

MASSAGE THERAPY ESTABLISHMENT LICENSE APPLICATION

Annual License Fee: \$300
Non-Refundable Background Investigation Fee: \$300
License Term: July 1 to June 30



3830 Pilot Knob Road
Eagan, MN 55122
(651) 675-5000
cityclerk@cityofeagan.com

TO BE COMPLETED BY THE ESTABLISHMENT OWNER

Applicant Name (sole proprietorship, limited liability company name or corporation name):

Name of Massage Therapy Establishment:

Establishment Address:

Business Phone: ()

Alternate Phone: ()

Name and home address of all owners with a 5 percent or greater interest in the establishment (first, middle, maiden/last):

Name: _____

Address: _____

Name: _____

Address: _____

Name: _____

Address: _____

Attach an additional sheet if necessary.

Email Address:

Minnesota Tax Identification Number:

Federal Tax Identification Number:

Have the owners ever been convicted of any felony, crime or violation of any ordinance, other than traffic? Yes No

If yes, please explain: _____

Have the owners had a massage therapy license revoked or suspended by any licensing authority? Yes No

If yes, describe: _____

List the names, addresses and phone numbers of three people of good moral character, not related to the applicant or financially interested in the premises, who may be contacted as to the applicant's character:

	Name	Address	Phone Number
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Worker's Compensation Insurance

Insurance Company Name _____
(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

_____ I have no employees who are covered by the workers' compensation law (these include: spouse, parents, children and certain farm employees)

You may subscribe to receive an electronic notification from the City of proposed ordinances by signing up for an email update on the City's website at www.cityofeagan.com/subscribe.

Each owner and the on-premise manager shall submit a copy of their Driver's License or State-Issued Identification Card.

TENNESSEN WARNING

Minnesota law requires that you be informed of the purposes and intended uses of the information you provide to the City of Eagan (the City) during the license application process.

Any information about yourself that you provide to the City during the license application process will be used to identify you as an applicant and to assess your eligibility to receive the license for which you applied. If you wish to be considered for a license, you are required to provide the information requested on the license application. If you refuse to supply information requested by the City, it may mean that your application will not be considered.

I have read and agree to all ordinances associated with this Massage Therapy Establishment License. I certify that I have read the above questions and that the answers are true and correct to the best of my knowledge.

Establishment Owner's Signature

Date

Executed this _____ day of _____, 20__.

Notary Public

TO BE COMPLETED BY THE ON-PREMISE MANAGER

Note: The City of Eagan requires massage therapy establishments to designate an on-premise manager. The on-premise manager may be one of the establishment owners.

Name of On-Premise Manager: _____

On-Premise Manager's Mailing Address: _____

Business Phone: ()

Alternate Phone: ()

On-Premise Manager's Email Address: _____

Has the on-premise manager ever been convicted of any felony, crime or violation of any ordinance, other than traffic?
 Yes No
If yes, please explain: _____

Has the on-premise manager had a massage therapy license revoked or suspended by any licensing authority? Yes No
If yes, describe: _____

List the names, addresses and phone numbers of three people of good moral character, not related to the on-premise manager or financially interested in the premises, who may be contacted as to the on-premise manager's character:

	Name	Address	Phone Number
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

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Any information about yourself that you provide to the City during the license application process will be used to identify you as an applicant and to assess your eligibility to receive the license for which you applied. If you wish to be considered for a license, you are required to provide the information requested on the license application. If you refuse to supply information requested by the City, it may mean that your application will not be considered.

I have read and agree to all ordinances associated with this Massage Therapy Establishment License. I certify that I have read the above questions and that the answers are true and correct to the best of my knowledge. Furthermore, I consent to (1) take full responsibility for the conduct of the licensed premises, and (2) serve as the agent for service of notices and other process relating to the license.

On-Premise Manager's Signature

Date

Executed this _____ day of _____, 20__.

Notary Public

FOR OFFICE USE ONLY

Amount paid: _____

To be completed by the Police Department

Date background check completed: _____ Investigating Officer: _____

Conclusion: _____

To be completed by Building Inspections

Date of Inspection: _____ Building Inspector: _____

Conclusion: _____

Complete a separate Authorization Form for each owner with greater than a 5 percent interest in the establishment and for the on-premise manager.



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AUTHORIZATION FOR RELEASE OF INFORMATION FOR BACKGROUND CHECKS

A photocopy/facsimile of this authorization is valid as original.

Name: (first, middle, last) Please Print

Other names used (if any)

Address:

Street

City

State

Zip Code

Date of Birth: _____

Driver's License Number: _____ State _____

A photo copy of driver's license is required

The Eagan City Code addresses the requirements for back ground investigations as follows:

- Chapter 5.02 - liquor license applications.
- Chapter 6.34 - tobacco license applications.
- Chapter 6.39 - massage therapy establishments and massage therapists.
- Chapter 6.35 - premise permits for pull-tabs

With my permission, the Eagan Police Department may disclose to the Eagan City Administrator, City Clerk, Deputy City Clerk, and City Council all information collected as a result of the background investigation done for the purpose of evaluating the attached license application.

I understand that my records are subject to the State of Minnesota's Data Practices Act and become public documents unless otherwise provided for by State or Federal Law. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it.

Signature must be notarized.

Signature of person authorizing release

Executed this _____ day of _____, 20____.

Notary Public