or offense, other than a traffic offense, within the last ten years?

No

Yes

Date

Place

Nature of such crime or offense

Employee Name: _____

Employee Address: _____

Have you ever been convicted of a crime or offense, other than a traffic offense, within the last ten years?

No

Yes

Date

Place

Nature of such crime or offense

Per City Ordinance it shall be the obligation of the licensee to maintain the information required on a current basis and if there are any changes as to the property owner or the business owner or the lessee, the manager, operator, or any of the employees of the licensee, the licensee shall immediately certify any such changes to the City.

Applicant's Signature: _____

Subscribed and sworn to before me

This _____ day of _____, _____.

Notary Public _____

My Commission Expires: _____

(Office Use Only)

Zoning Regulations Check _____ Approved

Better Business Bureau Check _____ Approved

Building Inspection _____ Approved

Background Check _____ Approved

**CITY OF SAINT PAUL PARK
AUTHORIZATION TO COLLECT, USE AND RELEASE INFORMATION**

CONTRACTOR EMPLOYMENT LICENSING VOLUNTEER

| | | | |
|--|------------|-----------------|---------------|
| | | | |
| Last Name | First Name | Middle Name | Date of Birth |
| Street Address | City | State | Zip |
| Former Name (s) | | Alias(s) | |
| Previous Address | | | |
| Driver's License Number | State | Expiration Date | |
| PLEASE PROVIDE A FORM OF PHOTO IDENTIFICATION (i.e., Driver's License, Passport) AT TIME OF APPLICATION | | | |

I am the person named as an applicant for _____ with
(position, type of license or services)
the City of Saint Paul Park with the _____ Department.
(department)

I hereby authorize the Saint Paul Park Police Department to inspect and gather criminal history information retained by local, county, state, and federal criminal justice agencies as necessary to determine whether any convictions of a crime or moving traffic violation(s), for which a jail sentence of more than 90 days could have been imposed, directly relates to my application.

I realize I am not legally required to sign this form but, if I do not, the City of Saint Paul Park will not be able to determine my suitability as an applicant.

I understand that if I am rejected as an applicant as listed above on the basis of a criminal conviction, I will be notified in writing and will be given any rights to processing of complaints or grievances afforded by Minnesota Statute Chapter 364 (with the exception of law enforcement and fire personnel as excepted by Minnesota Statute Chapter 364.09). I understand that information prepared by the Saint Paul Park Police Department about me is private data; that is, it may be released only pursuant to the statutory provisions of Minnesota Statute Chapter 13.

Signature

Date

If under the age 18, parent (legal guardian) signature required:

Parent (Legal Guardian) Signature

Date

This release shall be valid for one year after the date of signing, but may be revoked at any time by the applicant. Copies of this release shall be as effective as the original.

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**CERTIFICATE OF COMPLIANCE
DEPARTMENT OF REVENUE INFORMATION**

Pursuant to Minnesota Statute 270.72 Tax Clearance; Issuance of Licenses, the licensing authority is required to provide to the Minnesota Commissioner of Revenue your Minnesota business tax identification number or the social security number of each license applicant (person signing the application).

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 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.

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

| | |
|---|-------------------|
| Type of License: | |
| Applicant's Name: | |
| Applicant's Address: | City, State, Zip |
| Applicant's Phone Number: | |
| Business Name: | |
| Business Address: | City, State, Zip |
| MN Tax ID # OR Social Security Number: | Federal Tax ID #: |
| If a Minnesota Tax ID number is not required, please explain: | |
| Signature: | Date: |



Certificate of Compliance Minnesota Workers' Compensation Law

This form must be completed by the business license applicant.

Print in ink or type

Minnesota Statutes § 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 Minn. Stat. chapter 176. 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.

A valid workers' compensation policy must be kept in effect at all times by employers as required by law.

| | | | |
|--|---------------------------|----------------------------|----------|
| License or certificate number (if applicable) | Business telephone number | Alternate telephone number | |
| Business name (Provide the legal name of the business entity. If the business is a sole proprietor or partnership, provide the owner's name(s), for example John Doe, or John Doe and Jane Doe.) | | | |
| DBA ("doing business as" or "also known as" an assumed name), if applicable | | | |
| Business address (must be physical street address, no P.O. boxes) | City | State | ZIP code |
| County | Email address | | |

You must complete number 1 or 2 below.

Note: You must resubmit this form to the authority issuing your license if any of the information you have provided changes.

1. **I have a workers' compensation insurance policy.**

Insurance company name (not the insurance agent)

| | | |
|---------------|----------------|-----------------|
| Policy number | Effective date | Expiration date |
|---------------|----------------|-----------------|

I am self-insured for workers' compensation. (Attach a copy of the authorization to self-insure from the Minnesota Department of Commerce; see <https://mn.gov/commerce/industries/insurance/licensing/self-insurance>.)

2. **I am not required to have workers' compensation insurance because:**

- I only use independent contractors and do not have employees. (See [Minn. Stat. § 176.043](#) for trucking and messenger courier industries; [Minn. Stat. § 181.723, subd. 4](#), for building construction; and [Minnesota Rules chapter 5224](#) for other industries.)
- I do not use independent contractors and have no employees. (See [Minn. Stat. § 176.011, subd. 9](#), for the definition of an employee.)
- I use independent contractors and I have employees who are not required to be covered by the workers' compensation law. (Explain below.)
- I only have employees who are not required to be covered by the workers' compensation law. (Explain below.) (See [Minn. Stat. § 176.041](#) for a list of excluded employees.)

Explain why your employees are not required to be covered

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

Print name

| | | |
|--------------------------------|-------|------|
| Applicant signature (required) | Title | Date |
|--------------------------------|-------|------|

If you have questions about completing this form or to request this form in Braille, large print or audio.

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Minnesota Government Data Practices Act – Chapter 13
“Tennesen Warning”

Data is requested from the applicant on various forms. The purpose and intended use of the requested data is to verify the applicant meets all state statute and city code provisions and, if the license or permit is approved, to verify that all required data remains current.

The following data collected, created, or maintained is classified under the Minnesota Government Data Practices Act as Private data **until license approval** when the data becomes **Public**: (13.41, Subd. 5).

1. Data submitted by applicants (including name, email, telephone numbers, and addresses).
2. Orders for hearing and findings of fact.
3. Conclusions of law and specification of the final disciplinary action contained in the record of the disciplinary action.
4. Entire record concerning the disciplinary proceeding.
5. License numbers.
6. License status.

The following data collected, created, or maintained is classified under the Act as private and/or confidential data (Minn. Stat. 13.41, Subd. 2):

1. Active investigative data relating to complaints against any license.
2. The identity of complainants who have made reports concerning licenses or applicants which appear in inactive complaint data unless the complainant consents to disclosure.
3. The information related to unsubstantiated complaints when it is not maintained in anticipation of legal action.
4. Inactive investigative data relating to violations of statutes of rules.
5. Record of disciplinary proceedings, except as limited by the provisions above.
6. Trade secrets, as defined under Minnesota law.
7. Sensitive security and safety information.
8. Social Security number, MN Business Identification Number, and Driver’s License Number
9. Disability Information

Under law, private data may be shared with licensing and inspection employees, approval authorities insurance providers, law enforcement employees, contracted inspection officials, as required by court order and City officials who have a bona fide need for it. The City of St. Paul Park may make any data classified as private or confidential accessible to an appropriate person or agency if the license agency determines that failure to make the data accessible is likely to create a clear and present danger to public health or safety.

We ask that you complete or provide all data requested on the application form(s) unless we have noted that it is not required. Refusal to supply required information may mean that your application cannot be processed.

I READ AND UNDERSTAND THE ABOVE INFORMATION REGARDING MY RIGHTS AS A SUBJECT OF GOVERNMENT DATA.

Signature of Applicant

Date