



216 4th Street N, Stillwater, MN 55082
651-430-8800
www.stillwatermn.gov

APPLICATION FOR THERAPEUTIC MASSAGE BUSINESS LICENSE

Please print:

Fee: \$100/year

Business Name (ex. Company ABC, LLC): _____

Doing Business As (ex. Company ABC): _____

Business Address: _____ Stillwater, MN 55082

Mailing Address (if different): _____

Business Phone: _____

Business Type: ☐ Partnership ☐ Sole Proprietorship ☐ Corporation ☐ Limited Liability Company (LLC)

Partnerships, Corporations and LLC's must submit proof of legal standing through State or Federal filing (Articles of Incorporation, Partnership Agreements or related LLC information).

List name of each Partner, Officer, or Director: _____

Days of Operation: _____ Hours of Operation: _____

Individual applying for Business Establishment License (applicant must be the owner, partner or officer):

Full Name: _____ Position/Title: _____

Daytime Phone: _____ Email: _____

Name of Manager or Person in Charge of Business: _____

Daytime Phone: _____ Cell Phone: _____

☐ Yes ☐ No Does the applicant hold a license from any other community? If yes, state where, when and type.

☐ Yes ☐ No Has the applicant had a license denied, revoked, or suspended in any City or State? If yes, explain.

☐ Yes ☐ No Are property taxes on the business location current as of date of this application?
Taxes must be paid prior to issuance of license whether the building is owned by the applicant or not.

☐ Yes ☐ No Is the building where the licensed business will be located, owned by the applicant(s)? If no, complete the following about the owner **and** submit copy of lease agreement:

Owner Name: _____

First Middle Last

Address: _____

Street City State Zip Code

Daytime Phone: _____ Email: _____

The owner of the building must consent to the applicant's use of the premises for this type of business. This consent must be evidenced by signature of the owner below.

Building Owner Signature: _____ Date: _____

INSURANCE REQUIREMENTS

A Certificate of Insurance must be submitted with this application. Declarations and Binders are NOT acceptable. The certificate must list the following:

Business Name (Exact Legal Trade Name)
Doing Business As
Street Address, Suite/Room # (the Stillwater business address must be listed somewhere on the certificate)
City, State, Zip Code

AND the Certificate Holder information must read:

City of Stillwater
216 4th Street N
Stillwater, MN 55082

The certificate must include Liability Insurance **AND** Minnesota Workers' Compensation Insurance

Liability Insurance – The insurance policy must provide coverages in a minimum of the following amounts, unless otherwise required by law.

- Commercial General Liability Insurance, with a limit of \$1,000,000 per occurrence;
- Automobile Liability Insurance, with a combined single limit of \$1,000,000 for each accident.

Minnesota Workers' Compensation – A valid workers' compensation policy must be kept in effect at all times by employers in accordance with statutory requirements.

- ☐ 1. I have a workers' compensation insurance policy. (policy information must be listed on the submitted certificate of insurance).

OR

- ☐ 2. I am not required to have workers' compensation insurance because:
- ☐ I only use independent contractors and do not have employees.
 - ☐ I do not use independent contractors and do not have employees.
 - ☐ I use independent contractors and I have employees who are not required to be covered by the workers' compensation law. (Attach an explanation)
 - ☐ I only have employees who are not required to be covered by the workers' compensation law. (Attach an explanation) *See Minn. Stat. § 176.041 for a list of excluded employees.*

DEPARTMENT OF REVENUE INFORMATION

Pursuant to Minnesota Stat. §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 or individual taxpayer identification 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 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;
3. Failure to supply this information may jeopardize or delay the processing of your licensing issuance or renewal application.

Please supply the following information for licensing authority: City of Stillwater

Minnesota Tax Id Number: _____ *If not available, please attach an explanation.*

Federal Tax ID Number: _____

OR if a Sole Proprietorship, Social Security Number: _____

MINNESOTA GOVERNMENT DATA PRACTICES ACT – “TENNESSEN WARNING”

The purpose and intended use of the requested data is to verify the applicant meets all state statute and city code provisions and, if the license or permit is approved, to verify that all required data remains current.

The following data collected, created, or maintained is classified under the Minnesota Government Data Practices Act as **Private** data until license approval when the data becomes **Public**: (*Minn. Stat. §13.41, Subd. 4*).

1. Data submitted by applicants (other than names and designated addresses).
2. Orders for hearing and findings of fact.
3. Conclusions of law and specification of the final disciplinary action contained in the record of the disciplinary action.
4. Entire record concerning the disciplinary proceeding.
5. License numbers and license status.

The following data collected, created, or maintained is classified as **Private**: (*Minn. Stat. §13.41, Subd. 2*).

1. The identity of complainants who have made reports concerning licenses or applicants which appear in inactive complaint data unless the complainant consents to the disclosure.
2. The nature or content of unsubstantiated complaints when the information is not maintained in anticipation of legal action.
3. Inactive investigative data relating to violations of statutes or rules.
4. The record of any disciplinary proceeding except as limited by Minn. Stat. §13.41, Subd. 4.

The following data collected, created, or maintained is classified as **Confidential**: (*Minn. Stat. §13.41, Subd. 3*).

1. Active investigative data relating to the investigation of complaints against any license.

Under law, private data may be shared with licensing and inspection employees, approval authorities, insurance providers, law enforcement employees, and/or contracted inspection officials as required by court order; this may include City officials who have a bona fide need to review it. The City of Stillwater may make any data classified as private or confidential accessible to an appropriate person or agency if the licensing agency determines that failure to make the data accessible is likely to create a clear and present danger to public health or safety.

_____ I have read and understand the above information regarding my rights as a subject of government data.
(Initial)

By signing, I agree to comply with all the laws of the State of Minnesota governing the taxation of business and all ordinances of the City of Stillwater, and I declare under penalty of perjury that all the information contained in this application and all supplemental information provided is true.

Signature of Applicant:_____ Date:_____

SIGNATURE MUST BE NOTARIZED

Subscribed and sworn before me a Notary Public on this _____ day of _____, 20_____.

Notary Signature:_____

My Commission Expires on:_____

Office Use Only

Date Application Received: _____ Property Taxes Paid: _____

Number of Individual Massage Therapists Licenses affiliated with this business: _____

Any complaints on the Business within the past 3 years? ____Yes ____No

☐ Approved ☐ Not Approved, reason: _____

Signed by City Clerk: _____ Date _____