

City of Alexandria



704 Broadway, Alexandria, MN 56308

320.763.6678 | 320.763.3511 (fax) | www.AlexandriaMN.city

Licensing Year: 1/1 to 12/31/_____

New: ☐

License Fee: \$180.00

Investigation Fee: \$200.00

MASSAGE BUSINESS

The undersigned hereby makes application for a license and agrees to operate in the City of Alexandria in accordance with the regulations governing this enterprise as set forth in the Alexandria City Code. It is understood that failure to conform renders this license null and void.

Applicant Information

Name of Applicant _____

Applicant's Phone Number: _____ Applicant's Email Address: _____

Applicant's Physical Address: Street _____ City _____ State _____ Zip _____

Applicant's Mailing Address (where future correspondence should be sent):

Street Address _____ City _____ State _____ Zip _____

Applicant is a: ☐ Natural Person ☐ Corporation ☐ Limited Liability Company ☐ Partnership ☐ Other _____

Contact Person for Applicant if Applicant is not a Natural Person:

Name _____

Street Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

List all other names under which you conduct business (legal names; "dba"/assumed names; names of affiliated companies, such as companies with common ownership or control; etc.).

Applicant's Signature _____

Title (if signing on behalf of an organization) _____ Date _____

*If you have any questions, please contact Amy Riedel at 320-759-3622 or email at ariedel@alexandriamn.city. On behalf of the City of Alexandria, thank you for your prompt attention in returning your application.

***Please make sure all the necessary documents accompany your license application and the forms are filled out completely and signed. Incomplete applications will not be approved.**

(FOR OFFICE USE ONLY)

Date Received: _____

Date of Approval: _____

License #: _____

Updated 3/1/2025

General Application For License

CITY OF ALEXANDRIA

Section A

Certification of Compliance—Minnesota Workers' Compensation Law

Minnesota Statute, Section 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business or engage in an activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of MSS Chapter 176. The information required is: the name of the insurance company, the policy number, and dates of coverage or the permit to self-insure. This information will be collected by the licensing agency and retained in their files.

This information is required by law, and licenses and permits to operate a business may not be issued or renewed if it is not provided and/or is falsely reported. Furthermore, if this information is not provided or falsely stated, it may result in a \$2,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry.

Insurance Company Name (not the agent):

Policy Number:

Dates of Coverage:

to

OR

I am not required to have workers' compensation liability coverage because:

- ☐ I have no employees
- ☐ I am self insured (include permit to self-insure)
- ☐ I have no employees who are covered by the workers' compensation law (these include spouse, parents, children, and certain farm employees)

I certify that the information provided above is accurate and complete and that a valid workers compensation policy will be kept in effect at all times as required by law.

Section B

Tax Identification Information

Pursuant to Minnesota Statute 270C.72, the City of Alexandria is required upon request to provide to the Minnesota Commissioner of Revenue your Minnesota business tax identification number or 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:

- 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;
- Upon receiving this information, the City of Alexandria 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;
- Failure to supply this information may jeopardize or delay the processing of your license application.

Minnesota Business ID Number:

Federal Tax ID Number:

If a Minnesota Tax ID number is not required, please explain:

Social Security Number:

Section C

Tennessee Warning

Under the Minnesota Government Data Practices Act, some of the data you are being asked to provide on this application, including any social security number, are private data. You are being asked to provide this data so that the City of Alexandria may evaluate your eligibility for the license for which you are applying. By signing below, you are consenting to allow this data to be shared with City of Alexandria staff, councilmembers and mayor so that they may process and evaluate your application and eligibility for the license. In addition, you are being asked to provide this data because the City may be required to provide it to the Minnesota Commissioner of Revenue. It is also possible that the City may be required to share the data with the state or legislative auditor or upon court order. You may choose not to provide some or all of this private data, but withholding it or providing incomplete information may prevent you from obtaining the license for which you are applying.

Signature:

Date of Birth:

Date:

Answer the following questions. Attach separate sheets if necessary. AN INCOMPLETE APPLICATION WILL BE RETURNED TO THE APPLICANT. PHOTO ID REQUIRED.

1. For all Applicants who are natural persons and for each partner if the Applicant is a partnership, and for each on-site manager, proprietor, and other agent in charge of the premises to be licensed, please provide the following:
 - a. Full Legal Name: First _____ Middle _____ Last _____
 - b. Place of Birth: _____
 - c. Date of Birth: _____
 - d. Current Address: _____
 - e. Have you ever used or been known by a name other than your true legal name and, if so, what was such name or names, and dates and places where used: _____

 - f. Name of the business if different than the full individual name of the applicant: _____

 - g. Street addresses at which you have lived during the preceding five (5) years: _____

 - h. Kind, name, and location of every business or occupation in which you have been engaged in during the preceding five (5) years: _____

 - i. Names and addresses of your employers and partners, if any, during the preceding five (5) years: _____

 - j. Have you ever been convicted of any felony, crime, or violation of any ordinance, including any alcohol-related traffic offenses, but excluding other traffic offenses? ____ Yes ____ No

If so, indicate the time, place, and offense for which convictions were entered: _____

 - k. Have you had any training or experience in performing massage services? ____ Yes ____ No
 - l. Are you a citizen of the US or otherwise legally authorized to work in the US? ____ Yes ____ No
 - m. A copy of each person's current valid driver's license or other government-issued photo identification.

2. If Applicant is a Partnership the following information must be provided for all partners (attach separate sheets if necessary):

- a. List the names and addressed of all partners, each of whom must provide all information listed in items 1.a-1.m above: _____

- b. List your Managing Partner or Partners: _____

- c. What is the interest of each partner in the business? _____

- d. A true copy of the Partnership Agreement, if any, shall be submitted with the application. If the partnership is required to file a certificate as to a trade name under the provisions of M.S.A. Chapter 333, a copy of such certificate, certified by the Clerk of the District Court, shall also be attached.

3. If Applicant is a corporation, limited liability company, other association, the following information is required (attach separate sheets if necessary):

- a. Company name and the state of incorporation or organization: _____

- b. Please attach a true copy of your Certificate of Incorporation or Organization, Articles of Incorporation or Association Agreement, and By-Laws. If a foreign corporation, a Certificate of Authority, as described in M.S.A. Chapter 303, shall also be attached.
- c. Provide the name of the manager, proprietor, or other agent in charge of the premises to be licensed, giving all information concerning said person(s) as required in items 1.a-1.m above: _____

- d. A list of all parties who control or own any interest in excess of five percent in said corporation or organization or who are officers of the corporation or organization and all information required in items 1.a-1.m: _____

- e. The name of the business if it is to be conducted under a designation, name, or style other than the full legal name of the applicant: _____
- f. The name, address, and phone number of any company that is affiliated with you by virtue of common ownership or control ("affiliated business"): _____

4. Is Applicant licensed in other communities to run a similar business? ☐ Yes ☐ No
If yes, where: _____

5. Names of those individuals to be licensed and working for the applicant: _____

6. Has the Applicant ever been denied a massage license? ☐ Yes ☐ No

7. Names, residences, and business addressed of three residents of Douglas County, of good moral character, not related related to the applicant or financially interested in the premises or business, who may provide a reference as to the applicant's or manager's character.

NAME

RESIDENCE ADDRESS

BUSINESS ADDRESS

8. Location of the business premises: _____

THE FOLLOWING MUST BE COMPLETED AND SIGNED IN THE PRESENCE OF A NOTARY PUBLIC

I, _____, being duly sworn, depose, and say that the statements on this document by me are true and correct to my knowledge.

Signature

Date

Subscribed and sworn to before me this _____
day of _____, 20____.

Notary Public

REFERRED TO CHIEF OF POLICE:

Recommendation: Granted: _____ Refused: _____

Give reasons if refused: _____

Chief of Police

Date

NOTE: EACH PERSON WITH AN OWNERSHIP INTEREST IN THE APPLICANT **MUST** COMPLETE THIS AUTHORIZATION PAGE. (MAKE COPIES OF THIS SHEET IF NECESSARY)

AUTHORIZATION FOR RELEASE OF CRIMINAL HISTORY

The undersigned hereby authorizes the State of Minnesota and any law enforcement agency in the State of Minnesota and elsewhere, to release to the Chief of Police for the City of Alexandria any information regarding my criminal convictions or history or arrests, for any offense, for the limited purpose of investigating my background for issuance of a massage business license. This authorization is valid for six (6) months from the date below unless specifically withdrawn by the undersigned before the expiration of that time period. A copy of this Authorization is as valid as the original.

Date: _____

Signature

**Please provide a copy of Drivers License

Print Name (First, Middle, Last)

Date of Birth



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED	INSURER A :	
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY						EACH OCCURRENCE \$
	☐ COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
	☐ CLAIMS-MADE ☐ OCCUR						MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$
							GENERAL AGGREGATE \$
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$
	☐ POLICY ☐ PRO JECT ☐ LOC						\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	☐ ANY AUTO						BODILY INJURY (Per person) \$
	☐ ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	☐ HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$
	☐ SCHEDULED AUTOS						\$
	☐ NON-OWNED AUTOS						
	UMBRELLA LIAB						EACH OCCURRENCE \$
	☐ OCCUR						AGGREGATE \$
	EXCESS LIAB						\$
	☐ CLAIMS-MADE						
	DED RETENTION \$						WC STATUS- OTH
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						TORY LIMITS ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	☐ Y/N					E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

The City of Alexandria is listed as an additional insured.

CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE