



To: Businesses applying for Massage Establishment License
From: Ed Worden, Administrative Assistant, City Clerk's Office
Re: Massage Establishment License Application

We acknowledge and appreciate your interest in obtaining a Massage Establishment License from the City of Hermantown. To facilitate the application process, please carefully follow the Application Checklist on pg. 2. Failure to provide the required information may result in delays in processing your application. **PLEASE SUBMIT YOUR APPLICATION AT LEAST 45 DAYS BEFORE YOU PLAN TO BEGIN SERVICES.** Processing of the application will not begin until all fees are paid.

Per MN Statutes Section 176.182, the City of Hermantown requires a certificate that indicates that you have workers' compensation insurance for your employees. This is included in the packet.

Items NOT included in the packet that you will need to furnish on your own:

- Applicant must provide proof of possession of 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.**

IMPORTANT! All owners, managers, and therapists must complete an Affidavit and Criminal Background Check Authorization annually.

Please return all **ORIGINALS** to the City Clerk's office with the required fee for the processing of your application (the City has a Notary if needed). Once the paperwork and payment are received, your application will be reviewed by the Police Department for approval. If you have any questions, please contact the City Clerk's office at the information below.

Sincerely,

A handwritten signature in black ink, appearing to read "Ed Worden", with a long horizontal flourish extending to the right.

Ed Worden

Administrative Assistant, City Clerk's Office

City of Hermantown | 5105 Maple Grove Road | Hermantown, MN 55811

P: (218) 729-3600 E: eworden@hermantownmn.com



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

5105 Maple Grove Road
Hermantown, MN 55811
P: (218) 729-3600
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 Fee: \$200.00

Investigation Fee: \$35.00

Total Due: \$235.00

**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 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 _____, 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, address and license number** 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
- ☐ **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): _____

THERAPIST NAME	ADDRESS	D.O.B.	HERMANTOWN MASSAGE THERAPIST LICENSE NO.

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*



CC0515

Mailing Address:
PO Box 64217
St. Paul, MN 55164-0217

Email: dli.license@state.mn.us
Website: dli.mn.gov
Phone: (651) 284-5034

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:
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☐ **I am self-insured for workers' compensation.** (Attach a copy of the authorization to self-insure from the Minnesota Department of Commerce; see <https://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.

How to Pay by Credit Card

Note: There is a fee to use this site; it is based on the dollar amount entered (it will tell you the fee so you can cancel if you don't want to pay it). If you decide to mail payment, please make check payable to The City of Hermantown and mail to 5105 Maple Grove Road, Hermantown, MN 55811.

Go to www.paygov.us

Click the "Make a Payment" button in the upper right-hand corner

Enter Location Code: 36848

Click "Make a Payment"

This will bring you to the **"MINNESOTA-CITY OF HERMANTOWN – GENERAL FUND"** page



Enter:

- Name
- What/Who is permit for (choose appropriate):
 - Massage License (list for whom)
 - Liquor License (list for whom)
 - Tobacco License (list for whom)
 - Tetrahydrocannabinol (THC - list for whom)
 - Data Request Payment

Complete the payment information and dollar amount

Accept the terms on the bottom

Click the "Make a Payment" button on the bottom

Payments are processed overnight and I will be notified the next day of the payment.