CITY OF RAMSEY
APPLICATION FOR
THERAPEUTIC MASSAGE ESTABLISHMENT LICENSE

License application review and approval process may take up to ***120 days***. Business licenses are issued after approval by City Council and once background investigation is complete. Refer to City Code Chapter 26 Article XVIII for ordinance details. Tax ID required per MN Statute 270C.72. Facility inspection may be required. Incomplete applications *will not* be accepted. Approved licenses are valid through December 31st and renewed annually.

Enclose with this completed, notarized application:

License Year: _____

- Massage Establishment License fee $300 (Renewal $150)
- Background check fee $200
- Completed and signed Request for Background Check Information form
- Color copy of Driver's license or government-issued ID
- Massage Therapist License fee $100
  - A separate application must be submitted for each massage therapist, see Therapeutic Massage Therapist application form
  - Certified copy of Therapeutic Massage Training certificate or transcript from U.S. accredited school with minimum of 500 hours of completed training
  - Proof of professional massage liability insurance (coverage $1,000,000)
- Certificate of liability insurance with City of Ramsey listed as certificate holder

1) **Full** Name of Business: _____

If business is conducted under a designation or assumed name, attach a certified copy of the certificate as required by MN Stat. § 333.01 and §333.02.

2) Business Type: ☐ Individual ☐ Corporation ☐ Partnership ☐ Other _____

3) Address of the Business to be licensed: _____

4) Description of the premises to be licensed: _____

5) Business Phone Number: _____

6) Business Email Address: _____

7) Minnesota Tax Identification #: _____

8) Federal Tax Identification #: _____

9) Applicant's **Full** Name: _____
Last First Middle

10) Applicant's Date of Birth: _____

11) Applicant's Place of Birth: _____

12) Applicant's Phone Number: _____

13) Applicant is: ☐ Owner ☐ Manager ☐ Other:_____

14) Has applicant been convicted of a crime (other than a traffic violation) within the last five (5) years?

☐ Yes ☐ No

If Yes, list Offense(s) with Dates & Location(s):

_____

_____

_____

15) Has applicant previously been denied a license to perform massage services, or had a license revoked or suspended?

☐ Yes ☐ No

If Yes, list Date(s) & Location(s) of such denial, revocation, or suspension:

_____

_____

_____

16) List the Name, Location and Type of every business or occupation applicant has been engaged in during the preceding five years.

_____

_____

_____

17) Does applicant have any training or experience in performing massage services? Include certifications, degrees, diplomas, or educational coursework.

_____

_____

_____

18) Full Name of Owner of Premises *(if different from applicant)*: _____

19) Address of Owner of Premises *(if different from applicant)*: _____

20) Owner's Phone Number *(if different from applicant)*: _____

21) If partnership, list names and addresses of all partners. Include a copy of the Partnership Agreement.

_____

_____

22) If corporation, state names, addresses and birthdates of all officers and directors. Include a copy of the Articles of Incorporation and Secretary of State's Certificate of Good Standing.

_____

_____

23) Description of services (include specific techniques, equipment) to be provided and of goods, if any, to be sold: _____

_____

a. If goods are sold, source of supply: _____

24) Business Hours of Operation: _____

25) Other communities where applicant has been licensed or applied to be licensed & status:

_____

_____

_____

26) List the names and addresses of three (3) persons, residents of the State of Minnesota of good moral character, not related to the applicant or financially interested in the licensee's premises who may be referred as to applicant's character:

1) _____

2) _____

3) _____

NOTE: A Home Occupation Permit may be required in order to operate a business within a principal dwelling or an accessory structure on a residential property. A Home Occupation Permit application is available at www.cityoframsey.com. Contact planning@cityoframsey.com or 763-433-9824 with any questions.

DATA PRACTICES ADVISORY: *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.*

I hereby certify that the foregoing statements are true and correct to the best of my knowledge and that the giving of false information or the failure to give pertinent information constitutes cause for revocation of this permit. Further, I agree to comply with all the provisions of the ordinance under which this license is granted. No other persons than those named in this application have any interest in the management and control of such business.

Applicant's Signature: _____ Date: _____

Subscribed and sworn to before me, a notary public, on this ____ day of _____, 20_____

_____

NOTARY PUBLIC

My Commission expires: _____

Return completed application and requested information along with the fee to:

City of Ramsey
Attn: Business Licenses
7550 Sunwood Drive NW
Ramsey, MN 55303

Make check or money order payable to "City of Ramsey"
VISA, MasterCard, Discover accepted.

----This license will expire on December 31st----

CITY OF RAMSEY
TENNESSEN WARNING

The City of Ramsey has asked that you provide information about yourself which may be classified as private, confidential, nonpublic, or protected nonpublic under the Minnesota Government Data Practices Act. This means that this data is not ordinarily available to the general public. Accordingly, the City is required to inform you of the following:

1. The purpose and intended use of the information requested is to determine if you are eligible for a license from the City of Ramsey.

2. You are not legally obligated to supply the requested information.

3. The known consequences of supplying the requested information is that the information or further investigation could disclose information which could cause your application to be denied.

4. The known consequences of refusing to supply the requested information is that your request for a license cannot be processed.

5. A criminal charge, arrest, or conviction will not necessarily bar you from obtaining a license with the City, unless the conviction is related to the matter for which the license is sought, according to Minnesota Statute 364.03, or subject to such other exceptions as are provided by law. However, failure to reveal the requested criminal information will be considered falsification of the application and may be used as grounds for the denial of the application.

6. Other governmental agencies necessary to process your application are authorized by law to receive the information provided.

7. The City may be required to furnish some of this information to the Minnesota Department of Revenue or other governmental agencies.

The undersigned, by signing this notice, acknowledges that he/she has read and understood the contents of this notice.

_____ _____

Date Signature

_____

Print Name

Findings by Ramsey Police Department:

- ☐ Recommend Approval
- ☐ Recommend Denial
- ☐ See Attached

Additional Comments:

_____

_____

_____

Police Chief Signature: _____