

Massage Therapist

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 (Owner) Information

Legal Name First _____ Middle _____ Last _____

Primary Phone _____ Alt. Phone _____ Email _____

Street Address _____ City _____ State _____ Zip _____

Mailing Address (where future correspondence should be sent):

Street Address _____ City _____ State _____ Zip _____

Business Information: Corporation Limited Liability Company Partnership Other _____

Name of Company _____

Business Address _____ City _____ State _____ Zip _____

Phone _____ Email _____ Website _____

List all other names under which you conduct business (*legal names, mobile food unit signage, parent companies DBA, etc.*).

Applicant/Licensee 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 Staff Approval _____ License # _____

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:
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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:
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If a Minnesota Tax ID number is not required, please explain:	Social Security Number:
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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:
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APPLICATION FOR INDIVIDUAL MASSAGE THERAPIST LICENSE

CITY CODE SECTION 4.49

PHOTO ID REQUIRED

Name of Applicant: _____

Address where you will be doing business: _____

Resident Address: _____

Date of Birth: _____ Have you ever used or been known by any other name? Yes No

If yes, list names used: _____

Street Address for the past five years: _____

Formal Training or Experience in Massage Services? Yes No Certificate: Yes No

Years of Experience in the Occupation: _____

Past Employment and Position held for the past five years: _____

Have you ever been convicted of any felony or crime? Yes No

Time, place and offense for which convictions were had: _____

Is applicant licensed in other communities to run similar business? Yes No

Location: _____

Have you ever been denied a massage license? Yes No

Character references (residents of Douglas County):

<u>Name</u>	<u>Residence Address</u>	<u>Business Address</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

I, _____, being duly sworn, depose and say that the statements on this document by me made are true and correct to my knowledge. **(MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC)**

Signature

Date

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

Notary Public

AUTHORIZATION FOR RELEASE OF CRIMINAL HISTORY
EACH PERSON WITH AN OWNERSHIP INTEREST MUST COMPLETE THIS AUTHORIZATION PAGE
(COPIES OF THIS PAGE CAN BE MADE)

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 therapist 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 the Authorization is as valid as the original.

Date: _____

Signature

****Please provide a copy of your
Driver's License****

Print **Full** Name (First, **Full** Middle, & Last)

Date of Birth

REPORT ON APPLICANT BY POLICE CHIEF

This is to certify that to the best of my knowledge, the Applicant and/or his or her partners named herein have not been convicted within the past five (5) years for any violation of the laws of the State of Minnesota or any municipal ordinances, except as hereinafter stated: _____

It is my judgement that the Applicant and his or her partners will comply with the laws and regulations relating to the conduct of this business if a license is granted.

Chief of Police

Date: _____

