



## **Massage Enterprise:**

**Please insure you have all the required items before submitting application.**

- **Owner MUST submit the application to the City IN PERSON to verify ID and all pertaining information. Thank you.**

### **REQUIREMENTS CHECKLIST:**

- \_\_\_\_\_ Completed Application
- \_\_\_\_\_ License Fee - \$200 per year
- \_\_\_\_\_ Background Check Fee - \$200.00 for each owner, partner and officer
- \_\_\_\_\_ Background Release Form for each owner, partner and officer
- \_\_\_\_\_ Workers Compensation Coverage Form
- \_\_\_\_\_ Minnesota Tax Identification/SS Number Form
- \_\_\_\_\_ List of all massage therapist that will be working at your enterprise.
  - For each therapist please include:
    - 1) Full name
    - 2) Date of birth
    - 3) Brooklyn Park license number
- \_\_\_\_\_ Evidence of Legal Work Status in United States
- \_\_\_\_\_ Current Valid State or United States Government issued ID
- \_\_\_\_\_ Proof of Insurance
  - (at least \$1,000,000 for professional liability in the practice of massage)
- \_\_\_\_\_ License fees are not transferable or refundable
- \_\_\_\_\_ License Period April 1<sup>st</sup> – March 31<sup>st</sup>



# Massage Enterprise License Application

Community Development Department

Rental & Business Licensing Division

5200 85<sup>th</sup> Avenue North / Brooklyn Park, MN 55443

Phone: (763) 493-8182 / Fax: (763) 493 8171 [www.brooklynpark.org](http://www.brooklynpark.org)

City Use Only: Approved \_\_\_\_\_

Fee \$ \_\_\_\_\_

License # \_\_\_\_\_

The following information is required. **Business owner must be present at the time applications are submitted to the City. Proof of identification (government issued valid current photo ID only) must be presented at the time of application.**

- Processing the application can take 30 days or longer. You **may not** operate the massage enterprise business until the license has been issued. Violating city ordinance is grounds for denial.

### **ENTERPRISE INFORMATION:**

The undersigned hereby makes application to the City of Brooklyn Park, Hennepin County Minnesota, for license subject to the laws of the State of Minnesota and the City of Brooklyn Park. Providing false or misleading information is grounds for denial and no license will be issued.

The following information is required. This information will be used to determine eligibility for applicants applying for a Massage Enterprise License with the City of Brooklyn Park. **Incomplete applications will not be accepted.**

Massage Business Name: \_\_\_\_\_

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

Business Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_  
Name Phone Number

Manager's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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.

\_\_\_\_\_  
\_\_\_\_\_

**OWNER INFORMATION:** Check one:  LLC  Corporation  Individual

***\*\*If not an individual, attach a list of names, addresses, phone numbers and percent of interest of each.***

Owner's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

SSN #: \_\_\_\_\_ Email: \_\_\_\_\_

**Proof of Identification:** \_\_\_\_\_ Driver's License \_\_\_\_\_ Military ID \_\_\_\_\_ Passport \_\_\_\_\_ Other

**Does the owner have legal work status in the United States?** \_\_\_\_\_ Yes \_\_\_\_\_ No

**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.

**List all the names, addresses & phone #'s of the massage businesses you've worked for or owned in the last 5 (five) years.**

Name	Address	Phone

**List the names, addresses & phone #'s of all your business partners or associates for the past 5 years.**

Name	Address	Phone

**Have you ever had a massage therapist or massage enterprise license in the City of Brooklyn Park?**  
\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please list and use additional paper if needed.

Name	License #	Date	Name	License #	Date

**Have you ever had a massage therapist or massage enterprise license in any other city or state?**  
\_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, please provide details.

Name	City/State	License #	Phone#

**Have you ever had a massage therapist or massage enterprise license denied, suspended or revoked within the last five (5) years?** \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, please provide details and additional sheets if needed

License #	City/State:	Duration:	Phone#

**Have you ever received a citation or been arrested for practicing massage without a license or working in an unlicensed massage business?**

\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please provide details:

\_\_\_\_\_  
Type of Crime: City/State: Date: Name of business:

\_\_\_\_\_  
Type of Crime: City/State: Date: Name of business:

**Have you ever been arrested or received a citation of any other type of crime?**

\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please provide details:

\_\_\_\_\_  
Type of Crime: City State: Date:

\_\_\_\_\_  
Type of Crime: City State: Date:

**Provide a list of all massage therapists that will be working at your enterprise and proof they are all licensed by the City of Brooklyn Park. Please include: full name, date of birth and license number for each therapist.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant agrees to comply with all laws, ordinances or regulations applicable whether they are federal, state, county or municipal. The undersigned declares that the information provided in this license application is truthful and authorizes the City of Brooklyn Park to investigate the information provided.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Payment:  Visa  MasterCard  Discover  Check  Cash

Card Number: \_\_\_\_\_

Security Code (three digit number on back of card) \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

**GOVERNMENT DATA PRACTICES ACT – TENNESSON 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 data, 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 granted.

# REQUEST, AUTHORIZATION, CONSENT AND RELEASE FOR BACKGROUND INFORMATION

PLEASE TYPE OR PRINT

I: \_\_\_\_\_  
LAST NAME FIRST NAME MIDDLE NAME (PLEASE INCLUDE Jr., Sr., II, III Etc.)

Have carefully read and understand this Disclosure and Authorization form as well as the attached Summary of Rights under the Fair Credit Reporting Act. By my signature below, I consent to preparation of background reports by a consumer reporting agency such as Backgrounds Online, and to the release of such background reports to the Company and its designated representatives and agents, for the purpose of assisting the Company in making a determination as to my eligibility for employment (including independent contractor assignments, as applicable), promotion, retention or for other lawful employment purposes. I understand that if the Company hires me or contracts for my services, my consent will apply, and the Company may obtain background reports throughout my employment or contract period.

I understand that information contained in my employment or contractor application, or otherwise disclosed by me before or during my employment or contract assignment, if any, may be used for the purpose of obtaining and evaluating background reports on me. I also understand that nothing herein shall be construed as an offer of employment or contract for services.

I hereby authorize law enforcement agencies, learning institutions (including public and private schools and universities), information service bureaus, credit bureaus, record/data repositories, courts (federal, state and local), motor vehicle records agencies, my past or present employers, the military, and other individuals and sources to furnish any and all information on me that is requested by the consumer reporting agency.

By my signature below, I also certify the information I provided on and in connection with this form is true, accurate and complete. I agree that this form in original, faxed, photocopied or electronic (including electronically signed) form, will be valid for any background reports that may be requested by or on behalf of the company.

**California, Minnesota and Oklahoma Applicants only:**  
Check box if you request a copy of any consumer report ordered on you.

**LAW ENFORCEMENT AGENCIES AND OTHER ENTITIES FOR POSITIVE IDENTIFICATION PURPOSES REQUIRE THE FOLLOWING INFORMATION WHEN CHECKING PUBLIC RECORDS. IT IS CONFIDENTIAL AND WILL NOT BE USED FOR ANY OTHER PURPOSES.**

Signed \_\_\_\_\_ Today's Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Position Applied For \_\_\_\_\_

--- --- / / \_\_\_\_\_  
Social Security Number Date of Birth Driver's License Number State

Other names you have used or are also known as: \_\_\_\_\_

### PLEASE PROVIDE ALL RESIDENTIAL ADDRESSES FOR THE PAST 7 YEARS

Current Address: \_\_\_\_\_  
Street Apt.# City State Zip Code How long here?

Former Address: \_\_\_\_\_  
Street Apt.# City State Zip Code How long here?

Former Address: \_\_\_\_\_  
Street Apt.# City State Zip Code How long here?

May we contact your current employer? \_\_\_Yes \_\_\_No

**Applicants under 18 years of age must have a parent or court appoint guardian sign this Authorization of Background Investigation**

**Parental Consent:** I hereby give my consent for the above-mentioned applicant to have a background check performed on him/her. Furthermore, I hereby understand and agree to the conditions of this Release as described above.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_ Parent/Guardian Name \_\_\_\_\_

**MINNESOTA BUSINESS TAX IDENTIFICATION/  
SOCIAL SECURITY NUMBER**

Pursuant to 2011 Minnesota Statute, Chapter 270C DEPARTMENT OF REVENUE, (section 270C.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 and the social security number of each license applicant.

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:

- This information may be used to deny the issuance or renewal of your license in the event you owe Minnesota sales, employer's withholding or motor vehicle excise taxes;
- Upon receiving the 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;
- **FAILURE TO SUPPLY THIS INFORMATION MAY JEOPARDIZE OR DELAY THE PROCESSING OF YOUR LICENSE ISSUANCE OR RENEWAL APPLICATION.**

Please supply the following information and return along with your application to the licensing authority.

Applicant's Full Name	
Applicant's Address	
City, State & Zip	
Applicant's Social Security Number or EIN number	
Position (Officer, Partner, Etc.)	
Business Name	
Business Address	
City, State & Zip	
Minnesota Tax Identification Number	
Signature	Date

**CERTIFICATION OF COMPLIANCE  
MINNESOTA WORKERS' COMPENSATION LAW COVERAGE**

**(FORM MUST ACCOMPANY LICENSE OR PERMIT APPLICATION)**

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 MSS Chapter 176. 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 and/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.

Full Name (Last, First, Middle)	
Doing Business As: (Business name if different than your name)	
Business Address	
City, State, Zip	Phone (    )

<p>I am not required to have workers' compensation liability coverage because:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> I have no employees.</li> <li><input type="checkbox"/> I am self-insured (include permit to self-insure).</li> <li><input type="checkbox"/> I have no employees who are covered by the workers' compensation law (these include: spouse, parents, children and certain farm employees).</li> </ul>
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I certify that the information provided above is accurate and complete.	
Signature	Date

**OR**

Insurance Company Name <b>(NOT the insurance agent)</b>
Policy Number
Dates of Coverage

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