

New Massage Establishment License Application

City Code Chapter 116



Fees:

Background Check <i>(One Time Fee)</i>	\$100.00
License	\$100.00

*Three-year licensing period.

*License fee is prorated.

The data you furnish on this application will be used by the City of Hastings in the issuance of your license. Disclosure of this information is voluntary. You are not legally required to provide this data; however, if you fail to do so, the City of Hastings may be unable to process this application. Disclosure of your Minnesota Business Tax ID Number and Social Security Number is required by Minnesota Statutes 270C.72, and your Minnesota Tax ID Number and/or Social Security Number may be requested by and released to the Minnesota Commissioner of Revenue. After submission, all information contained in this application except your Social Security Number will be public information pursuant to Minnesota Statutes, Chapter 13.

Applicant Information			
Name: Last:	First:	Middle:	Maiden:
Address:			
City/State/Zip:			
Phone:		Cell Phone:	
Email Address:			
Describe any convictions of a felony, gross misdemeanor or misdemeanor, other than minor traffic violations. Please provide the date, place of conviction and nature of offense.			

Business Information

Name:
Address:
Phone:
Email Address:
Description of Business:
Services Offered:
Names of Employed Massage Therapists:

Property Owner Information (if different than above)

Name:	
Address:	
City/State/Zip:	
Phone:	Cell Phone:
Email Address:	

Manager Information (if different than above)

Name:	
Address:	
City/State/Zip:	
Phone:	Cell Phone:
Email Address:	

Additional Required Documents

- Certificate of Insurance in the amount of not less than \$1,000,000
- Color Copy of Driver's License or other form of Identification

Data Practices Notice

Every city in Minnesota must comply with the Minnesota Government Data Practices Act (MGDPA), which, in conjunction with other state and federal laws, classifies all government data. Government data are classified in different categories depending on whether they are accessible by the public.

Government data means all data collected, created, received, maintained or disseminated by the City regardless of its physical form, storage media or conditions of use. There is a presumption that government data are public and are accessible by the public for inspection and copying unless there is a federal law, state statute or temporary classification of data that provides differently.

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. 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.

I hereby certify that all statements made in this application are true and complete and understand that any misstatements or omissions of material facts may result in disqualification or denial of the license. I agree to abide by the provisions of this application and all applicable City polices and ordinances.

Signature of Applicant

Date

Application Checklist

	Application
	Application fee, including the non-refundable background check fee. Check should be made payable to the City of Hastings. Credit card and cash is also accepted.
	Color Copy of Driver’s License or other form of Identification
	Current Copy of Certificate of Insurance
	Release of Information-Application for a City License Form
	Tennessee Warning
	Information for License Investigation for City of Hastings Form
	Ordinance Review Sign Off Form
	Tax ID Form
	Worker’s Comp Form

Return the completed application packet and the required fees to the Deputy City Clerk. Once all required documents have been received and the fees have been paid, the application will be reviewed. Please allow 10 business days after all materials have been received for review.

Submit Application and Fees to:
Emily King
Deputy City Clerk
101 4th Street East
Hastings, MN 55033
eking@hastingsmn.gov
651-480-2343

**CITY OF HASTINGS
RELEASE OF INFORMATION -
APPLICATION FOR A CITY LICENSE**

The City of Hastings requires a criminal history check for the license for which you are applying; City Code 33.01. You will be informed of your status when your investigation is complete.

The undersigned authorizes the City of Hastings to obtain, and the State of Minnesota and the Hastings Police Department to release all information in the State of Minnesota Justice Information Services (MNJIS), Hastings Police Department Records Management System, and private data, as defined by Minnesota Statute 13.02, Subdivision 12 regarding the undersigned, to include criminal history record information retained by the Minnesota State Bureau of Criminal Apprehension. The undersigned further releases the City of Hastings, the State of Minnesota and the Hastings Police Department or other agencies used in conducting the background investigation from any claims or damages which the undersigned might incur as a result of the City obtaining this information from the State of Minnesota, the Hastings Police Department or other agencies. This authorization is effective for three months following the date of execution.

This information is classified as private personnel data and will be provided only to those City employees or agents who have a need to review it. The City does not intend to release the information to any other party, but may be required to do so by subpoena or court order. The undersigned may refuse to authorize the release of this information, but refusal will result in disqualification for a city license.

Please print clearly

Full Name (*last, first, middle & maiden name if applicable*) _____

Date of Birth _____ Activity/Position _____

Home Address _____

Home Phone Number _____ Cellular Phone Number _____

Driver's License # _____ State of DL _____

Previous Address(es) for last 5 years. *If necessary, use additional sheets.*

Street address city state zip

Street address city state zip

Signature _____ Date: _____

**INFORMATION FOR LICENSE INVESTIGATION
FOR CITY OF HASTINGS**

Type of license applying for:

<input type="checkbox"/> New	<input type="checkbox"/> Renewal	<input type="checkbox"/> Liquor	<input type="checkbox"/> Tobacco	<input type="checkbox"/> Transient Merchant
<input type="checkbox"/> Massage	<input type="checkbox"/> Amusement	<input type="checkbox"/> Hauler	<input type="checkbox"/> Other: _____	

As a license applicant, I hereby give my consent for a personal background investigation, to include a criminal history check, to be used in the determination of whether my application is to be approved. The results of such investigation shall be made public pursuant to appropriate City Council approval or denial of the license application. I understand that I am under no legal obligation to consent to such investigation, but that my refusal to so consent may be the basis for denying my application.

APPLICANT INFORMATION

First Name	Middle Name	Last Name	Maiden Name
Home Address:			
City/State/Zip:			
Length of time at that Address: <i>If less than 5 years, list previous addresses on additional sheet.</i>			
Email Address:			
Home Phone:		Business Phone:	
Cell Phone:		Date of Birth:	
Driver's License Number	State	Expiration	Social Security Number:
Physical Attributes			
Sex	Race	Height	Weight
		Eye Color	Hair Color
Current Employer:			
Previous Employer for the past 5 years: <i>Use additional sheets if necessary.</i>			

LOCAL BUSINESS INFORMATION

Business Name	Store Number	Address
Store Manager/Representative and Position:		
Phone Number:		
Email Address		

CORPORATE INFORMATION: (if applicable)

Name:
Address:
Contact Person:
Phone Number:
Email Address:

TAX IDENTIFICATION FORM

LICENSE APPLICANT:

Pursuant to *Minnesota Statute 270C.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.

Name of Applicant _____

Social Security #* _____
For individual business owner only, not partnership, corporation, etc.

Type of Business _____

Minnesota Tax Identification # _____

Federal Tax Identification # _____

Signed by _____ Date _____

Print Name of Person Signing: _____

If a Minnesota Tax Identification Number is not required, please explain below.

***2008 Minnesota Statutes**

270C.72 TAX CLEARANCE; ISSUANCE OF LICENSES.

Subd. 4. Licensing authority; duties.

All licensing authorities must require the applicant to provide the applicant's Social Security number and Minnesota business identification number on all license applications. Upon request of the commissioner, the licensing authority must provide the commissioner with a list of all applicants, including the name, address, business name and address, Social Security number, and business identification number of each applicant. The commissioner may request from a licensing authority a list of the applicants no more than once each calendar year.

History: 2005 c 151 art 1 s 87

**City of Hastings
Acknowledgement of
Review of Ordinance**

I hereby acknowledge that I have read, understand and agree to abide by the regulations set forth in the City's Ordinance associated with the license for which I am applying. Furthermore, I also understand that I must comply with the provisions of all applicable state laws.

Applicant Signature

Date

TENNESSEN WARNING

When the City of Hastings (“City”) collects private/confidential data from an individual about that individual, the City is required under Minn. Statute § 13.04, subd. 2, to provide a Tennessee warning Notice. The purpose of this Notice is to enable individuals to make an informed decision about whether to give data about themselves to the City.

Classification of Data Provided

Under Minnesota Statute § 13.41, subd. 2, regulating licensing data obtained by a public entity, names and the designated contact address and telephone number are public data and available upon request. All other information provided on your application prior to licensure approval is classified by law as private data and is accessible to you, but not to the public. Upon license approval, all information provided on your application is public data, EXCEPT for: date of birth, social security, non-designated or secondary contact address and telephone number, financial data, state and federal tax ID’s, or data classified under Minnesota Statute § 13.02, subd. 12, as private or subd. 13 as protected nonpublic. Public data is available to any person upon written request to the City.

Purpose and Intended Use

The data requested on each application will be used in determining whether you meet the City's qualifications and requirements for the license you are applying for. If a background check is required, the data from your application will also be used by the City and the Hastings Police Department as required by Hastings City Code § 33.01.

Failure to provide any of the requested information could result in the delay or possible denial of your initial or renewal application. All data collected and stored may be shared upon court order or with other government entities as authorized by law.

I certify that I have read the above questions and that the answers are true and correct to the best of my knowledge.

Signature

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.