



City of Spring Park
 4349 Warren Avenue
 Spring Park, MN 55384
 952-471-9051

**APPLICATION FOR GENERAL BUSINESS LICENSE
 FOR MASSAGE SERVICES**

All persons who practice or administer massage or perform massage services within the City of Spring Park are required to obtain a **Certificate to Practice** from the City of Spring Park unless they are currently registered by the State Board of Medical Examiners or they or their establishment are excluded from the definition of Massage Parlor under City Code Section 12-172.

All applicants should review Chapter 12, Article IV of the City Code.

PROPERTY INFORMATION OF BUSINESS

Property Identification Number (PID):
Street Address:
Legal Description:
Zoning Classification:

APPLICANT INFORMATION

Licensee Name:	
Licensee Address:	
Business Name:	
Business Address:	
Federal ID#	State ID#

If the applicant is a partnership, LLP, Corporation, or LLC, complete the following for each partner/officer:

Name:	Address:
Name:	Address:
Name:	Address:

CHARACTER REFERENCES (MUST BE HENNEPIN COUNTY RESIDENTS)

1. Name: _____

Address: _____

Phone No: _____

2. Name: _____

Address: _____

Phone No: _____

PLEASE RESPOND TO ALL OF THE FOLLOWING QUESTIONS:

1. Have any of the applicants ever been convicted of a crime or ordinance violation?
___ YES ___ NO If yes, please state the nature of the crime and the date and place of the conviction. (A police department review/investigation is a part of the application process and the investigator may request additional information.)

2. List any similar licenses or certificates for which the applicant has applied within the last five years and any denial, suspension or revocation of such license or certificate, along with an explanation of such.

ADDITIONAL CITY CODE REQUIREMENTS

The application shall be accompanied by blueprints, diagrams, plans, layouts and the like, showing the proposed or actual construction, revision, remodeling, alteration or additions of or to the premises and specifically showing the layout, design and arrangement of the bathing and restroom facilities and the size and type of equipment and facilities to be used.

Investigation Fee. There is an initial investigation fee for the issuance of a Certificate to Practice. (See City Fee Schedule under Chapter 12 - Investigation of Person)

Annual Fee. There is an annual fee for the establishment. The establishment fee must be paid at the time the application for issuance or renewal is filed. (See City Fee Schedule under Chapter 12 – Annual fee for establishment)

I hereby certify that all information provided in this application is true and complete to the best of my knowledge.

Signature of Applicant

Date: _____

NOTICE TO APPLICANT:



You are hereby advised, pursuant to Minnesota Statutes, Section 13.04, Subd. 2, that to complete the application necessary for licensing within this municipality, you may be required to supply certain private and/or confidential personal data to the City of Spring Park via the completed application form. This non-public data may be reviewed by the City of Spring Park, employees of the City of Spring Park who are assigned to review such information, and the City of Spring Park's legal consultant. In addition, this data may be reviewed by specific advisory boards and subcommittees of the City of Spring Park, who assist the City in evaluating your application. You hereby agree to release the data to those boards and subcommittees for the purpose of effectuating that review.

You have the right to refuse to supply any or all data requested, however, your application will not be processed unless all of the requested data is supplied. All data contained in the license application, along with any additional relevant data obtained by agents of the City of Spring Park pursuant to the processing of this licensing application, may be classified as public data, except for your social security number or other information stated to be private or confidential by Minnesota State Statutes.

Also, the undersigned does hereby agree to defend, indemnify, and hold harmless, the City of Spring Park, its officers, employees and agents, for any and all claims, causes of action, lawsuits, losses or expenses, including reasonable attorney's fees and costs, on account of bodily injury, sickness, disease, death, and property damage as the result of any action of the undersigned.

Applicant Signature: _____

Date: _____

AUTHORITY TO CONDUCT A BACKGROUND CHECK

I acknowledge that an investigation will be conducted for use in determining my qualifications. I hereby expressly authorize release of any and all information which any organization, company or person may have, including information of a confidential or privileged nature. I hereby release the City and any organization, company or person furnishing information to the City, as expressly authorized above, from any liability for damage which may result from furnishing the information requested.

In accordance with Minnesota §13.04, the information requested on this form will be used by the City of Orono in the issuance of your license or processing of your renewal application. You may refuse to supply data, but refusal may require that the City deny the permit or license. A computerized criminal history inquiry and/or a driver's license history inquiry on the applicant may be conducted to verify the information provided with the application.

I hereby authorize the Orono Police Department to conduct a background investigation, including, but not limited to a computerized criminal history inquiry and authorize the release of results of the inquiries to the City of Spring Park:

Print Name

Date of Birth

Signature of Applicant

Date

Certificate of Compliance

Minnesota Workers' Compensation Law

This form must be completed by the business license applicant.

Print in ink or type

Minnesota Statutes § 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minn. Stat. chapter 176. If the required information is not provided or is falsely stated, it shall result in a \$2,000 penalty assessed against the applicant by the commissioner of the Department of Labor and Industry.

A valid workers' compensation policy must be kept in effect at all times by employers as required by law.

License or certificate number (if applicable)	Business telephone number	Alternate telephone number
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Business name (Provide the legal name of the business entity. If the business is a sole proprietor or partnership, provide the owner's name(s), for example John Doe, or John Doe and Jane Doe.)

DBA ("doing business as" or "also known as" an assumed name), if applicable

Business address (must be physical street address, no P.O. boxes)	City	State	ZIP code
County	Email address		

You must complete number 1 or 2 below.

Note: You must resubmit this form to the authority issuing your license if any of the information you have provided changes.

1. I have a workers' compensation insurance policy.

Insurance company name (not the insurance agent)		
Policy number	Effective date	Expiration date

I am self-insured for workers' compensation. (Attach a copy of the authorization to self-insure from the Minnesota Department of Commerce; see www.mn.gov/commerce/industries/insurance/licensing/self-insurance.)

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

- I only use independent contractors and do not have employees. (See [Minn. Stat. § 176.043](#) for trucking and messenger courier industries; [Minn. Stat. § 181.723, subd. 4](#), for building construction; and [Minnesota Rules chapter 5224](#) for other industries.)
- I do not use independent contractors and have no employees. (See [Minn. Stat. § 176.011, subd. 9](#), for the definition of an employee.)
- I use independent contractors and I have employees who are not required to be covered by the workers' compensation law. (Explain below.)
- I only have employees who are not required to be covered by the workers' compensation law. (Explain below.) (See [Minn. Stat. § 176.041](#) for a list of excluded employees.)

Explain why your employees are not required to be covered

I certify the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify I am authorized to sign on behalf of the business.

Print name

Applicant signature (required)	Title	Date
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If you have questions about completing this form or to request this form in Braille, large print or audio, call (651) 284-5032 or 1-800-342-5354.