



Office of the City Clerk
11155 Robinson Drive
Coon Rapids MN 55433-3761
763-767-6432

APPLICATION FORM FOR
THERAPEUTIC MASSAGE ENTERPRISE

Dear Applicant:

Thank you for your interest in obtaining a therapeutic massage enterprise license in Coon Rapids. All application materials must be completed and fees paid before your application will be processed. Upon receipt of your completed application, the Police Department will conduct an investigation.

After the investigation is completed, the application and background investigation will be reviewed by the City Clerk and forwarded to the City Council with a recommendation to approve or deny the application. Depending on the length of the investigation and review, the process may take up to ninety (90) business days to complete.

Attached are the forms you will need to complete. A copy of the City Code regarding therapeutic massage (5-2900) and general licensing provisions (5-100) is also provided.

The 2012 fee for a Therapeutic Massage Enterprise license is \$310 annually and may be pro-rated monthly. There is a non-refundable investigation fee of \$385 for a new therapeutic massage enterprise license. All fees are due when the application is submitted. Checks should be made payable to City of Coon Rapids. In the event a license is denied, the license fee will be refunded.

Massage Enterprise - Home Occupation requires Conditional Use Permit (CUP) approval by the Planning Commission and by Council. Application forms and fee schedules are available from the Planning Department. If you have questions regarding the CUP process you may call the Planning Department at 763-767-6430.

If you have questions about the forms, regulations or the process, you may contact this office at 763-767-6432.

Kris Linqvist, CMC
Deputy City Clerk



For Office Use Only
 License No. _____
 Receipt _____
 Paid: _____
 Photo ID _____

**LICENSE APPLICATION
 THERAPEUTIC MASSAGE ENTERPRISE**

Investigation Fee \$385
 Annual License Fee: \$310

 Name of Business

 Address of Business

Zoning of Property: _____ Staff Approval: _____

If the business is to be conducted under a designated name or style other than the full individual name of the applicant, attach a copy of the certification required by MSA Chapter 333 and certified by the Clerk of District Court.

(Certain zoning may require approval of a Conditional Use Permit from the Planning Commission)

SECTION I – to be completed by ALL applicants, partners

 Applicant's First Middle Last Name Date of Birth Place of Birth

 Street Address Bus. Telephone Home Telephone

 City State Zip Code U. S. Citizen? Yes; No

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

If yes, what was such name or names and any information concerning dates and places where used:

 List street addresses at which you have lived during the preceding five (5) years: _____

List the names and addresses of your employers and partners, if any, for the preceding five (5) years:

Attached is a photocopy of my current driver's license or other state issued identification card.

SECTION II - PARTNERSHIP

List names, addresses and designation of all general and limited partners below:

| Name | Address | Designation | % Interest |
|------|---------|-------------|------------|
| | | | |
| | | | |
| | | | |

(Each partner must complete an individual Section I)

Section II - Partnership cont.

- Copy of the Partnership Agreement and Certificate of Trade Name, if required, is attached.

Name Managing Partner

Business Telephone

Home Telephone

SECTION III - CORPORATION or OTHER ORGANIZATION - complete this section:

Name of Corporation

State in Which Incorporated

Name of Manager or Proprietor

Business Telephone

Home Telephone

(NOTE: Manager/Proprietor must also complete an individual Section I).

- Copies of the Certificate of Incorporation, Articles of Incorporation or Association Agreement, and Bylaws of the organization and if the applicant is a foreign corporation, a state Certificate of Authority is attached.

List all parties who control or own an interest in excess of five (5) percent in such corporation or organization:

| Name | Address | Designation | % Interest |
|------|---------|-------------|------------|
| | | | |
| | | | |
| | | | |
| | | | |

(Each person listed above must complete an individual Section I.)

- If applicant is a non-profit corporation, a list of all members of such corporation is attached.

SECTION IV - to be completed by ALL applicants, partners and managers/proprietors

List business names and complete addresses where you currently hold or have previously held a license to operate a massage enterprise:

List all employee names and addresses who will be licensed and working in this establishment:

| Name | Address |
|------|---------|
| | |
| | |
| | |
| | |
| | |

Section IV - cont.

Have you previously been denied a massage license or ever had a license revoked in any jurisdiction?

Yes No If yes, list business name, complete address and circumstances: _____

- Attached are affidavits from two (2) residents of the metropolitan area who are of good moral character, not related to you and do not have a financial interest in the premises or business as references to your character. (See attached forms)***

Description and Location of Premises:

(If premises are not constructed and furnished at this time, include detailed plans of the premises and furnishings)

List all types of equipment to be used in the business:

List full name, address, telephone number and the nature of the interest, amount thereof, terms for payment or other reimbursement, of all persons, other than the applicant, who have any financial interest in the business, buildings, premises, fixtures, furniture, or stock in trade. This shall include, but not be limited to, any lessees, mortgagees, mortgagors, lenders, lien holders, trustees, trustors and persons who have co-signed notes or otherwise loaned, pledged, or extended security for any indebtedness of the applicant.

| Name | Address | Telephone | Nature of Interest | Amount | Payment Terms |
|------|---------|-----------|--------------------|--------|---------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Are any real estate taxes, personal property taxes, special assessments, or other financial claims of the City of Coon Rapids delinquent or unpaid for the premises to be licensed?

Yes No If yes, give details: _____

Date

Signature of Applicant

**MINNESOTA WORKERS' COMPENSATION LIABILITY
CERTIFICATE OF COMPLIANCE**

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 an activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Chapter 176.181. 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 retained in their files.

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 or falsely stated, it may result in a \$2,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry.

Insurance Company Name: _____ Phone # _____
(**NOT** the insurance agent)

Policy Number: _____ Dates of Coverage: _____ to _____

(OR)

I am not required to have workers' compensation liability coverage because:

- I have no employees.
- I am self-insured (include permit to self insure).
- I have no employees who are covered by the worker's compensation law (these include: Spouse, Parents, Children and certain farm employees).

* * * * *

Name: _____
(last, first, middle)

Doing Business As: _____
(business name if different than your name)

Business Address: _____

I certify that the information provided above is accurate and complete and that a valid workers' compensation policy will be kept in effect at all times as required by law.

Signature: _____ Date: _____

City, State, Zip: _____ Phone: () _____ - _____

AUTHORIZATION OF RELEASE OF DATA

In order to comply with State and Federal Data Privacy Acts, the City of Coon Rapids is required to ask the following information. This authorization expires one year from date of application.

PLEASE PRINT:

| | | | |
|------------------------------|--------|-------|--------------------------|
| _____ | _____ | _____ | _____ |
| Full First | Middle | Last | Driver's License Number |
| _____ | | | _____ |
| Home Street Address | | | Date of Birth (MM/DD/YY) |
| _____ | _____ | _____ | _____ |
| City | State | Zip | Day Telephone Number |
| _____ | | | _____ |
| Organization Associated With | | | Evening Telephone |

Have you ever been convicted of any crime, either felony or misdemeanor? Yes; No. If yes, state nature and location of offense(s): _____

Have you ever been convicted of any traffic offense? If yes, state nature and location of offense(s): _____

I, the undersigned, have made a license application with the City of Coon Rapids. Realizing the City has need to investigate my background and history in order to better evaluate my application, I hereby authorize and request every law enforcement official and every other person, firm, officer, corporation, association, organization or institution having control of any documents, records or other information pertaining to me to furnish the original or copies of any such documents, records and other information to the City, and to permit said City or any of its representatives to inspect and make copies of any such documents, records and other information. I further authorize any such persons to answer any inquiries, questions or interrogatories concerning the undersigned which may be submitted to them by the City or its authorized representative. I fully understand that the information so obtained by the City may be used in the evaluation of my application.

I hereby release and exonerate any person who shall comply with the authorization and request made herein from any and all liability of every nature and kind growing out of and in any ways pertaining to the furnishing or inspection of such documents, records or other information.

I am a resident of the State of Minnesota. Yes; No

If not a Minnesota resident, I authorize the appropriate authorities to conduct a background investigation in the state of residence listed on the valid identification card provided as part of this application.

| | |
|-------|-----------|
| _____ | _____ |
| Date | Signature |



SUPPLEMENTAL INVESTIGATION INFORMATION

Print Full Name

Date of Birth

The following information is necessary for the Police Department to properly identify the applicant for purposes of the required background investigation. This information will be retained only by the Police Department as required by law and will not be included in any investigative report submitted to the City Council and will not become a part of the public record or released to the public except as authorized by law.

Sex: Male; Female

Race: _____

CITY OF COON RAPIDS

**AFFIDAVIT OF GOOD CHARACTER
IN SUPPORT OF THERAPEUTIC MASSAGE ENTERPRISE APPLICATION**

(1 of 2)

Re: _____

AFFIDAVIT

I am personally acquainted with, and am not a relative of, the above-referenced applicant for a Coon Rapids license.

I have known the applicant personally and have observed his/her conduct for the past five years, and vouch for his/her sobriety, honesty and general good character as a reputable citizen.

I certify the foregoing statement is true to the best of my knowledge and belief.

Signature of Affiant

Date

Printed Name of Affiant

Street Address

City, State, Zip

Business Telephone

Home Telephone

CITY OF COON RAPIDS

**AFFIDAVIT OF GOOD CHARACTER
IN SUPPORT OF THERAPEUTIC MASSAGE ENTERPRISE APPLICATION**

(2 of 2)

Re: _____

AFFIDAVIT

I am personally acquainted with, and am not a relative of, the above-referenced applicant for a Coon Rapids license.

I have known the applicant personally and have observed his/her conduct for the past five years, and vouch for his/her sobriety, honesty and general good character as a reputable citizen.

I certify the foregoing statement is true to the best of my knowledge and belief.

Signature of Affiant

Date

Printed Name of Affiant

Street Address

City, State, Zip

Business Telephone

Home Telephone