



**CITY OF HERMANTOWN  
OFFICE OF THE CITY CLERK**

5105 Maple Grove Road  
Hermantown, MN 55811  
P: (218) 729-3600  
[www.hermantownmn.com](http://www.hermantownmn.com)

**FOR OFFICE USE ONLY**

DATE APPROVED: \_\_\_\_\_

LICENSE #: \_\_\_\_\_

**MESSAGE ESTABLISHMENT LICENSE APPLICATION**

GOVERNMENT DATA PRACTICES ACT - CLASSIFICATION WARNING: The data you supply on this form will be used to process the license you are applying for. You are not legally required to provide this data, but we will not be able to process the license without it. Some of the data will be classified as public data if and when the license is granted. Private financial information including a tax identification number and social security number are classified as private data and will be available to governmental personnel and other governmental agencies whose access is necessary to perform their official duties.

☐ New Application

☐ Renewal Application

License + Investigation Fee: \$235.00

**Total Due by or before 12/1/25: \$235.00**

**Total Due after 12/1/25: \$285.00**

**Licensee Name and Address:**  
**(Individual, Partnership, Corporation, LLC)**

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

**Licensee:**

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

**Licensed Premise Address:**

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

**Primary Owner/Operator/Manager**  
**Name & Address:**

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

**Primary Owner/Operator:**

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

**LICENSEE HEREBY SWEARS AND ATTESTS THAT ALL INFORMATION PROVIDED IN THIS LICENSE APPLICATION IS TRUE AND CORRECT TO THE BEST OF THEIR KNOWLEDGE AND THAT LICENSEE SHALL COMPLY WITH ALL PROVISIONS GOVERNING THEIR OPERATION UNDER A MESSAGE THERAPIST LICENSE AS SET FORTH IN CHAPTER 415 OF THE HERMANTOWN CITY CODE, ALONG WITH ALL OTHER APPLICABLE PROVISIONS OF LOCAL, STATE OR FEDERAL LAW, AS MAY BE AMENDED.**

State of: \_\_\_\_\_ ]

By: \_\_\_\_\_

County of: \_\_\_\_\_ ] ss:

**LICENSEE**

On this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, a Notary Public within and for said County and State, personally appeared \_\_\_\_\_, to me known to be the person named in and who executed the foregoing instrument, and acknowledged that they executed said instrument as their free act and deed, for the uses and purposes therein expressed.

Notary Public: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

## MESSAGE ESTABLISHMENT APPLICATION CHECKLIST

Below is a list of all documents and items required by the City of Hermantown to obtain a Massage Establishment License pursuant to Hermantown City Code Chapter 415. Please ensure that you have completed all items listed below. Any missing documents will delay the processing of your application. All massage licenses require a background investigation be conducted by the City of Hermantown Police Department. Please allow a minimum of two to three weeks to process a new license application.

- ☐ **LICENSE PAYMENT (ANNUAL LICENSE FEE + INVESTIGATION FEE)** Every question **must** be completed, and the fee **must** be paid, or the application will not be accepted.
- ☐ **CORPORATE DOCUMENTATION (IF INCORPORATED OR PARTNERSHIP)**
  - Certificate of Incorporation from the Minnesota Secretary of State's Office or proof of current registration with the Minnesota Secretary of State establishing legal authorization to operate within the State of Minnesota
  - Executed statement listing all entity owners including percentage of ownership held by each individual or entity.
- ☐ **TAX IDENTIFICATION FORM PURSUANT TO MINN STAT. § 270C.72, SUBD. 3, AS MAY BE AMENDED (pg. 3)**
- ☐ **MASSAGE THERAPIST AFFILIATIONS (pg. 4)** The **full name, date of birth, and address** for each massage therapist providing massage at the applicant's establishment.
- ☐ **APPLICANT AFFIDAVIT (pgs. 5-7)** Must be fully completed, signed and notarized.
- ☐ **OWNER/OPERATOR/MANAGER AFFIDAVITS (pgs. 8-9)** A completed, signed, and notarized Affidavit must be filed for **ALL** of the following parties as applicable:
  - All property owner(s), business owner(s), lessee(s) and/or manager(s);
  - If applicant is a corporation, each officer and director of said corporation and each stockholder owning more than ten percent of the stock of the corporation; and/or
  - If applicant is a partnership, each partner including limited partners.
- ☐ **BACKGROUND INVESTIGATION (pg. 10)** The background check is conducted by the Hermantown Police Department. The background check must be provided for the primary owner **AND** primary operator or manager.
- ☐ **MINNESOTA WORKER'S COMPENSATION COMPLIANCE/EXEMPTION CERTIFICATE**  
[https://www.dli.mn.gov/sites/default/files/pdf/ccld\\_lic-04\\_workcomp.pdf](https://www.dli.mn.gov/sites/default/files/pdf/ccld_lic-04_workcomp.pdf)
- ☐ **INSURANCE CERTIFICATE** Applicant must provide proof of possession of professional liability insurance for the practice of massage with a minimum coverage of \$1,000,000. All Certificates of Insurance must have the same term date as the license. The name on the insurance certificate must match **EXACTLY** with the Licensee Name.

**I HEREBY CERTIFY THAT I HAVE REVIEWED AND COMPLETED THIS CHECKLIST:**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## MN STATUTE 270C.72 TAX IDENTIFICATION FORM

**PURSUANT TO Minnesota Statute 270C.72, Tax Clearance Required: The licensing authority is required to provide the Minnesota Commissioner of Revenue the business tax identification number and social security number of each 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.**

License applied for or renewed:     Massage Establishment    

Licensing authority: City of Hermantown, St. Louis County, Minnesota

### **Personal Information:**

Applicants Name: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

### **Business Information:**

*\*If you cannot find your MN Tax ID or Federal Tax ID, please bring a copy of your most recent tax return\**

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

MN Tax Identification Number: \_\_\_\_\_

Federal Tax Identification Number: \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Signature Date:** \_\_\_\_\_

## MASSAGE THERAPIST AFFILIATIONS

List the full legal name, date of birth, and address of each massage therapist providing massage at the applicant's massage establishment. A list of all massage therapists providing massage at the applicant's establishment must remain current and on file at all times in the City Clerk's Office. Please supplement this form as necessary.

**Licensee Name** (Individual, Partnership, Corporation, LLC): \_\_\_\_\_

[illegible]

## MASSAGE ESTABLISHMENT APPLICANT AFFIDAVIT

The following affidavit must be fully completed, signed, and notarized by the applicant. Pursuant to Hermantown City Code Chapter 415, any misrepresentation, fraud, or misstated material fact herein is grounds for denial, suspension, or revocation of a license.

**Licensee Name** (Individual, Partnership, Corporation, LLC): \_\_\_\_\_

1. List the method of payment under which massage therapists are paid and the economic basis upon which massage therapists are paid:
  
  
  
  
  
  
  
  
  
  
2. Provide the legal description of the premises to be licensed below and attach plan of the area showing dimensions, location of buildings, street access, and parking facilities; include floor number, street number, and all rooms where massage services will be conducted:
  
  
  
  
  
  
  
  
  
  
3. List all of the following (all parties identified hereunder are required to file a corresponding Owner/Operator Affidavit):
  - All property owner(s), business owner(s), lessee(s) and/or manager(s);
  - If applicant is a corporation, each officer and director of said corporation and each stockholder owning more than ten percent of the stock of the corporation; and/or
  - If applicant is a partnership, each partner including limited partners.

Name	Title	Owner/Operator/Manager Affidavit Attached? (Y/N)

4. Have any of the individuals identified in Question 3 on the previous page been convicted of any crime or offense other than a traffic offense? Yes\_\_\_ No\_\_\_ If Yes, identify the individuals and provide the date, place and nature of conviction.

5. Have any of the individuals identified in Question 3 on the previous page ever held a license to run a massage establishment or similar business in another jurisdiction. Yes\_\_\_ No\_\_\_ If Yes, was such license ever revoked, suspended or denied? Yes\_\_\_ No\_\_\_

If Yes, provide details of the circumstances:

6. Have any of the individuals identified in Question 3 on the previous page been disciplined pursuant to Minnesota Statutes Chapter 146A or its successor, or similar laws of any other jurisdiction? Yes\_\_\_ No\_\_\_

If Yes, identify the individuals and provide details of the circumstances:

7. Have any of the individuals identified in Question 3 on the previous page, individually or with others, made an application for a massage establishment or similar license, which was denied? Yes\_\_\_ No\_\_\_

If yes, provide details of the circumstances:

**LICENSEE HEREBY SWEARS AND ATTESTS THAT ALL INFORMATION PROVIDED ON THIS AFFIDAVIT IS TRUE AND CORRECT TO THE BEST OF THEIR KNOWLEDGE AND THAT LICENSEE SHALL COMPLY WITH ALL PROVISIONS GOVERNING ITS OPERATION UNDER THE MASSAGE THERAPIST LICENSE AS SET FORTH IN CHAPTER 415 OF THE HERMANTOWN CITY CODE, ALONG WITH ALL OTHER APPLICABLE PROVISIONS OF LOCAL, STATE OR FEDERAL LAW, AS MAY BE AMENDED.**

State of: \_\_\_\_\_ ]

By: \_\_\_\_\_

County of: \_\_\_\_\_ ] ss:

**LICENSEE**

On this \_\_\_\_ day of \_\_\_\_\_ 202\_\_, before me, a Notary Public within and for said County and State, personally appeared \_\_\_\_\_, to me known to be the person named in and who executed the foregoing instrument, and acknowledged that they executed said instrument as their free act and deed, for the uses and purposes therein expressed.

Notary Public: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

## MESSAGE ESTABLISHMENT OWNER/OPERATOR/MANAGER AFFIDAVIT

**(Duplicate pgs. 8-9 as Necessary for EACH Owner/Operator/Manager)**

FULL LEGAL NAME: \_\_\_\_\_

FULL ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

D.O.B: \_\_\_\_\_

☐ **PROOF OF RESIDENCY AND AGE.** Owner/Operator must be eighteen (18) years of age or older. Provide a color photocopy of valid Minnesota Driver's License or Minnesota ID (front and back), Passport, or any other government-issued ID evidencing applicant's age and residency.

1. State full legal name and whether you have ever used or been known by any other name, and if so, the name(s) and information concerning places where used:
  
  
  
  
  
2. List the type, name, location, and date of every business or occupation you have been engaged in during the preceding ten years:
  
  
  
  
  
3. List all street addresses and dates of residency for all residences where applicant has lived in the preceding ten years.
  
  
  
  
  
4. Are you currently licensed in any other community to perform massage? Yes\_\_\_ No\_\_\_.  
If yes, please list all locations:
  
  
  
  
  
5. Have you ever been arrested, charged or convicted of any felony, crime, or violation of any ordinance other than a minor traffic offense? Yes\_\_\_ No\_\_\_. If yes, provide the date, time, place and offense for which arrests, charges or convictions were had:



6. Have you ever had an interest in, as an individual or as part of a corporation, partnership, association, enterprise, business or firm, a massage license that was revoked or suspended within the last ten years?
7. Have you ever been the subject of an investigation, public or private, criminal or non-criminal, regarding massage therapy? Yes\_\_ No\_\_. If yes, provide details of the circumstances:
8. I attest, that I am (check one of the following boxes):
- ☐ A citizen of the United States.
  - ☐ A noncitizen national of the United States.
  - ☐ A lawful permanent resident.
  - ☐ An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): \_\_\_\_\_

**OWNER/OPERATOR/MANAGER HEREBY SWEARS AND ATTESTS THAT ALL INFORMATION PROVIDED ON THIS AFFIDAVIT IS TRUE AND CORRECT TO THE BEST OF THEIR KNOWLEDGE AND THAT OWNER/OPERATOR/MANAGER SHALL COMPLY WITH ALL PROVISIONS GOVERNING ITS OPERATION UNDER THE MASSAGE THERAPIST LICENSE AS SET FORTH IN CHAPTER 415 OF THE HERMANTOWN CITY CODE, ALONG WITH ALL OTHER APPLICABLE PROVISIONS OF LOCAL, STATE OR FEDERAL LAW, AS MAY BE AMENDED.**

State of: \_\_\_\_\_ ] **By:** \_\_\_\_\_

County of: \_\_\_\_\_ ] ss: **LICENSEE**

On this \_\_\_\_ day of \_\_\_\_\_ 202\_\_\_\_, before me, a Notary Public within and for said County and State, personally appeared \_\_\_\_\_, to me known to be the person named in and who executed the foregoing instrument, and acknowledged that they executed said instrument as their free act and deed, for the uses and purposes therein expressed.

Notary Public: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

## Criminal Background Check Authorization

I, \_\_\_\_\_, am employed by \_\_\_\_\_.  
(Legal First Name    Full Middle Name    Last Name) (Business Name)

I hereby authorize the Hermantown Police Department to conduct a background investigation and Criminal History Check to procure any and all information, oral and written that may be required in connection with my application for a city license and/or employment. I understand the Hermantown Police Department may require my fingerprints in connection with my initial criminal history check.

I hereby consent to periodic criminal history checks that may be required and that the Hermantown Police Department will verify my continued employment or city licensure before running a check on me.

I hereby consent to the release of any and all data, oral or written, regarding me that may be required by the Hermantown Police Department and/or his designee and hereby expressly release any party providing said data from any and all liability. I further waive my right to have certain data protected from disclosure under any and all Federal or state statutory provisions to the extent I am authorized to do so.

### DATA PRACTICES ADVISORY

(Tennessee Warning)

The information that you are asked to provide in your proposal is classified by state law as either public, private or confidential. Public data is information that can be given to the public. Private data is information that generally cannot be given to the public but can be given to the subject of the data.

Confidential data is information that generally cannot be given to either the public or the subject of the data.

Our purpose and intended use of this information is to consider your proposal. You are not legally required to provide this information. You may refuse to provide this information.

The consequences of supplying or refusing to supply data are that your proposal may not be considered or it may be denied.

Other persons or entities may be authorized by law to receive this information. The undersigned, has read this advisory and understands it.

**Dated** this \_\_\_\_\_ day of \_\_\_\_\_, 202\_\_\_\_.

\_\_\_\_\_  
**Print Legal Name (first, full middle, last)**

\_\_\_\_\_  
**Date of Birth**  
(mm/dd/yyyy)

\_\_\_\_\_  
**Signature\***

*\*Must be an original wet signature, digital signatures or copies can not be accepted*