



HEALTH & INSPECTIONS DEPARTMENT
Environmental Health
400 2nd Street South
St. Cloud MN 56301
Phone (320) 255-7214 Fax (320) 650-3145
www.ci.stcloud.mn.us

Massage Establishment License:

Please insure you have all the required items before submitting application

REQUIREMENTS CHECKLIST:

_____ Completed Application

_____ Initial plan review and investigation fee (see below for fees)

Number of massage therapists:	Fee:
1-3.....	\$300.00
4-10	\$400.00
More than 10	\$500.00

_____ PERSON HISTORY FORM and CONSENT TO RELEASE PRIVATE DATA FORM for all applicants, owners, managers, and others having a financial interest in this establishment

_____ Workers Compensation Coverage Form

_____ Evidence of Legal Work Status in United States

_____ Current Valid State or United States Government issued ID

_____ Proof of Insurance

_____ Copies of partnership agreement or certificate of incorporation

_____ Photocopy of driver license or identification card for all applicants, owners, managers, and others having a financial interest in this establishment



Massage Establishment License Application

Health & Inspections Department

Environmental Health

400 2nd Street South / St/ Cloud MN 56301

Phone: (320) 255-7214 / Fax: 320) 650-3145 / www.ci.stcloud.mn.us

Government data practices act-Tennessee warning: The data you supply on this form will be used to process the license you are applying for. You are not legally required to provide this date, but we will not be able to process the license without it. The data will constitute a public record if and when the license is greater.

Processing the application can take (amount) days or longer. You may not operate the massage enterprise business until the license has been issued. Violating city ordinance is grounds for denial.

Part I – General

Establishment Name: _____

Establishment Address: _____
Street City State Zip Code

Business Contact: _____ Title: _____

Phone _____ Email: _____

On-Site Manager or Agent's Name: _____ Phone: _____

Home Address: _____
Street City State Zip Code

Tax ID or Social Security Number: _____

Provide the legal description of the premise to be licensed. If the premise is being remodeled, under construction, or undergoing substantial alterations, the application shall be accompanied by a set of preliminary plans showing the design of the proposed premises to be licensed. If the plans for design are already on file with the City's Building Inspections Division, no plans need to be submitted.

Office use only

Date: _____ Receipt: _____ Amount Received: _____

Received by: _____ Method: Check Credit/Debit Card Cash

Date License approved by Council: _____ TRAKit Code: _____

Section 1: Applicant

A "PERSONAL HISTORY FORM" AND "CONSENT TO RELEASE PRIVATE DATA FORM" MUST BE COMPLETED FOR THE APPLICANT

Applicant's Relationship to Business: _____

Individual *If applicable, complete this question and a Part II Personal History form.*

Name _____ Maiden name _____
Last First Full middle

Residence address _____
Street City County State Zip

Residence phone (_____) _____ Business phone (_____) _____

Business address _____
Street City County State Zip

Section 2: Other Business Information

Type of Business: Sole Proprietorship Partnership Cooperation LLC Other _____

List all owners, businesses, partnerships, cooperation and LLC owners and all other individuals having a financial interest in this establishment. Do not list massage therapists in this section unless they have a financial interest in the establishment, other than their employment. Attach additional pages as needed.

A "PERSONAL HISTORY FORM" AND "CONSENT TO RELEASE PRIVATE DATA FORM" MUST BE COMPLETED FOR ALL LISTED IN THIS SECTION

Full name _____
Last First Full middle Maiden name

Residence _____ Phone (_____) _____
Street City State Zip

Business _____ Phone (_____) _____
Street City State Zip

Email _____

Relationship to business _____

Full name _____
Last First Full middle Maiden name

Residence _____ Phone (_____) _____
Street City State Zip

Business _____ Phone (_____) _____
Street City State Zip

Email _____

Relationship to business _____

Full name _____
Last First Full middle Maiden name

Residence _____ Phone (_____) _____
Street City State Zip

Business _____ Phone (_____) _____
Street City State Zip

Email _____

Relationship to business _____

Full name _____
Last First Full middle Maiden name

Residence _____ Phone (_____) _____
Street City State Zip

Business _____ Phone (_____) _____
Street City State Zip

Email _____

Relationship to business _____

Full name _____
Last First Full middle Maiden name

Residence _____ Phone (_____) _____
Street City State Zip

Business _____ Phone (_____) _____
Street City State Zip

Email _____

Relationship to business _____

Full name _____
Last First Full middle Maiden name

Residence _____ Phone (_____) _____
Street City State Zip

Business _____ Phone (_____) _____
Street City State Zip

Email _____

Relationship to business _____

- 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*.
 3. Certificate of Assumed Name.

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Personal History

To be filled out by the sole owner, each general and managing partner, each officer or director, each general manager, proprietor, manager or any other individual or agent in charge of the licensed premises and by each person who by combined ownership or control has an interest in excess of 5 percent. *Please use additional paper if needed.*

Establishment Name: _____

Establishment Address: _____
Street City State Zip Code

Full name _____
Last First Full middle Maiden name

Position _____

Residence _____ Phone (_____) _____
Street City State Zip

Height _____ Weight _____ Color of hair _____ Color of eyes _____

Place of birth _____ Date of birth _____

Proof of Identification: _____ Driver's License _____ Military ID _____ Passport _____ Other

Have you ever used/been known by a name other than your true name? _____ Yes _____ No

If yes, list the name(s) and any information concerning the date(s) and place(s) where used.

Are you a U.S Citizen? *If yes, but birthplace was not in the U.S., please provide a Certificate of Naturalization, Certificate of citizenship or current passport.* _____ Yes _____ No
If no, present proof of immigration/employment status.

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

**List the addresses and dates at which you have lived during the preceding 10 years.
Attach additional pages as needed.**

Address	Dates
Address	Dates
Address	Dates
Address	Dates
Address	Dates

List the type, name, location and dates of every business or occupation you have engaged in during the preceding ten (10) years. Attach additional pages as needed.

Type	Name	Location	Dates
Type	Name	Location	Dates
Type	Name	Location	Dates
Type	Name	Location	Dates
Type	Name	Location	Dates

Have you ever had a massage therapist or massage establishment license in the City of St. Cloud?

Yes No If yes, please list and

Name	License #	Date
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Have you ever had a massage therapist or massage establishment license in any other city or state?

Yes No

If yes, please provide details.

Name	City/State	License #	Phone#
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Name	City/State	License #	Phone#
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Are you currently licensed to perform massage therapy in other communities? ____Yes ____No

If yes, list the name(s) and any information concerning the date(s) and place(s) where used.

List the establishments in which you have engaged in the operation of massage services.

Name	Location	Dates
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Name	Location	Dates
------	----------	-------

Name	Location	Dates
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Name	Location	Dates
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Name	Location	Dates
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Have you ever had a massage therapist or massage enterprise license denied, suspended or revoked within the preceding ten (10) years? ____Yes ____No

If yes, please provide details and additional sheets if needed:

License number	City	State	Duration
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License number	City	State	Duration
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License number	City	State	Duration
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Have you ever been arrested, charged or convicted of any crime, or violation of any ordinance other than a minor traffic offense? ____ Yes ____ No

If yes, please provide details additional sheets if needed:

Date(s)	Time	Location	Offense
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Date(s)	Time	Location	Offense
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Date(s)	Time	Location	Offense
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The data on this form will be used to approve your license. Some requested data is private. 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 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 falsification of the application, including failure to reveal a criminal conviction, constitutes grounds for denial of the license.

The information I have provided on this application is truthful. I authorize the City of ST. Cloud 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: _____ **Date:** _____

Printed Name : _____

