



## **Therapeutic Massage Enterprise License Application**

- You own a business that will employ massage therapists, other than yourself or have therapy companies utilizing your building to operate their business.

### **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 \$200. You will receive a reminder.*
- 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.)*

### **Partnership/Corporations must include the following:**

- Partnership: one copy of the Certificate of Trade Name
- Corporation: one copy of the Certificate of Corporation

### **Complete and sign each of the following forms:**

- Tennessen 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
<b>INVESTIGATION FEES – One-time Fee (<i>New applicants only</i>)</b>	\$300.00	<b>\$300.00</b>
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 CULLINARY 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	<b>\$50.00</b>
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: \_\_\_\_\_

## MASSAGE BUSINESS/ESTABLISHMENT APPLICATION

## PART I – General Information

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

1. Type of applicant:

☐ Individual      ☐ Partnership      ☐ Corporation      ☐ Other

2. Name of Application \_\_\_\_\_  
(Name of individual, partnership, corporation or other)

3. Name under which applicant will be doing business, business address and telephone number:

DBA or Trade Name: \_\_\_\_\_

Business Address: \_\_\_\_\_  
 Street City State Zip

4. Business Phone: \_\_\_\_\_

5. Licensed Address: \_\_\_\_\_ Phone: \_\_\_\_\_

6. State the exact legal description of the premises to be licensed:\_\_\_\_\_

7. Description of services to be provided: \_\_\_\_\_

8. Owner/owners of the building where the licensed business will be located, if the owner is other than the applicant:

Full Name: \_\_\_\_\_

Business Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

**Attach any additional owners on a separate sheet of paper.**

9. The full name, residence address and telephone number of the manager, proprietor or other agent in charge of the individual owner's premises to be licensed and must live within a 50 mile radius of the City of Buffalo:

Full Name: \_\_\_\_\_

Residence Address: \_\_\_\_\_ Phone: \_\_\_\_\_

10. Are any of the following taxes for the licensed premises unpaid or delinquent:

State Sales Tax ☐ Yes ☐ No      State Withholding Taxes ☐ Yes ☐ No

Real Estate Taxes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	City Utility Bills	<input type="checkbox"/> Yes	<input type="checkbox"/> No
-------------------	------------------------------	-----------------------------	--------------------	------------------------------	-----------------------------

Special Assessments ☐ Yes ☐ No

If yes, indicate the years and amounts that are unpaid or delinquent.

Years

### Amounts Delinquent

### TYPE OF APPLICANT

**Complete only ONE section below.** Refer to Question 1 for the type of applicant. All persons listed in this section must also complete **Part II** of the application.

If Applicant is an **INDIVIDUAL**:

Full Name: \_\_\_\_\_  
Residence Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Provide a Color Copy of Driver's License

.....  
If applicant is a **PARTNERSHIP**:

For each member of the partnership state the following and provide a color copy of Driver's License:

Full Name: \_\_\_\_\_ Interest: \_\_\_\_\_ %  
Residence Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Business Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Full Name: \_\_\_\_\_ Interest: \_\_\_\_\_ %  
Residence Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Business Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Full Name: \_\_\_\_\_ Interest: \_\_\_\_\_ %  
Residence Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Business Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Attach additional sheets if necessary**

State who the managing partner will be: \_\_\_\_\_  
.....

If applicant is a **CORPORATION/OTHER ORGANIZATION**:

Corporation Name: \_\_\_\_\_  
Home Office Address: \_\_\_\_\_ Phone: \_\_\_\_\_

State of Incorporation \_\_\_\_\_ Date of Incorporation \_\_\_\_\_  
Is Corporation authorized to do business in Minnesota? ☐ Yes ☐ No

The full name, residence address and telephone number of all officers of said corporation or other organization and provide color copy of Driver's License:

President: \_\_\_\_\_  
Residence Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Vice President: \_\_\_\_\_  
Residence Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Secretary: \_\_\_\_\_  
Residence Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Treasurer: \_\_\_\_\_  
Residence Address \_\_\_\_\_ Phone: \_\_\_\_\_

**Attach additional sheets if necessary**

The full names, residence addresses, telephone numbers and birth dates of those owners holding more than five (5) percent of the outstanding stock of said corporation:

Full Name: \_\_\_\_\_

Residence Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Interest: \_\_\_\_\_

Full Name: \_\_\_\_\_

Residence Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Interest: \_\_\_\_\_

Full Name: \_\_\_\_\_

Residence Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Interest: \_\_\_\_\_

**Attach additional sheets if necessary**

I declare that the information I have provided on this application 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

**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.

*(Please print or type)*

**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
-----------------------	------------------------	------------------------

Applicant's Address	City	State	Zip Code
---------------------	------	-------	----------

**Business Information (if applicable):**

Business Name \_\_\_\_\_

Business Address	City	State	Zip Code
------------------	------	-------	----------

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
-----------	-------	------

This section to be completed by all owners, officers, partners and managers of the establishment business.

## PART II – In Support of Massage Establishment Application

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

1. Name of Licensed Establishment \_\_\_\_\_
2. Applicant Name:  
First Full Middle Last Maiden
3. Residence Address: \_\_\_\_\_ Phone: \_\_\_\_\_
4. Business Address: \_\_\_\_\_ Phone: \_\_\_\_\_
5. Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed ☐ Separated
6. Are you (the applicant) a U.S. citizen or resident alien or have the legal authority to work in the United States? *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 certificate of birth. If no, please present proof of immigration or employment status.* ☐ Yes ☐ No
7. If married, true name, place and date of birth, and residence address of spouse:  
Spouse True Name: \_\_\_\_\_  
First Full Middle Last Maiden  
Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
Residence Address: \_\_\_\_\_
8. Address at which you have lived during the preceding five (5) years. (Begin with present or last address and work back).  
Number and Street City and State Dates  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
**Attach additional sheets if necessary**
9. Address at which your spouse has lived during preceding five (5) years. (Begin with present or last address and work back).  
Number and Street City and State Dates  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
**Attach additional sheets if necessary**



11. Type, name and location of every business or occupation your spouse has been engaged in during the preceding five (5) years. (Begin with present or last address and work back).

Business or Occupation	Full Address	Nature of Business/Occupation
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Attach additional sheets if necessary**

12. Have you or your spouse ever been convicted of a felony or a willful violation of a federal or state law or local ordinance, other than a traffic offense?

☐ Yes ☐ No

If yes, give information as to the time, place and offense for which convictions were had:

13. Have your or your spouse ever been engaged as an employee or in operating a massage center or other business of a similar nature: ☐ Yes ☐ No

If yes, give information as to the time, place and length of time: \_\_\_\_\_

\_\_\_\_\_

14. Have you ever had an interest in any previous massage centers licenses that were revoked, suspended or not renewed?

☐ Yes ☐ No

If yes, state the circumstances: \_\_\_\_\_

\_\_\_\_\_

15. Have you ever individually, or with others, made application for a massage center license and had such application denied?

☐ Yes ☐ No

If yes, state the circumstances: \_\_\_\_\_

\_\_\_\_\_

16. List the names, residence and business addresses of three (3) references, of good moral character, not related to the applicant or financially interested in the premises, or business, who may be referred to as to the applicant's and/or manager's character.

Full Name: \_\_\_\_\_

Residence Address: \_\_\_\_\_

Business Address: \_\_\_\_\_

Full Name: \_\_\_\_\_

Residence Address: \_\_\_\_\_

Business Address: \_\_\_\_\_

Full Name: \_\_\_\_\_

Residence Address: \_\_\_\_\_

Business Address: \_\_\_\_\_

17. List the amount of the investment that you (applicant) have in the business, buildings, premises, fixtures, furniture and equipment along with proof of the source of such investment.

18. List the identity of all other persons investing in the business, building, premises, fixtures, furniture and equipment, the amount of their investment and proof of the source of such investment:

Full Name: \_\_\_\_\_

Residence Address: \_\_\_\_\_

Business Address: \_\_\_\_\_

Investments: \_\_\_\_\_

Full Name: \_\_\_\_\_

Residence Address: \_\_\_\_\_

Business Address: \_\_\_\_\_

Investments: \_\_\_\_\_

Full Name: \_\_\_\_\_

Residence Address: \_\_\_\_\_

Business Address: \_\_\_\_\_

Investments: \_\_\_\_\_

I declare that the information I have provided on this application 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

This form must be completed by all owners, officers, partners and managers

**APPLICATION FOR LICENSE INVOLVING PRIVATE  
OR CONFIDENTIAL INFORMATION  
(Tennessen Warning)**

In connection with your request for a license the City of Buffalo has asked that you provide it with 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

This form must be completed by all owners, officers, partners and managers

**CITY OF BUFFALO**  
**BACKGROUND INVESTIGATION CONSENT RELEASE**  
**INFORMATION TO BE USE 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)

**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)

**Are you (the applicant) a U.S citizen or resident alien or have the legal authority to work in the United States?** ☐ Yes ☐ No *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 certificate of birth. If no, please present proof of immigration or employment status.*

**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: \_\_\_\_\_

## **BUILDING AND ZONING COMPLIANCE**

### **TO BE COMPLETED FOR ALL MASSAGE ESTABLISHMENTS**

#### **Check the appropriate box:**

- ☐ The building in which the massage establishment is located is new construction.
- ☐ The building in which the massage establishment is located is an existing building. The applicant has made improvements or changes to the establishment.
- ☐ The building in which the massage establishment is located is an existing building. The applicant has made NO improvements or changes to the establishment.

#### **FLOOR PLAN**

A floor plan either drawn out on paper or on the computer showing the dimensions and locations of rooms must be submitted. Attach additional sheet(s) if necessary.