



# City of Maple Grove

## Community Development

12800 Arbor Lakes Pkwy

P. O. Box 1180

Maple Grove, MN 55311-6180

763-494-6044



## MASSAGE SERVICES APPLICATION

### PERSONAL SERVICE LICENSE

**Expiration Date: January 31st Annually**

A. Name of Applicant \_\_\_\_\_  
(Last) (First Full Given) (Middle)

B. If applicant is a natural person, complete the following:

1. True Name \_\_\_\_\_  
Place of birth \_\_\_\_\_  
Date of birth \_\_\_\_\_  
Street address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone number \_\_\_\_\_

2. Has applicant ever used or been known by a name other than his/her true name?  
Yes\_\_\_\_ No\_\_\_\_ If yes, what was such name or names and information  
concerning dates and places where used. \_\_\_\_\_  
\_\_\_\_\_

3. What is the name of the business if it is to be conducted under a designation,  
name or style other than the full individual name of the applicant; in such case, a  
certified copy of the certificate as required by Minnesota Statutes, Chapter 333,  
shall be attached to this application. \_\_\_\_\_

4. Applicant's street address at which applicant has lived during the proceeding five  
(5) years. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. List every business or occupation the applicant has been engaged in during the  
preceding five (5) years. Listing what kind of business, name of business and  
location of that business. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. List the name(s) and address(es) of the applicant's employer(s) and partner(s), if any, for the proceeding five (5) years. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Has the applicant ever been convicted of any felony or other crime or violation of any ordinance other than traffic ordinances? Yes\_\_\_ No\_\_\_ If yes, please indicate information as to the time, place and offense for which convictions were had.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. The physical description of the applicant. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. List the applicant's training or experience in performing massage services. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

C. Is the applicant licensed in other communities to run similar businesses? Yes\_\_\_ No\_\_\_  
If yes, where? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

D. Has the applicant been previously denied a massage license or had such a license or permit suspended or revoked? Yes\_\_\_ No\_\_\_ If yes, explain any such denial, suspension or revocation. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E. List the names, residences, business addresses and phone numbers of three (3) residents

of Hennepin County, of good moral character, not related to the applicant or financially interested in the premises or business, who may be referred to as the applicant's and/or manager's character. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

F. List the location or locations where the applicant will perform massage services and the name of the manager or proprietor of that location(s). The location(s) must conform with Sections 10-193 and 10-194 unless otherwise provided in Chapter 10 ARTICLE VII. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- G. Provide proof that the applicant:
1. Has current insurance coverage of \$1,000,000 for professional liability in the practice of massage;
  2. Is affiliated with, employed by, or owns a massage business licensed by the City or is exempt from such requirement; and
  3. Has completed four hundred (400) hours of therapeutic massage training, or has one (1) year of experience practicing massage therapy as established by affidavit. See attached.

Applicant shall have a continuing duty to immediately disclose to the City of Maple Grove any change in the information supplied in this application.

I declare under the penalty of perjury that the above statements are true and correct to the best of my knowledge.

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

\_\_\_\_\_  
Date

**FEES:**

\$ 75.00	Personal Service License - <b>Must be renewed annually</b>
<u>\$ 75.00</u>	Investigation Fee
\$150.00	Check Payable to the City of Maple Grove

**Fees are not prorated.** Licenses are valid from February 1<sup>st</sup> through January 31<sup>st</sup>.

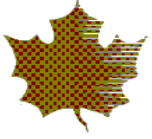
**REVIEW & APPROVAL PROCESS**

Completed applications, together with all required fees and supporting documents, must be submitted to the Community Development Department. Applications will be referred to the Police Department for verification and investigation of the facts set forth in this application. Within 15 business days the Chief of Police will make a written report and recommendation to the Community Development Director. The Community Development Director makes the determination whether to approve or deny the license.

**RENEWALS**

Licenses expire on January 31<sup>st</sup> of each year. Applications for renewal must be submitted at least 30 days prior to expiration or by December 31<sup>st</sup> of each year.

01/11/10



**CERTIFICATE OF COMPLIANCE**  
**DEPARTMENT OF REVENUE INFORMATION**

City of Maple Grove • PO Box 1180 Maple Grove, MN 55311 • 763-494-6044

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 and 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 license 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:

**Personal Information:**

Applicant's Name

Applicant's Address

City/State/Zip

Social Security Number

Phone Number

**Business Information:**

Business Name

Business Address

City/State/Zip

Minnesota Tax ID #

Federal Tax ID #

*If a Minnesota Tax ID number is not required, please attach explanation.*

**TENNESSEN WARNING:** In connection with your request for a license, the City has asked that you provide information about yourself which may be classified as private, confidential, nonpublic, or protected nonpublic under the Minnesota Government Data Practices Act. This means that this data is not ordinarily available to the general public. Accordingly, the City is required to inform you of the following:

1. The purpose and intended use of the information requested is to determine if you are eligible for a license from the City of Maple Grove.
2. The known consequences of supplying the requested information is that the information or further investigation could disclose information which could cause your application to be denied.
3. You are not legally obligated to supply the requested information. The known consequences of refusing to supply the requested information is that your request for a license cannot be processed.
4. A criminal charge, arrest, or conviction will not necessarily bar you from obtaining a license with the City, unless the conviction is related to the matter for which the license is sought, according to Minn Stat. 364.03. However, failure to reveal the requested criminal information will be considered falsification of the application and may be used as grounds for the denial of the application.
5. Other governmental agencies necessary to process your application are authorized by law to receive the information provided.
6. The City is required by law to furnish some of this information to the Department of Labor and Industry and the Minnesota Commissioner of Revenue.

The undersigned, by signing this notice, acknowledges that he/she has read and understood the contents of this notice and has received a copy of this notice.

Signature

Position

Date

**AFFIDAVIT**

REGARDING THE LICENSE APPLICATION OF: \_\_\_\_\_

AFFIDAVIT OF: \_\_\_\_\_

In Behalf of Applicant

STATE OF MINNESOTA)  
COUNTY OF HENNEPIN) SS.  
CITY OF MAPLE GROVE)

\_\_\_\_\_, being first duly sworn upon oath, deposes and states as follows:

AFFIANT is \_\_\_\_\_ of applicant \_\_\_\_\_ and makes this Affidavit to establish the following:

\_\_\_\_\_ The applicant has completed 400 hours of certified therapeutic massage training, the details of which are as follows:

\_\_\_\_\_ The applicant has one year of experience practicing massage therapy, the details of which are as follows:

(NOTE: Any documents you may wish to supply in support of the claims of training or experience made above should be attached to this Affidavit.)

This Affidavit is made in support of applicant's application for a personal service massage license pursuant to Section 10-184 (2) b 3, of the Maple Grove Ordinance Code.

FURTHER, AFFIANT SAYETH NOT.

\_\_\_\_\_  
Signature

STATE OF MINNESOTA)  
COUNTY OF HENNEPIN) SS.  
CITY OF MAPLE GROVE)

This instrument was acknowledged before me on \_\_\_\_\_  
by \_\_\_\_\_.

\_\_\_\_\_  
Notary Public