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Circle Pines, MN 55014

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|---------------------|-------------------|-----------------|------------------|
|                     | <u>Amt. Pd.</u>   | <u>Date Pd.</u> | <u>Rec'd. by</u> |
| License fee         | _____             | _____           | _____            |
| Investigation fee   | _____             | _____           | _____            |
| License No. _____   | Date Issued _____ |                 |                  |

### Massage Therapy Business License Application

Fees: Renewal \$100, Initial Application \$150, Initial Background Investigation \$100

If applicant is an individual, this application shall be completed by such person; if a corporation, by an officer; if a partnership, by one of the general partners; if an unincorporated association, by the manager or managing officer.

1. Type of Applicant: \_\_\_ Individual \_\_\_ Partnership \_\_\_ Corporation \_\_\_ Other Organization

2. Legal Name of License (name of individual, partnership, corporation, organization).

\_\_\_\_\_

3. Business Name \_\_\_\_\_ Phone \_\_\_\_\_

**Attach:** If business is to be operated under a name or designation other than name of the applicant, attach a certified copy of the circuit kit required by Minnesota State Statute 333.01 and 333.02.

4. Business Address \_\_\_\_\_

Street City State Zip

5. Owner Name (first, middle, last) \_\_\_\_\_

Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

Street City State Zip

Email Address \_\_\_\_\_

6. Lessee Name \_\_\_\_\_ Phone \_\_\_\_\_

Street City State Zip

**Attach:** If applicant does not own premises, attach copy of lease.

7. Legal Description of Property Being Used \_\_\_\_\_

8. Mailing Address (if different) \_\_\_\_\_

Street City State Zip

9. Designated On-site Manager in charge of the licensed premises. The on-site manager is responsible for the conduct of the licensed premise and operation; and serves as an agent for service of notice for this and other processes relating to the license.

Name \_\_\_\_\_  
                     Last                            First                            Full Middle                            Maiden Name  
*For additional managers or agents, attach separate sheet.*

10. MN Business Tax ID Number (per Minnesota State Statute 270C.72) \_\_\_\_\_

11. Applicant's Social Security Number/Federal ID Number \_\_\_\_\_

12. Has applicant made an application for massage therapy business which was denied?  
 \_\_\_\_\_ Yes \_\_\_\_\_ No     If yes, provide date, place and explanation. \_\_\_\_\_  
 \_\_\_\_\_

13. Has the applicant had a massage therapy business license suspended or revoked within the last 10 years? \_\_\_\_\_ Yes \_\_\_\_\_ No     If yes, provide date, place, and explanation.  
 \_\_\_\_\_

14. Has the applicant, manager or operator ever been convicted of or charged with felony, crime, or violation of any ordinance other than a minor traffic violation? \_\_\_\_\_ Yes \_\_\_\_\_ No     If yes, provide date, place, and nature of the offense.  
 \_\_\_\_\_  
 \_\_\_\_\_

15. Other prior or current professional licenses or license applications, from a jurisdiction other than the city.  
 Type of License or Application \_\_\_\_\_ License Granted or Denied \_\_\_\_\_  
 Status of License \_\_\_\_\_ Date of License \_\_\_\_\_  
*If there are other licenses or applications please indicate on a separate sheet of paper.*

16. References (Please provide 3.)

|             |      |       |     |       |
|-------------|------|-------|-----|-------|
| <b>Name</b> |      |       |     |       |
| Street      | City | State | Zip | Phone |
| <b>Name</b> |      |       |     |       |
| Street      | City | State | Zip | Phone |
| <b>Name</b> |      |       |     |       |
| Street      | City | State | Zip | Phone |

17. Name and addresses of creditors of applicant, owner, lessee or manager regarding credit which has been extended for the purposes of constructing, equipping, maintaining, operating or furnishing or acquiring the premises, personal effects, equipment or anything incident to the establishment, maintenance and operation of massage parlor or massage establishment.

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*Please include a separate sheet of paper, with additional information, if more space is required.*

18. Please list below the names of other practicing massage therapists within the establishment.

| Name |       |             |             |
|------|-------|-------------|-------------|
| Last | First | Full Middle | Maiden Name |
| Name |       |             |             |
| Last | First | Full Middle | Maiden Name |
| Name |       |             |             |
| Last | First | Full Middle | Maiden Name |

*For additional therapists, attach separate sheet.*

19. If the application is made on behalf of a corporation, joint business venture, partnership or any legally constituted business association, it shall submit, along with its application, accurate and complete business records showing the names and addresses of all individuals having an interest in the business, including partners, officers, owners, managers, members of the board of directors and creditors furnishing credit for the establishment, acquisition, maintenance and furnishings of the business, including the purchase or acquisition of any items of personal property for the use of the operation.
20. Applicant should also submit accurate documentation establishing the interest of the applicant and any other person having an interest in the premises upon or in which the business is proposed to be located, in the form of a lease, deed, contract for deed, mortgage date, mortgage credit arrangement, loan arrangements, security agreements and any other documents establishing the interests of the applicant or any other person in the operation, acquisition or maintenance of the enterprise offering massage.

**Notice and Notarized Signature**

I hereby acknowledge that I have received and/or reviewed Section 308 of the city code regulating commercial sauna and massage services, and am familiar with the provisions thereof.

The information requested on this form will be used by the City of Circle Pines to approve or deny the applicant's license. The information I have provided on this application is truthful. I understand that the falsification or misrepresentation of information submitted with my application constitutes grounds for denial of the license. I authorize the City of Circle, Pines to verify any and all of the information requested on this application, including the ordering of, background checks, and to conduct any necessary investigation to assure this application complies with cities licensing and zoning ordinances.

The information supplied on this form will become public information when received by the City of Circle Pines. Under Minnesota law (Minnesota Statute 270.72), the city may be required to provide the business tax identification number and/or Social Security number of each applicant to the Minnesota Commissioner of Revenue.

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

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
(Notary Public/City Clerk)

(seal)

**City of Circle Pines  
Application for License  
Data Practices Advisory**

In accordance with the Minnesota Government Data Practices Act, the City of Circle Pines is required to inform you of your rights as they pertain to the private information collected from you. Private data is information which is available to you, but not to the public. Public data is available to anyone. All data pertaining to the application for a license is classified as private data on individuals while the application is being processed. Once application has been acted on, all data on it becomes public.

The information collected from you or from other agencies or individuals authorized by you is used to determine your eligibility to obtain a license. You are not required to provide the information requested on the application forms, however, this information is vital to determine your eligibility to obtain a license. Failure to provide this information could result in denial of your application.

The dissemination and use of private data collected is limited to what is necessary to determine your eligibility to obtain a license. Persons or agencies to which this information may be disseminated include but is not limited to:

1. Centennial Lakes Police Department
2. Anoka County Sheriff's Department
3. Minnesota Bureau of Criminal Apprehension
4. The National Crime Information Center
5. Other agencies or individuals that may provide information relevant to determining your suitability to obtain a license.

Unless otherwise authorized by state statute or federal law, other governmental agencies utilizing the private data must also treat information as private.

I have read and understood the information above regarding my rights as a subject of government data.

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

\_\_\_\_\_  
Date

**City Circle Pines  
Massage Therapy License  
Verification Release Form**

General Authorization and Release Background Reference and Verification

I, \_\_\_\_\_, hereby authorize and grant my informed consents to permit you to release and make available to the City of Circle Pines and/or its agents and/or representatives, data classified as private which concerns me and which may be in your possession. The data which I authorize to be released consists of private data, as defined by Minnesota Statute 13.02, Subd.4, and has been collected by you as a result of my contacts and associations with you and/or your agents and representatives. The information for which release is authorized is any information that has been retained or disseminated in whatever form which is in any way relates to my dealings with you or your agency.

I understand that the purpose of permitting the City of Circle Pines to have access to this information is to determine my eligibility for a massage therapy business and/or massage therapists license with the city, including verification of my records and analysis by personnel of the city who may review my license application.

This authorization shall be valid for a period of 45 days from the date of signature indicated below; however, I reserve the right, at any time prior to the expiration, to cancel the written authorization by providing written notice to the city of Circle Pines or to you of that fact.

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

\_\_\_\_\_  
Date

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
(Notary Public)

(seal)

|                                  |                   |                  |
|----------------------------------|-------------------|------------------|
| <b>FOR OFFICE USE ONLY</b>       |                   |                  |
| Application to Investigator_____ | Approve/Deny_____ | License No._____ |