



Individual Massage Therapist/Sole Proprietor License Application

- You are operating as a massage therapist for a company; or
- You own your own business and will be operating as the sole massage therapist.

The following must be submitted with a completed application:

- \$350 Fee (*which includes \$300 fee for background check*)

**Annual renewal fee each year is currently \$50. You will receive a reminder in the mail.*

- Copy of Driver's License OR Proof of citizenship (residential alien or visa paperwork).
- Certificate of Insurance as proof of liability insurance.*
**(The policy of insurance shall be in limits of not less than \$1,000,000.)*

Educational requirements submitted with a completed application:

Each applicant shall furnish the following from an accredited association or agency:

- A diploma or certification of graduation from a school approved by the American Massage Therapist Association.
- Proof/Transcript of a minimum of 500 hours of successfully completed course work in the following areas:
 - The theory and practice of massage, including but not limited to, Swedish, Esalen, Shiatsuand, or Foot Reflexology techniques.
 - Anatomy, including but not limited to Skeletal and Muscular structure and Organ placement.
 - Hygiene

Complete and sign each of the following forms:

- Tennesseen Warning Application for Business License
- City of Buffalo Background Investigation Consent Release

Regarding Taxes:

- MN Tax ID Number
- Social Security Number



APPLICATION FOR **NEW ANNUAL CITY LICENSES**

CITY OF BUFFALO, MINNESOTA

Applicant Name: _____

Residential Address: _____

Business Name: _____

Business Address: _____

TYPE OF LICENSE/PERMIT	COST	TOTAL
INVESTIGATION FEES – One-time Fee (<i>New applicants only</i>)	\$300.00	\$300.00
ON-SALE BEER &/OR MALT LIQUORS (3.2% APV)	\$200.00	
OFF-SALE BEER &/OR MALT LIQUORS (3.2% APV)	\$60.00	
ON-SALE LIQUOR	\$3,800.00	
SUNDAY LIQUOR SALES	\$200.00	
WINE	\$100.00	
LIMITED ON-SALE CULINARY CLASS	\$100.00	
BREWERY / TAP ROOM (ON-SALE)	\$500.00	
GROWLER (OFF-SALE)	\$250.00	
DISTILLERY/COCKTAIL ROOM (ON-SALE)	\$500.00	
CIGARETTE / TOBACCO / E-CIG	\$50.00	
*THC (Tetrahydrocannabinols)	\$50.00	
MASSAGE-INDIVIDUAL MASSAGE THERAPIST/SOLE PROPRIETOR *OR* CORPORATE/PARTNERSHIP BUSINESS	\$50.00	\$50.00
TATTOO/BODY PIERCING	\$500.00	
GOLF CART PERMIT	\$5.00	
PAWN SHOP	\$50.00	
CURRENCY EXCHANGE / MONEY ORDERS	\$50.00	
CRAFT RETREAT FACILITY (<i>Requires an Interim Use Permit</i>)	\$50.00	
FIREWORKS – INSIDE SALES (<i>License valid for 6 months only</i>)	\$50.00	
FIREWORKS – OUTSIDE SALES (<i>License valid for 6 months only</i>)	\$250.00	

TOTAL FEES DUE - \$ \$350.00

*Zoning Review Required Zoning Approved By: _____

This application is made pursuant and subject to all the laws of the State of Minnesota and the ordinances and regulations of said City of Buffalo applicable thereto. All licenses/permits expire on December 31.

Signature of Applicant

Date

Phone Number

Email Address

Application must be filed at City Clerk's office, 212 Central Avenue, Buffalo, MN 55313
All applications for licenses listed above must be approved by City Council before a license can be granted.



LICENSE CONTACT INFORMATION

Licensee Name: _____

Trade Name: _____

Business Establishment's Telephone #: _____

Manager's Name: _____ Telephone #: _____

Managing Partner/Primary Officer: _____ Telephone #: _____

Licenses and renewal application forms should be returned to:

Company Name: _____

Attention: _____

Street: _____

City, State, Zip Code: _____

Name of person to contact if questions: _____

Telephone number of contact person: _____

Email of contact person: _____

Licensee's Signature _____ Date: _____

Please Print Name: _____



INDIVIDUAL MASSAGE THERAPIST/ SOLE PROPRIETOR LICENSE APPLICATION

Incomplete applications will not be processed. If a question does not apply, please write "N/A".

1. Name: _____
First _____ Full Middle _____ Maiden Name _____ Last _____
2. Home address: _____
Street _____ City _____ State _____ Zip _____
3. Home Phone: _____ Alternate Phone: _____
4. Place of Birth _____ Date of Birth: _____
5. Name of establishment where massage will take place: _____
6. Establishment Address: _____
7. Establishment Phone: _____
8. Owner of establishment where massage will take place: _____
9. Establishment manager: _____
10. Are you licensed in any other community? Yes No If yes, where? _____
11. Have you been denied a massage license by any licensing authority? Yes No
If yes, indicate licensing authority: _____
12. If you have ever used or been known by a name other than the true name given above, list such name(s) and information concerning dates and places used:
13. **Addresses at which you have lived** during preceding five years. Begin with present address. Attach additional sheets if necessary.
Number and Street City and State Dates

14. **Names and addresses of previous employers**, if any, for the preceding five years, including self-employment. Begin with present or last occupation. Attach additional sheets if necessary.

<u>Employer</u>	<u>Street Address</u>	<u>City and State</u>	<u>Dates</u>

15. Have you ever been convicted of any felony, crime or violation of any ordinance, other than traffic? *If yes, give the date, place and offense for which convictions were had:* Yes No

16. List the names, resident addresses and business addresses of three residents of Minnesota of good moral character, not related to the applicant or financially interested in the premises or business, which may be referred to as the applicant's character.

Full Name: _____

Residence Address: _____

Business Address: _____

Full Name: _____

Residence Address: _____

Business Address: _____

Full Name: _____

Residence Address: _____

Business Address: _____

I declare that the information I have provided is truthful and I understand that falsification of answers on this application may result in denial of this application. I authorize the City of Buffalo to investigate and make whatever inquiries are necessary to verify the information provided.

Applicant Signature

Date

OFFICE USE ONLY

Application complete _____ License Fee paid _____

Proof of graduation attached? Yes No

Proof of 500 hours attached? Yes No

Proof of Citizenship Status? Yes No

Licensing period _____

Council approval granted on _____



CITY OF BUFFALO, MINNESOTA

**TENNESSEN WARNING
APPLICATION FOR BUSINESS LICENSE**

In connection with your request for a license, the City of Buffalo has asked that you provide information about yourself, which is classified as either *private* or *confidential* by the Minnesota Government Data Practices Act (M.S.A. 13.04). Accordingly, the City is required to inform you of the following:

1. The private or confidential information requested includes, but may not necessarily be limited to, the following: *Your social security number or Minnesota business identification number.*
2. The purpose and intended use of the information requested is: *To comply with Minnesota Statutes, Section 270.72.*
3. You are requested to supply the requested information.
4. The known consequences of supplying the requested information is as follows: *Loss or denial of the requested license if you owe the State of Minnesota delinquent taxes, penalties or interest.*
5. The known consequences of refusing to supply the requested information is: *Your request for a license cannot be processed.*
6. The following persons and entities are authorized by law to receive the information if provided: *State of Minnesota – Department of Revenue and other government agencies as provided by law.*

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

Date

Signature of Applicant

Print Name

CITY OF BUFFALO
BACKGROUND INVESTIGATION CONSENT RELEASE
INFORMATION TO BE USED FOR BUSINESS LICENSE PROCESSING

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 if I refuse to so consent, my application cannot be processed.

I release the City of Buffalo and the Buffalo Police Department, and any of its agents or employees, from any and all liability for its receipt and use of information and records received pursuant to this consent. I further acknowledge that I have carefully read this release, fully understand its terms and legal significance, and execute it voluntarily.

Business Name: _____ **Type of License Applied for:** _____

Applicant: _____
(First Name) _____ (Full Middle Name) _____ (Last Name) _____

Address: _____
(Address) _____ (City) _____ (State) _____ (Zip) _____

Home Phone: (____) _____ **Business Phone:** (____) _____

Date of Birth: _____ **Place of Birth:** _____
(City) _____ (State) _____

Are you (the applicant) a U.S. citizen? If yes, but birthplace was not in the U.S., please provide a Certificate of Naturalization, Certificate of Citizenship, current or previously issued passport, or birth certificate. If no, present proof of immigration or employment status.

Yes No

Driver's License or State ID #: _____ **State Issued:** _____
A color copy of the driver's license or state ID must be attached (front and back)

Physical:
Sex _____ **Race** _____ **Height** _____ **Weight** _____ **Eyes** _____ **Hair** _____

List All Aliases/Previous Last Names: _____

List Complete Addresses of Any Prior Residence(s) in the Last 5 Years: (attach additional sheets if necessary)

Have you ever been convicted of a felony, gross misdemeanor, or misdemeanor? Yes No
If yes, state jurisdiction, type of violation and disposition: _____

Applicant Signature: _____ **Date:** _____
These statements are true, correct and are made with the knowledge that this information may be made public. False disclosures are subject to perjury proceedings and forfeiture of the license application.

OFFICE USE ONLY

Background Check/Investigation: Approved Denied

Comments: _____

Staff Signature: _____ Date: _____

**State of Minnesota
License Applicant Information**

Under Minnesota law (M.S. 270C.72, subd. 4), the agency issuing you this license 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 (person signing the application)**.

Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we must advise you that:

- This information may be used to deny the issuance, renewal or transfer of your license if you owe the Minnesota Department of Revenue delinquent taxes, penalties, or interest.
- The licensing agency will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Act, the Department of Revenue is allowed to supply this information to the Internal Revenue Service.
- Failing to supply this information may jeopardize or delay the issuance of your license or processing your renewal application.

Please fill in the following information and return this form along with your application to the agency issuing the license. Do **not** return this form to the Department of Revenue.

TYPE OF LICENSE BEING APPLIED FOR OR RENEWED: _____

LICENSING AUTHORITY: City of Buffalo

Personal Information (required):

Applicant's Last Name	First Name and Initial	Social Security Number
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Applicant's Address	City	State	Zip Code
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Business Information (if applicable):

Business Name	Business Number
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Business Address	City	State	Zip Code
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Minnesota tax identification number: _____

If a Minnesota tax identification number is not required, please explain on the reverse side of this form.

Federal tax identification number: _____

Signature	Title	Date
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