



CITY OF DULUTH
CITY CLERK'S OFFICE
330 City Hall
411 West First Street
Duluth, Minnesota 55802
www.duluthmn.gov
Phone: (218) 730-5500
Fax: (218) 730-5293

For Office Use Only

Date: _____

License No. _____

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 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.

MESSAGE ESTABLISHMENT LICENSE

LICENSEE NAME AND ADDRESS:

(Individual, Partnership, Corporation, LLC)

PRIMARY OWNER, OPERATOR OR MANAGER:

LICENSE FEE: \$145.00

INVESTIGATION FEE: \$36.00

TOTAL DUE: \$181.00

LICENSEE:

EMAIL: _____

BUSINESS PHONE: _____

LICENSED PREMISES ADDRESS:

PRIMARY OWNER, OPERATOR OR MANAGER:

EMAIL: _____

BUSINESS PHONE: _____

LICENSEE HEREBY SWEARS AND ATTESTS THAT ALL INFORMATION PROVIDED IN THIS LICENSE APPLICATION IS TRUE AND CORRECT TO THE BEST OF ITS KNOWLEDGE AND THAT LICENSEE SHALL COMPLY WITH ALL PROVISIONS GOVERNING ITS OPERATION UNDER A MASSAGE ESTABLISHMENT LICENSE AS SET FORTH IN CHAPTER 14 OF THE DULUTH CITY CODE, ALONG WITH ALL OTHER APPLICABLE PROVISIONS OF LOCAL, STATE OR FEDERAL LAW, AS MAY BE AMENDED.

BY: _____
LICENSEE

STATE OF _____]
] ss:
COUNTY OF _____

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 _____

MASSAGE ESTABLISHMENT APPLICATION CHECKLIST

Below is a list of all documents and items required by the City of Duluth to obtain a Massage Establishment License pursuant to Duluth City Code Chapter 14. 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 Duluth 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.

- OWNER/OPERATOR/MANAGER AFFIDAVITS.** 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.

- TAX IDENTIFICATION FORM PURSUANT TO MINN STAT. § 270C.72, SUBD. 3, AS MAY BE AMENDED.**

- MASSAGE THERAPIST IDENTIFICATION.** The full name, date of birth, address and license number for each massage therapist providing massage at the applicant's establishment.

- MINNESOTA WORKER'S COMPENSATION COMPLIANCE/EXEMPTION CERTIFICATE.**

- APPLICANT AFFIDAVIT.** Must be fully completed, signed and notarized.

- FIRE DEPARTMENT INSPECTION.** Establishment has been inspected by the Duluth Fire Department.

HEALTH DEPARTMENT INSPECTION. Establishment has been inspected by the Minnesota Department of Health.

BACKGROUND INVESTIGATION.

Applications must include results of a comprehensive national criminal background check from one of the background investigative providers listed below. The national criminal background check is to be obtained and paid for by the massage establishment applicant. The national background check is in addition to the background check conducted by the Duluth Police Department. The national background check must be provided for the primary owner and primary operator or manager.

BACKGROUND INVESTIGATION PROVIDERS:

American Data Bank

800-200-0853

www.americandatabank.com

General Information Services

866-260-0493

www.geninfo.com

Good Hire

855-496-1572

www.goodhire.com

Universal Background Screening

1-877-263-8033

www.universalbackground.com

Verified Credentials, Inc.

20890 Kenbridge Court

Lakeville, MN 55044

1-952-985-7200

www.verifiedcredentials.com

Western Reporting

855-910-8443

www.westernreporting.com

MASSAGE ESTABLISHMENT APPLICANT AFFIDAVIT

The following affidavit **must** be fully completed, signed, and notarized by the applicant. Pursuant to Duluth City Code Chapter 14, any misrepresentation, fraud, or misstated material fact herein is grounds for denial, suspension, or revocation of a license.

LICENSEE NAME: _____

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 together with a 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/OperatorAffidavit):
 - 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 AFFIDAVIT ATTACHED?

4. Have any of the individuals identified in Question 3 above 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 above 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 above 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 above, 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 ITS KNOWLEDGE AND THAT LICENSEE SHALL COMPLY WITH ALL PROVISIONS GOVERNING ITS OPERATION UNDER THE MASSAGE ESTABLISHMENT LICENSE AS SET FORTH IN CHAPTER 14 OF THE DULUTH CITY CODE, ALONG WITH ALL OTHER APPLICABLE PROVISIONS OF LOCAL, STATE OR FEDERAL LAW, AS MAY BE AMENDED.

BY: _____

LICENSEE

STATE OF _____]
COUNTY OF _____] ss:

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
OWNER/OPERATOR/MANAGER
AFFIDAVIT**

(Duplicate Form as Necessary)

NAME: _____

ADDRESS: _____

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):
1. A citizen of the United States.
 2. A noncitizen national of the United States.
 3. A lawful permanent resident.
 4. 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 14 OF THE DULUTH CITY CODE, ALONG WITH ALL OTHER APPLICABLE PROVISIONS OF LOCAL, STATE OR FEDERAL LAW, AS MAY BE AMENDED.

BY: _____
OWNER/OPERATOR/MANAGER

STATE OF _____]
] ss:
 COUNTY OF _____

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 _____

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: _____

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

License renewal date: _____

Personal Information (if applicable)

Applicants Name: _____

Applicant's Address: _____

Social Security Number: _____

Business Information (if applicable)

Business Name: _____

Business Address: _____

MN Tax Identification Number: _____

Federal Tax Identification Number: _____

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.