

CITY OF RAMSEY

2021 APPLICATION FOR 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 notarized application:

- The massage establishment license fee of \$100 (annual renewal)
- Background check fee (owner/manager): \$50 (one time)
- Massage Therapist fee \$50 (per person, annual renewal) + \$35 background check fee
 - A separate application must be submitted for each massage therapist, see [Therapeutic Massage Therapist application form](#)
 - Must include certified copy of Therapeutic Massage Training certificate or transcript from a U.S. accredited school
- Completed and signed “background check authorization” form and color copy of driver’s license
- Certificate of liability insurance with City of Ramsey listed as certificate holder
- Certificate of workers’ comp insurance or certificate of compliance

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/Owner, please fill out Questions 10 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. Has applicant been known by a name other than the current true legal name? Yes: ____ No: ____

If Yes, list name(s), when and where used:

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.

19. Does applicant have any training or experience in performing massage services? Include any certifications, degrees, diplomas, or educational coursework.

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.

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.

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:

26. If goods are sold, source of supply: _____

27. Business Hours of Operation: _____

28. Other communities where applicant is/has been licensed or has applied to be licensed & status:

29. Has applicant previously been denied a license to perform massage services, or had a license revoked or suspended?

Yes: ____ No: ____ If Yes, list date & location of such denial, revocation, or suspension.

30. Has applicant been convicted of a crime (other than a traffic violation) within the last five (5) years?

Yes: ____ No: ____ If Yes, list offense(s) with dates & locations:

31. List the names and 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 applicants character:

1. _____
2. _____
3. _____

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*

Make check or money order payable to "City of Ramsey". VISA, MasterCard, Discover accepted.

This license will expire on December 31, 2021

Findings by Ramsey Police Department:

- Recommend Approval
- Recommend Denial
- See Attached

Additional Comments:

Police Chief Signature: _____

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

Form SP:C1

LICENSE APPLICANT:

Pursuant to Minnesota Statute 270.72 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 of each license applicant.

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 and return along with your application to the agency issuing the license.

DO NOT RETURN TO THE DEPARTMENT OF REVENUE.

License being applied for or renewed: Therapeutic Massage Therapist Establishment

Licensing Authority: City of Ramsey

License Renewal Date: 1/1/2022

1. PERSONAL INFORMATION *(if applicable):*

Applicant's Name: _____

Applicant's Address: _____

City	State	ZIP
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2. BUSINESS INFORMATION *(Local store information):*

Business Name: _____

Business Address: _____

City	State	ZIP
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Local Store Contact: _____

Name (Owner/Manager)	Phone No.
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Minnesota Tax Identification No.: _____
(If a MN Tax ID number is not required, please explain on the reverse side)

Federal Tax Identification No.: _____

3. CORPORATION INFORMATION *(if applicable)*

Corporation Name: _____

Corporation Address: _____

City	State	ZIP
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Corporation Contact: _____

Name	Phone No.
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Signature	Position (Officer, Partner, etc.)	Date
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**CERTIFICATION OF COMPLIANCE
MINNESOTA WORKERS' COMPENSATION LAW**

Minnesota Statute, Section 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business or engage in an activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of MSS Chapter 176. The information required is: The name of the insurance company, the policy number, and dates of coverage or the permit to self-insure. This information will be collected by the licensing agency and retained in their files.

This information is required by law. Licenses and permits to operate a business may not be issued or renewed if it is not provided and/or is falsely reported. Furthermore, if this information is not provided or falsely stated, it may result in a \$1,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry.

1. Insurance Company Name: _____
(NOT the insurance agent)

Policy Number: _____

Dates of Coverage: _____

OR

2. I am not required to have workers' compensation liability coverage because:

- I have no employees covered by the law.
- I am self-insured (include permit to self-insure)
- I have no employees who are covered by the workers' compensation law (these include: Spouse, Parents, Children, and certain farm employees).

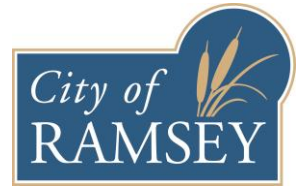
Name: _____
(Last, First, Middle)

Doing Business As: _____
(Business Name if different than your name)

Business Address: _____

City, State, ZIP: _____ Phone: (_____) _____

Signature: _____ Date: _____



**CITY OF RAMSEY
REQUEST FOR BACKGROUND CHECK INFORMATION**

DATA PRIVACY ADVISORY: The data supplied on this form 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. The data is needed to distinguish this application from others, to identify this application in City license files, to verify the identity of the applicant, to contact the applicant if additional information is required and to determine if the applicant meets all ordinance requirements.

INFORMATION TO BE USED FOR BUSINESS LICENSE PROCESSING ONLY

Ramsey Police Department Records Division

*Please print legibly – All Fields **MUST** Be Completed (Enter "N/A" if not applicable)*

Type of License Applied For:

Peddler/Solicitor Transient Merchant Massage Therapist Massage Establishment Other: _____

Business Name: _____

Business Address: _____

Applicant Information:

Driver's license, State ID, or Military ID Number (*attach copy*): _____

Full Name: _____ Date of Birth: _____
First Middle Last

Phone (*daytime*): _____ Sex: _____ Race: _____

Address: _____
Street City State Zip Code

Other Names Used (*in past 5 years*): _____

Other Addresses (*in past 5 years*): _____
(Attach separate sheet if necessary)

I, the undersigned, do hereby authorize the RAMSEY POLICE DEPARTMENT to disclose all criminal history record information for the purpose of licensing with the City of Ramsey. This authorization shall be valid for one year from the date of my signature.

Applicant Signature

Date

FOR OFFICE USE ONLY

Checks: MN Criminal History Local Police Records

Comments: _____

Background Check Processed by: _____ Date: _____