



City of Maplewood
 Office of the City Clerk
 1830 County Road B East | Maplewood, MN 55109
 651-249-2005 | 651-249-2957 (fax)
www.MaplewoodMN.gov

Approved By:
 Building Official
 City Council
 City Manager
 City Planner
 Fire Marshall
 Fee Paid: _____
 Receipt #: _____

MESSAGE CENTER

SEPTEMBER 1 THROUGH AUGUST 31, ANNUALLY

Guidance relating to Massage Centers is contained in the Maplewood City Code, Chapter 14, Article XX. All license holders are required to be familiar with the provisions of this Chapter and with applicable Minnesota Statutes and federal regulations.

LICENSE APPLICATION CHECKLIST:

To prevent delay, please ensure the following information is submitted. Incomplete applications are not accepted and will be returned immediately.

- Massage Center license application
- License Fee (*See Attached Fee Schedule*)
- Massage Center License – Supplement Application
 - Submitted by **each** owners/partner/corporate officer with 5% or more interest, and establishment manager
- Certificate of Insurance naming the City of Maplewood as the Certificate Holder. If the address of the insured is different than the establishment to be licensed, please list the licensed establishment address in the *description of operations* area of the certificate. Minimum amounts of coverage should be as follows:
 - \$300,000 General Liability
 - \$100,000 Property Damage

Applicant Information (individual who executes and signs this application)

Name of Applicant _____ Job Title _____
 Address _____
 Phone Number (_____) _____ E-mail Address _____

Business Owner Information:

Name of Owner _____
 Address _____
 Phone Number (_____) _____ E-mail Address _____

Business Owner is a: Natural Person Partnership Corporation Foreign Corporation

If partnership/corporation, list all partners or officers of corporation with 5% or more interest.

Name	Percentage Owned	Name	Percentage Owned
Name	Percentage Owned	Name	Percentage Owned

Business Information (Maplewood location, to be licensed)

Name of Business _____ DBA _____

Address _____

Phone Number (_____) _____ E-mail Address _____

Website _____ Opening Date _____

Do you own or lease the property on which you will be operating? Own Lease

Business Type Athletic Lodging Recreational Religious Social Salon Other _____

Will the revenue generated from massage services be greater than 15% of the business' gross revenue? Yes No

Does the Massage Center offer Outcall Service? Yes No

Establishment Manager Information (person who oversees day-to-day operations; must hold a Massage Therapist license)

Manager Name _____

Phone Number (_____) _____ E-Mail Address _____

Renewal notice should be mailed to: _____

Attn: _____

Tax Identification Information:

Please provide the following:

Federal Tax ID _____
 MN State Tax ID _____ OR
 SSN _____ - _____ - _____

MN §270C.72 requires the licensing authority to, upon request, provide to the Minnesota Commissioner of Revenue the business identification number or social security number of each license applicant.

Workers' Compensation Coverage:

I carry Workers' Compensation Insurance

Insurance Company Name: _____

Policy Number: _____

Effective Date: _____ Expiration Date: _____

I am Self-Insured (attach a copy of the permit to self-insure)

I am not required to have workers' compensation liability coverage

MN §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 MN §176.181, Subd.2. Upon request, the information will be furnished to the Department of Labor and Industry.

The data in this application will be used to approve your license and shall be deemed public unless private by State Statute. Private data is available to you and the City or State staff who need this information to perform their duties, but is not available to the public. You are not legally required to provide this data, but the City may not be able to approve your license if you do not provide it.

I will familiarize myself with the provisions of the Maplewood City Code, and with applicable Minnesota Statutes and federal regulations. This business will be conducted in compliance with the above regulations, statutes and ordinances, and it is understood that failure to do so may constitute grounds for denial, suspension or revocation of this license.

I declare that the information I have provided on this application is truthful and I understand that falsification of answers on this application will result in denial of the application. I authorize the City of Maplewood to investigate and make whatever inquiries necessary to verify the information provided.

Applicant Signature _____ Date _____

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

Notary
Seal

Massage Center/Therapist Fee Schedule	
<input type="checkbox"/> Massage Center License <i>(initial and renewal)</i>	\$259.00
<input type="checkbox"/> One-Time Background Investigation Fee	\$135.00
<input type="checkbox"/> Massage Therapist License <i>(initial and renewal)</i>	\$224.00
<input type="checkbox"/> Combination <i>(for first time Massage Center applicants, only)</i> <ul style="list-style-type: none"> <input type="checkbox"/> Massage Center license for one (1) location <input type="checkbox"/> Massage Therapist licenses for up to two (2) therapists <input type="checkbox"/> Background Investigation for Massage Center Owner/Partner/Establishment Manager and up to two (2) therapists 	\$724.00