



CITY OF BUFFALO, MINNESOTA

212 Central Avenue
Buffalo MN 55313
763-382-1181

THERAPEUTIC MASSAGE ENTERPRISE LICENSE APPLICATION

APPLICATION CHECKLIST

☐ FEES:

- Partnership/ Initial Application \$350 (includes \$300 fee for background check)
Corporation: Renewal \$200

☐ PARTNERSHIP / CORPORATIONS MUST INCLUDE THE FOLLOWING:

Partnership: One copy of the Certificate of Trade Name

Corporation: One copy of the Certificate of Incorporation

ADDITIONAL INFORMATION

THERAPISTS

- All massage therapists employed at the establishment shall complete an annual massage therapist application and pay an annual fee for the license and a one-time background check.

TAXES

- A property tax search will be completed by the City to make sure the taxes for the establishment premises are current. If taxes are not current your license may be denied.

MESSAGE 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 Yes No City Utility Bills Yes 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
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Applicant's Address	City	State	Zip Code
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Business Information (if applicable):

Business Name

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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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 you 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
(Tennessee 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.