



Date Received: _____

Payment Type: _____

License Number: _____

MESSAGE THERAPY BUSINESS LICENSE APPLICATION

Detroit Lakes Code of Ordinances, City Code 602 applies to Massage Therapist and Massage Therapy Business licenses. Massage Therapy Businesses include any enterprise, establishment, or operation, whether under the control of an individual or legal entity, providing or offering to provide Massage Therapy within the City for a fee or other consideration that has one or more massage therapists, other than the owner, employed or contracted to provide massage therapy for the business, and that is located in a fixed location in a zoning district that permits massage therapy. A massage therapy business does not include a health or medical facility, office or clinic operated by a state licensed medical professional, or any health or medical-related business operated by a state-licensed medical professional, which provides therapeutic massage to its patients.

*If a Massage Therapy Business is wholly owned and operated by an individual who is licensed by the City of Detroit Lakes as a massage therapist under City Code 602 and has no employee or contractor other than the licensee/owner, the massage therapy business license fee shall not be required, only the massage therapist license fee.

Licenses must be renewed annually, with the license period running from January 1 through December 31 each year. The current annual license fee is \$100 and is prorated quarterly. New businesses and changes in ownership require an investigation fee of \$200, which must be paid at the time an application is submitted.

CHECKLIST OF REQUIRED ITEMS THAT MUST BE SUBMITTED WHEN APPLICATION IS SUBMITTED

- 1. Fully complete all parts of the application (*Every question must be answered – write 'N/A' or 'not applicable' if necessary on any questions*):
 - Part A. Business Application
 - Part B. Background Verification: must be completed by anyone with a 5% or greater ownership interest in the business, corporate officers, and onsite managers, with witnessed signature – make additional copies of this section if necessary
 - Part C. Application Verification and Acceptance of Responsibility: completed with **notarized signatures** of person completing application and the on-site manager(s)
- 2. Provide legal name of the business (to whom the license is to be issued) and any doing business as (DBA) name if the business is or will be known by anything other than its legal name – if you are a sole proprietor and use any name but your own (Part A #25)
 - If there is a DBA name, a certified copy of the certificate required by Minn. Stat. §333.01 must be provided
- 3. Select one ownership type, and provide the appropriate documentation from the State of Minnesota (Part A #33):
 - Sole proprietor: no business documentation required
 - Corporation: Certificate of incorporation (if not incorporated in Minnesota, a certificate of authority is also required)
 - Partnership: Partnership agreement
 - LLC: Certificate of organization
- 4. Provide a description of the premises to be licensed in question 34 of Part A of the license application. A separate document of the layout can be provided.

- If the applicant does not own the premises, a copy of the lease agreement allowing the applicant to occupy the premises must be provided
- State whether all taxes and special assessments due and owing on the premises are current, and if the applicant or other entity in which the applicant has an interest has a legal duty to pay those amounts state for which years they are delinquent
- 5. Proof of workers' compensation insurance coverage, or certification by applicant if it is not required, and proof of required general liability insurance providing minimum coverage of \$300,000 combined single limit per occurrence before a license is issued (Part A #39 and #40).
- 6. Complete Part B by providing complete applicant information for all individuals with a 5% or greater interest in the business and any on-site managers
- 7. Proof of identification and proof the applicant is a U.S. citizen or is legally permitted to be in the United States – proof of identification must be one of the following, a copy of which must be submitted (Part B #14):
 - A valid driver's license including a photograph and date of birth, issued by Minnesota, another state, a province of Canada, or a state of Mexico
 - A valid identification card including a photograph and date of birth, issued by Minnesota, another state, a province of Canada, or a state of Mexico
 - A valid tribal identification card, that includes the person's photograph and date of birth, issued by the tribal government of a tribe recognized by the Bureau of Indian Affairs
 - A valid military identification card issued by the U.S. Department of Defense
 - In the case of someone who is a foreign national, a valid passport

8. Initial Investigation Fee of \$200 (required with all new applications – including sole proprietors)

9. Annual License Fee of \$100

This fee is prorated quarterly, based on when the license is issued:

Jan. 1-March 31	\$100
April 1-June 30	\$75
July 1-Sept. 30	\$50
Oct. 1-Dec. 1	\$25

Indicate if separate business license fee is not required (only if the business is owned and operated by a massage therapist licensed by the City of Detroit Lakes with no other employees or contractors providing massage therapy)

ADDITIONAL STEPS TO BE COMPLETED BY THE CITY PRIOR TO ISSUING A LICENSE:

- 10. Completion of Application
- 11. Background investigation completed on the Applicant and all persons that have a five percent or greater financial interest in the business
- 12. Confirmation that all requirements of CITY CODE 602 have been met, including that the applicant has paid all fees, charges, taxes, special assessments, or other debt or obligation owed to the City regarding any other matter
- 13. Review of the application by other City departments to provide recommendations on approval
- 14. Proof of required insurance coverage submitted and approved
- 15. Approval of the license application by the City Council
- 16. Issuance of license once all other steps are complete (You do not have a license until a license certificate

has been issued to you)

Part A: Business Application

Fill in all blanks. Write N/A if a question is not applicable.			
Is this a renewal of an existing or previous license with the City of Detroit Lakes?			
YES NO			
STEP 1. APPLICANT INFORMATION			
Information about who is completing this application			
1. First Name		2. Last Name	
3. Primary Telephone Number	4. Type of Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Business <input type="checkbox"/> Home <input type="checkbox"/> Other	5. Alternate Phone Number	6. Type of Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Business <input type="checkbox"/> Home <input type="checkbox"/> Other
7. Email Address			
8. Mailing Address		9. City	10. State
11. Zip Code			
12. Please send official notices relating to this license to: <input type="checkbox"/> Mailing Address <input type="checkbox"/> Email		13. Role of person completing application: <input type="checkbox"/> Owner <input type="checkbox"/> Officer <input type="checkbox"/> Partner <input type="checkbox"/> Manager <input type="checkbox"/> Agent for the Owner <input type="checkbox"/> Other _____	
License Holder Information			
Provide information about who this license will be issued to			
22. Business Federal Tax ID Number		23. Business State Tax ID Number	
24. Legal Corporate Name of Business to whom license will be issued (This is an individual's name ONLY if a sole proprietor)		25. Trade Name (DBA) if different than legal name (<i>A certified copy of the DBA certificate must be provided with this application.</i>)	
26. Business Address		27. City	28. State
		29. Zip Code	
STEP 2. LICENSE DETAILS			
BUSINESS INFORMATION			
30. As an applicant/licensee, I am: <input type="checkbox"/> Starting a new business <input type="checkbox"/> Leasing/renting space within an existing location as an independent operator (new business added to an existing location) <input type="checkbox"/> Taking over an existing business (License transfer to New owner – same business name) If yes, name of existing business: _____ <input type="checkbox"/> Taking over an existing business as a new license holder (New license) If yes, name of prior business: _____			
31. Is the business applicant the owner of the business location? <input type="checkbox"/> Yes <input type="checkbox"/> No – A copy of the lease agreement for the location must be provided with this application		32. If the answer to question 31 is yes, are all taxes and special assessments due and owing on the proposed business location current? <input type="checkbox"/> Yes <input type="checkbox"/> No – which years are delinquent _____	
33. Type of Ownership: <input type="checkbox"/> Sole Proprietor – Only the individual owner must complete owner's information, no additional documentation is required <input type="checkbox"/> Corporation – all corporate officers, directors, and stockholders with a 5% or greater interest must complete owners section (Part B) A copy of the certificate of incorporation must also be provided with this application, along with a certificate of authority if required by Minn. Stat. §303.06 <input type="checkbox"/> LLC – all members with a 5% or greater interest must complete owners' section (Part B). A copy of the LLC's articles of organization must be provided <input type="checkbox"/> Partnership – all partners with a 5% or greater interest must complete owners' section (Part B). A copy of the partnership agreement must be provided with this application <input type="checkbox"/> Non Profit or other: _____ <i>Consult with the City Clerk's Office on who must complete the owners' section</i>			

34. Licensed Premises:

Describe the area of the business location to be used as the licensed premises, including the square footage. You can include a separate sheet with an illustration of how the space is laid out and will be used for licensed activities.

35. Provide a detailed description of the services to be offered, including a list of services. Attach additional sheets if needed.

37. Will you have employees?

- Yes, If yes, how many? _____
- No

Note: All therapists must have an individual license from the City of Detroit Lakes whether employees or contractors

38. Will you have independent contractors working in the business?

- Yes, If yes, do have an independent contractor agreement prepared? Yes No
- No

Note: All therapists must have an individual license from the City of Detroit Lakes whether employees or contractors.

STEP 3. BUSINESS DATA

BUSINESS DETAIL – REQUIRED INSURANCE

39. Do you have the required general liability insurance to operate the business? (Minimum coverage of \$300,000 combined single limit per occurrence before a license is issued.)

- Yes
- No, please note: proof of insurance must be provided before a license can be issued

40. Do you have the required workers' compensation insurance to operate the business?

- Yes
- No, please note: proof of insurance must be provided before a license can be issued

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

Please note: Only employees who are specifically exempted by statute are not covered by the workers' compensation law. These include spouse, parents, and children regardless of age. All other workers whose work is controllable by the employer must be covered.

Part B: Background Verification

Every owner, partner, and corporate member with a 5% interest or greater in the business must complete this section. In addition, any on-site managers or business operators must also complete this section. Submit separate copies of this section for each individual completing it.

1. Role of person completing this section:

- Owner/partner/corporate member with a 5% interest or greater in the business
 Massage Therapy Business On-Site Manager

2. Name (First, Middle, Last)

3. Are you the owner of the business?

- Yes
 No – If yes, indicate title and percent of ownership interest: _____

4. Are you also the on-site manager? Yes No

5. Date of Birth (MM/DD/YYYY)

6. Place of Birth (City & State, or City & Country if outside U.S.)

7. Home Address

8. City, State, Zip Code

9. Direct Phone Number

10. Cell Phone Number

11. Email

12. Social Security Number

13. Driver's License or ID Number & Issuing state

Are you a US Citizen?

- Yes
 No If no, are you legally permitted to be in the U.S.?
 Yes
 No

14. Proof of identification must be provided pursuant to City Code 602 from one of the following:

- A valid driver's license including a photo & date of birth, issued by Minnesota, another state, a province of Canada, or a state of Mexico
 A valid identification card including a photo & date of birth, issued by Minnesota, another state, a province of Canada, or a state of Mexico
 A valid tribal identification card, that includes the person's photograph and date of birth, issued by the tribal government of a tribe recognized by the Bureau of Indian Affairs
 A valid military identification card issued by the U.S. Department of Defense
 A valid U.S. passport, or,
 In the case of a foreign national, a valid passport

15. Have you ever been known by any other name than the one listed on this application?

- Yes No

If Yes, List all other names or aliases ever used, as well as the dates and locations (city, state/country) of the use of each name

16. Have you ever had a business license or individual massage therapist license revoked by any local unit of government or state? Yes No

If Yes, provide details about any revocation, including the type of license(s), jurisdiction(s) involved, and date(s)

16. Addresses used for Last Five years – attach additional sheets if needed

<u>Dates</u>	<u>Addresses</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

17. Have you ever been engaged in the operation of a business providing Massage Therapy?

Yes No

If Yes, provide details about any denial, revocation, or suspension of a related license, including the type of license(s), jurisdiction(s) involved, and date(s), and your business activity or occupation following the action.

18. Provide information on any criminal conviction(s) of any state, county, or local law or regulation – attach additional sheets if needed

<u>Date</u>	<u>Offense</u>	<u>Location</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

NOTIFICATION AND VERIFICATION

In accordance with the Minnesota Government Data Practices Act, the City of Detroit Lakes is required to inform you of your rights as they relate to information collected about you. The information collected and required from you as part of this license application will be used to determine whether or not to issue the massage therapy business license being applied for. Disclosure of this information is voluntary. You are not legally required to provide this data, however, if you fail to do so, the City of Detroit Lakes may be unable to process this application.

Your Social Security Number and Birth Date are classified as private data, and are not available to the public. Access to this data is limited to staff with a business need in order to administer and manage the licensing program. All other information contained in this application is public information pursuant to the Government Data Practices Act, Minnesota Statutes Chapter 13.

You have the right to see and obtain copies of the data maintained on you, including private data. You also have the right to be told the contents and meaning of the data, and to contest the accuracy and completeness of the data. You can exercise these rights by contacting the City Clerk's Office.

A SIGNATURE IS REQUIRED IN ORDER TO PROCESS THIS LICENSE APPLICATION

I, (print name) _____, have read and understand the above information regarding my rights as a subject of government data. I further understand that the giving of false information as part of this application, regardless of when it is discovered, and/or failure to give required pertinent information can constitute cause for denial, suspension, or revocation of my business license. I give my consent for the City of Detroit Lakes to conduct a background investigation as authorized by City Code 602.

Signature of Applicant _____ **Date** _____

Printed name of witness _____ **Signature** _____

Part C. Application Verification and Acceptance of Responsibility

Notice of Collection of Private Data

In accordance with the Minnesota Government Data Practices Act, the City of Detroit Lakes is required to inform you of your rights as they relate to information collected about you. The information collected and required from you as part of this license application will be used to determine whether or not to issue the massage therapy business license being applied for. Disclosure of this information is voluntary. You are not legally required to provide this data, however, if you fail to do so, the City of Detroit Lakes may be unable to process this application.

Your Social Security Number and Birth Date are classified as private data, and are not available to the public. Disclosure of Social Security Number (or Individual Tax ID Number only for individuals without a social security number) is required by Minnesota Statutes 270C.72, and may be requested by and released to the Minnesota Commissioner of Revenue. Access to this data is limited to staff with a business need in order to administer and manage the licensing program. All other information contained in this application is public information pursuant to the Government Data Practices Act, Minnesota Statutes Chapter 13.

You have the right to see and obtain copies of the data maintained on you, including private data. You also have the right to be told the contents and meaning of the data, and to contest the accuracy and completeness of the data. You can exercise these rights by contacting the City Clerk's Office.

A SIGNATURE VERIFYING THE OVERALL ACCURACY AND COMPLETENESS OF THIS APPLICATION BY THE DESIGNATED MANAGER OR SOLE OWNER IS REQUIRED IN ORDER TO PROCESS THIS LICENSE APPLICATION

I, (print name) _____, have read and understand the above information regarding my rights as a subject of government data. I acknowledge I have been provided information about what is required to obtain a business license from the City of Detroit Lakes, and how to receive notifications of proposed City ordinances. I agree I will strictly comply with all the laws of the State of Minnesota governing the taxation of business and all ordinances of the City of Detroit Lakes, and understand I can review all City ordinances on the City website or in the City Clerk's Office.

I understand that by submitting this application, I hereby consent to allow the appropriate City personnel, or any authorized representative or agents, to conduct a background investigation as authorized by City Code 602

I affirm I have no intention or agreement to transfer the license being applied for to another person or entity, or to allow any other person or entity to operate under the authority of the license. I understand that by submitting this application, I hereby consent to allow the appropriate City personnel, or any authorized representative or agents, to inspect the licensed premises for the purpose of ensuring compliance with the law, at any time the business is occupied and/or open for business. I also understand that a denial of permission for such a lawful inspection of the premises is a violation of the license provisions.

I further hereby certify that I have read and understand every question in this application and that the answer to every question is true to my knowledge, information and belief. I further understand that the giving of false information as part of this application, regardless of when it is discovered, and/or failure to give required pertinent information can constitute cause for denial, suspension, or revocation of my business license.

Signature of Applicant _____ Printed Name _____

Subscribed and sworn to before me this _____ day of _____, 20_____

(NOTARY PUBLIC)

(NOTARY SEAL)

AFFIRMATION OF RESPONSIBILITY BY ON SITE MANAGER

As the business' appointed on-site manager or agent – or the sole owner and operator of the business - I hereby provide my notarized written consent to:

- a) Take full responsibility for the conduct of the Licensed Premises and operation; and
- b) Serve as agent for service of notices and other processes relating to the license.

Signature of On-Site Manager _____

Printed Name _____

Subscribed and sworn to before me this
_____ day of _____, 20__

(NOTARY PUBLIC)

(NOTARY SEAL)