

200 Civic Heights Circle  
Circle Pines, MN 55014  
Phone: 763-784-5898  
cityhall@circlepinesmn.gov  
www.circlepinesmn.gov



**For Office Use:**

Application Fee \$ \_\_\_\_\_  
Investigation Fee \$ \_\_\_\_\_  
Date Paid: \_\_\_\_\_  
License No: \_\_\_\_\_  
Accepted By: \_\_\_\_\_

**Application Type: Massage Business License**

- Massage Establishment:** Owner-operator massage therapist w/ employee(s)
- Massage Establishment/Parlor:** Owner-operator massage therapist w/ independent contractor(s)
- Massage Therapist-Premise:** Owner-operator massage therapist; no employee or contractor
- Massage Services:** The owner does not practice massage; all massage therapists are employees

**INITIAL:** Application Fee \$150 | Background Investigation Fee \$100

**RENEWAL:** Application Fee \$100 | Background Investigation Fee \$50

*The business owner or designated representative should complete pages 1 – 4 of this license application, and the business owner must complete and sign pages 5 – 7.*

**Business Information:**

**Legal Structure:**  Sole Proprietorship  Partnership  Corporation  Other Organization

**Business Name:** \_\_\_\_\_ **DBA:** \_\_\_\_\_

**Attach:** *If the business is to be operated under a name or designation other than the name of the applicant, attach a certified copy of the circuit kit required by Minnesota State Statutes 333.01 and 333.02.*

**Business Phone:** \_\_\_\_\_ **Business Email:** \_\_\_\_\_

**MN Business Tax ID No.** (per Minnesota § 270C.72.): \_\_\_\_\_ (SS# or FEIN# next page)

**Physical Address:** \_\_\_\_\_  
Street City State Zip Code

**Mailing Address:** \_\_\_\_\_  
Street City State Zip Code

**Designated on-site manager/officer in charge of the licensed premise.** *(The on-site manager is responsible for the conduct of the licensed premises and its operation and serves as an agent for service of notice for this and other processes relating to the license).*

Name: \_\_\_\_\_  
Last Middle First (Maiden Name)

*For additional managers or agents, attach a separate sheet.*

The premises for which the business is located:

**Owned** or  **Leased** If leased, please attach a copy of the lease agreement.

Legal Description of Property Being Used: \_\_\_\_\_

**Lessee Information:** (if applicable)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

**Business Owner Information:** (this must be the business owner's information)

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Last Middle First (Maiden)

SS# or FEIN#: \_\_\_\_\_ DL #: \_\_\_\_\_ State of Issue: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
mm/dd/yyyy City State Country

Phone: \_\_\_\_\_ Ext.: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

1. Have you ever used or been known by any other name(s) other than the legal name given?

Yes  No **If yes**, please list such names and include the name(s), place(s), and date(s) used:

Name: \_\_\_\_\_ Place: \_\_\_\_\_ Date: \_\_\_\_\_

2. Are you a US citizen or legally permitted to be in the US?  Yes  No

**If yes**, but the birthplace was not in the US, please provide one of the following:

**Certificate of Naturalization**  **Citizenship Certificate**  **Passport**

**If no**, present proof of immigration/employment status.

3. Are you a resident of the state of Minnesota?  Yes  No

4. Has the applicant applied for a massage therapy business license which was denied?

Yes  No **If yes**, provide the date, place, and explanation.

Date: \_\_\_\_\_ Place: \_\_\_\_\_ Explanation: \_\_\_\_\_

Date: \_\_\_\_\_ Place: \_\_\_\_\_ Explanation: \_\_\_\_\_

5. Has the applicant, manager/officer, or owner ever had a massage therapy business license suspended or revoked within the last 10 years?

Yes  No **If yes**, provide the date, place, and explanation.

Date: \_\_\_\_\_ Place: \_\_\_\_\_ Explanation: \_\_\_\_\_

6. Has the applicant, manager/officer, or owner ever been convicted of or charged with a felony, crime, or violation of any ordinance other than a minor traffic violation?

Yes  No **If yes**, provide the date, place, and nature of the offense(s).

Date: \_\_\_\_\_ Place: \_\_\_\_\_ Offense(s): \_\_\_\_\_

7. Does the applicant, manager/officer, or owner have any previous or current professional licenses or license applications from a jurisdiction other than the City of Circle Pines?

Yes  No **If yes**, provide the following information.

Type of License or Application \_\_\_\_\_ License:  Granted or  Denied

Status: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

*If there are other licenses or applications, please indicate them on a separate paper sheet and attach them to the application.*

**References:** (3 Required)

1) \_\_\_\_\_  
Full Name Phone No.

\_\_\_\_\_  
Street City State Zip Code

2) \_\_\_\_\_  
Full Name Phone No.

\_\_\_\_\_  
Street City State Zip Code

3) \_\_\_\_\_  
Full Name Phone No.

\_\_\_\_\_  
Street City State Zip Code

**Please List:** the names of all other practicing massage therapists within the establishment. *(if applicable)*

Last \_\_\_\_\_ (Maiden) \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Last \_\_\_\_\_ (Maiden) \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Last \_\_\_\_\_ (Maiden) \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

*For additional therapists, attach a separate sheet*

## **Required Documents to be Submitted with Application:**

- (1) Name and addresses of creditors of applicant, owner, lessee, or manager regarding credit which has been extended to construct, equip, maintain, operate, furnish, or acquire the premises, personal effects, equipment, or anything incident to the establishment, maintenance, and operation of the massage parlor or massage establishment.
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*Please include a separate sheet of paper, with additional information, if more space is required.*

- (2) You are required to produce one of the following means of identification when filling out this application: (The city will make a copy of this document and attach it to your application).
- Valid Driver's License or Identification Card    Valid Passport    Valid Military ID card
- (3) If the application is made on behalf of a corporation, joint business venture, partnership, or any legally constituted business association, it shall submit, along with its application, accurate and complete business records showing the names and addresses of all individuals having an interest in the business, including partners, officers, owners, managers, members of the board of directors and creditors furnishing credit for the establishment, acquisition, maintenance and furnishings of the business, including the purchase or acquisition of any items of personal property for the use of the operation.
- (4) Applicant should also submit accurate documentation establishing the interest of the applicant and any other person having an interest in the premises upon or in which the business is proposed to be located, in the form of a lease, deed, contract for deed, mortgage date, mortgage credit arrangement, loan arrangements, security agreements and any other documents establishing the interests of the applicant or any other person in the operation, acquisition or maintenance of the enterprise offering massage.
- (5) Applicants must provide a copy of their **current general liability insurance policy**, and the policy must maintain a provision that the insurer shall notify the city of any change to the policy, notice of nonpayment, or notice of cancellation.
- (6) Workers' Compensation Company Policy Number Dates of Coverage -----Or----- I certify that I am not required to carry workers compensation insurance because I am self-insured. I am the sole proprietor, and I have no employees. I have no employees who are covered by workers' compensation law. Only employees who are specifically exempted by statute are not covered by the workers' compensation law. These include spouses, parents, and children regardless of age. All other workers whose work is controllable by the employer must be covered.

Please check this box if you have no employees.

I have no employees

- (7) **New applicants only:** Please provide a copy of your education credentials. (transcript, certificate, etc.)

## Notice and Notarized Signature

I \_\_\_\_\_, hereby acknowledge, that I have received and/or reviewed **Section 308 of the Circle Pines City Code**, Regulating Commercial Sauna and Massage Services, and am familiar with the provisions thereof.

The information requested on this form will be used by the City of Circle Pines to approve or deny the applicant's massage license application. The information I have provided on this application is truthful. I understand that the falsification or misrepresentation of information submitted with my application constitutes grounds for denial of the license. I authorize the City of Circle Pines to verify all the information requested on this application, including the ordering of background checks, and to conduct any necessary investigation to ensure this application complies with cities licensing and zoning ordinances.

The information supplied on this form will become public information when received by the City of Circle Pines. Under Minnesota law (**Minnesota Statute 270.72**), the city may be required to provide the business tax identification number and/or Social Security number of each applicant to the Minnesota Commissioner of Revenue.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
(Notary Public/City Clerk)



(seal)

**City of Circle Pines  
Application for License  
Data Practices Advisory**

In accordance with the Minnesota Government Data Practices Act, the City of Circle Pines is required to inform you of your rights as they pertain to the private information collected from you. Private data is information that is available to you, but not to the public. Public data is available to anyone. All data pertaining to the application for a license is classified as private data on individuals while the application is being processed. Once an application has been acted on, all data on it becomes public.

The information collected from you, other agencies, or individuals authorized by you is used to determine your eligibility to obtain a license. You are not required to provide the information requested on the application forms; however, this information is vital to determine your eligibility to obtain a license. Failure to provide this information could result in the denial of your application.

The dissemination and use of private data collected is limited to what is necessary to determine your eligibility to obtain a license. Persons or agencies to which this information may be disseminated include but are not limited to:

- 1. Centennial Lakes Police Department
- 2. Anoka County Sheriff's Department
- 3. Minnesota Bureau of Criminal Apprehension
- 4. The National Crime Information Center
- 5. Other agencies or individuals that may provide information relevant to determining your suitability to obtain a license.

Unless otherwise authorized by state statute or federal law, other governmental agencies utilizing the private data must also treat information as private.

I have read and understood the information above regarding my rights as a subject of government data.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**City Circle Pines  
Massage Therapy License  
Verification Release Form**

General Authorization and Release Background Reference and Verification

I, \_\_\_\_\_, hereby authorize and grant my informed consent to permit you to release and make available to the City of Circle Pines and/or its agents and/or representatives, data classified as private that concerns me, and which may be in your possession. The data that I authorize to be released consists of private data, as defined by Minnesota Statute 13.02, Subd.4, and has been collected by you as a result of my contacts and associations with you and/or your agents and representatives. The information for which release is authorized is any information that has been retained or disseminated in whatever form that is in any way related to my dealings with you or your agency.

I understand that the purpose of permitting the City of Circle Pines to have access to this information is to determine my eligibility for a massage therapy business and/or massage therapist license with the city, including verification of my records and analysis by personnel of the city who may review my license application.

This authorization shall be valid for a period of 45 days from the date of signature indicated below. However, I reserve the right, at any time prior to the expiration, to cancel the written authorization by providing written notice to the City of Circle Pines or you of that fact.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
(Notary Public)



(seal)