



## CITY OF RAMSEY

### APPLICATION FOR 2019 THERAPEUTIC MASSAGE ESTABLISHMENT LICENSE

Date: \_\_\_\_\_

Application is hereby submitted for a Therapeutic Massage Establishment license within the City of Ramsey, in accordance with the Ordinances of said City regulating the same. License application must be submitted a minimum of 120 days prior to date needed. Business licenses are issued upon approval by City Council. Refer to City Code [Chapter 26 Article XVIII](#) for ordinance details. Incomplete applications will not be accepted.

Enclose with this applications:

- The license fee of \$100 (Establishment) + \$50 per Massage Therapist (*a separate application must be submitted for each therapist*)
- A completed and signed "background check authorization" form and copy of driver's license
- Fee for background check (owner/manager): \$50
- Fee for each massage therapist background check: \$35
- A certificate of workers' comp insurance or company name & policy #: \_\_\_\_\_ (if applicable)
- A certificate of liability insurance

1. **FULL** Name of Business: \_\_\_\_\_

2. Address of the Business to be licensed: \_\_\_\_\_

3. Description of the premises to be licensed.

\_\_\_\_\_  
\_\_\_\_\_

4. Business Phone Number(s): \_\_\_\_\_

5. Minnesota Tax Identification No. \_\_\_\_\_

6. Federal Tax identification No. \_\_\_\_\_

7. Manager or Owner's **FULL** Name: \_\_\_\_\_  
Last First Middle Name

8. Manager or Owner's Date of Birth: \_\_\_\_\_

9. Manager or Owner's Place of Birth: \_\_\_\_\_

***If Applicant is different from Manager/Proprietor, please fill out O's 9 through 15***

10. Applicant's **Full** Name: \_\_\_\_\_  
Last First Middle Name

11. Applicant's Phone Number(s): \_\_\_\_\_  
Cell Home

12. Applicant's Email Address: \_\_\_\_\_

13. Applicant's Home Address: \_\_\_\_\_

14. Applicant's Date of Birth: \_\_\_\_\_

15. Applicant's Place of Birth: \_\_\_\_\_

16. Is Applicant, or has Applicant been known by a name other than the current true legal name, and if so, what name(s), when, and in what capacity or placed was such name used.

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17. Applicant's Position with Company: \_\_\_\_\_

18. List the type, name, and location of every business or occupation Applicant has been engaged in during the preceding five years.

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19. Does Applicant have any training or experience in performing massage services, including any certifications, degrees, diplomas, or educational coursework.

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20. Full Name of Owner of Premises: \_\_\_\_\_

21. Address of Owner of Premises: (If different from applicant) \_\_\_\_\_

22. Owner's Phone Number(s): (If different from applicant) ( ) \_\_\_\_\_ ( ) \_\_\_\_\_

23. If partnership, state names and addresses of all partners. Include a copy of the Partnership Agreement.

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24. If corporation, state names, addresses and birthdates of all officers and directors. Include a copy of the Articles of incorporation and Secretary of State's Certificate of Good Standing.

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***No other persons than those named in this application have any interest in the management and control of such business.***

25. Description of services to be provided and of goods, if any, to be sold:

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26. If goods are sold, source of supply: \_\_\_\_\_

27. Business Hours of Operation: \_\_\_\_\_

28. Other communities where licenses are or have been held:

\_\_\_\_\_  
\_\_\_\_\_

29. Has Applicant previously been denied a license to perform massage services, or had a license revoked or suspended, and, if so, the circumstances of such denial, revocation, or suspension.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

30. List below as to whether, within the preceding five (5) years, the applicant, and/or owner of the business has been convicted of any crime relating to theft, damage or trespass to property, sale of a controlled substance, or the operation of business; the nature of any such offense and the penalty assessed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

31. The names, residences and/or business addresses of three (3) persons, residents of the State of Minnesota of good moral character, not related to the Applicant or financially interested in the licensee's premises who may be referred as to the Applicant's character, or in the case where information is required of a manager, the manager's character.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

32. Do you reside in Ramsey and have your home as a base for your business? Yes: \_\_\_\_ No: \_\_\_\_

33. If yes, what is the present zoning of the property? \_\_\_\_\_

**DATA PRACTICES ADVISORY:** *The data supplied in this application will be used to assess the qualifications for a license. This data is not legally required but the City will not be able to grant the license without it. If a license is granted, the data will constitute a public record.*

I hereby certify that the foregoing statements are true and correct to the best of my knowledge and that the giving of false information or the failure to give pertinent information constitutes cause for revocation of this permit. Further, I agree to comply with all the provisions of the ordinance under which this license is granted.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Subscribed and sworn to before me, a notary public, on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
**NOTARY PUBLIC**

My Commission expires: \_\_\_\_\_

***Return completed application and requested information along with the fee to:  
City of Ramsey, Attn: Business Licenses, 7550 Sunwood Drive NW, Ramsey, MN 55303  
Phone: 763-433-9828 Fax: 763-433-9848***

**Make check or money order payable to "City of Ramsey"**

**OFFICE USE ONLY:**

_____ Approved By/Date	_____ License Fee	_____ Receipt No.	_____ License No.
_____ Zoning Approval	Zoning Comments: _____ _____ _____ _____		

**Findings by Ramsey Police Department:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**This license will expire on December 31, 2019**

**CITY OF RAMSEY**

**TENNESSEN WARNING**

In connection with your request for a license, the City of Ramsey has asked that you provide information about yourself which is classified as either *private or confidential* by the Minnesota Government Data Practices Act (M.S.A. 13.04). Accordingly, the City is required to inform you of the following:

1. The private or confidential information requested includes, but may not necessarily be limited to, the following: *Your social security number or Minnesota business identification number.*
2. The purpose and intended use of the information requested is: *To comply with Minnesota Statutes, Section 270.72.*
3. You are required to supply the requested information.
4. The known consequences of supplying the requested information are as follows: *Loss or denial of the requested license if you owe the State of Minnesota delinquent taxes, penalties or interest.*
5. The known consequences of refusing to supply the requested information is: *Your request for a license cannot be processed.*
6. The following persons and entities are authorized by law to receive the information if provided: *State of Minnesota - Department of Revenue and other government agencies as provided by law.*

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

\_\_\_\_\_  
Date

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

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