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| Office Use Only Date Received: Staff Receiving: Application Number: |
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MASSAGE THERAPY BUSINESS LICENSE NEW & RENEWAL APPLICATION

Rochester Code of Ordinances, [Chapter 5-15](#) applies to Massage Therapist and Massage Therapy Business licenses. Licenses must be renewed annually, with the license period running from January 1 through December 31 each year. The current annual license fee is \$200, and is prorated quarterly. New businesses and changes in ownership require an investigation fee of \$250. All fees must be paid at the time an application is submitted.

Instead of sending in this form, applications can be submitted online through the Accela Citizen Access portal. See the following instructions:

- Register Public User Account (video): <https://lf.rochestermn.gov/Documents/ElectronicFile.aspx?dbid=0&docid=761310>
- Applying for a New License (PDF): <https://lf.rochestermn.gov/Documents/ElectronicFile.aspx?dbid=0&docid=1210117>
- Submitting a License Renewal (PDF): <https://www.rochestermn.gov/Home/ShowDocument?id=25701>

CHECKLIST OF REQUIRED ITEMS THAT MUST BE SUBMITTED WHEN APPLICATION IS SUBMITTED

- 1. Fully complete all parts of the application (**Every** question must be answered – write ‘N/A’ or ‘not applicable’ if necessary on any questions):
 - Part A. must be completed by designated manager (or sole proprietor), with witnessed signature
 - Part B. must be completed by anyone with a 5% or greater ownership interest in the business, corporate officers, and all additional managers, with witnessed signature – make additional copies of this section if necessary
 - Part C. completed with **notarized signatures** of sole owner or designated manager **AND** on site manager
- 2. Select one ownership type, and provide the appropriate documentation from the State of Minnesota:
 - Sole proprietor: no business documentation required
 - Corporation: Certificate of incorporation (if not incorporated in Minnesota, a certificate of authority is also required)
 - Partnership: Partnership agreement
 - LLC: Certificate of organization
- 3. Provide legal name of the business and any doing business as (DBA) name
 - If there is a DBA name, a certified copy of the Certificate of Assumed Name required by Minn. Stat. §333.01
- 4. Provide complete applicant information for all individuals with a 5% or greater interest in the business

5. Proof of identification and proof the applicant is a U.S. citizen or is legally permitted to be in the United States – proof of identification must be one of the following, a copy of which must be submitted:

- A valid driver’s license including a photograph and date of birth, issued by Minnesota, another state, a province of Canada, or a state of Mexico
- A valid identification card including a photograph and date of birth, issued by Minnesota, another state, a province of Canada, or a state of Mexico
- A valid military identification card issued by the U.S. Department of Defense
- In the case of someone who is a foreign national, a valid passport

6. Provide a description of the premises to be licensed in question 13 of Section A of the license application. A separate document of the layout can be provided.

- If the applicant does not own the premises, a copy of the lease agreement allowing the applicant to occupy the premises must be provided
- State whether all taxes and special assessments due and owing on the premises are current, and if the applicant or other entity in which the applicant has an interest has a legal duty to pay those amounts state for which years they are delinquent

7. Proof of workers’ compensation insurance coverage, or certification by applicant it is not required

8. Initial Investigation Fee of \$250 (required with all new applications – including sole proprietors)

9. Annual License Fee of \$200**. *This fee is prorated quarterly, based on when the license is issued:*

| | |
|-----------------|-------|
| Jan. 1-March 31 | \$200 |
| April 1-June 30 | \$150 |
| July 1-Sept. 30 | \$100 |
| Oct. 1-Dec. 1 | \$50 |

***** Renewal applications not submitted by Dec. 31 will incur a 50% late fee. *****

**If a Massage Therapy Business is wholly owned and operated by an individual who is licensed by the City of Rochester as a massage therapist under [Chapter 5-15](#) and has no employee or contractor other than the licensee/owner, the massage therapy business license fee shall not be required, only the massage therapist license fee. A business license should still be obtained, and an initial investigation fee shall be required.

ADDITIONAL STEPS TO BE COMPLETED BY THE CITY PRIOR TO ISSUING A LICENSE:

- 10. Background investigation completed on the Applicant and all persons that have a five percent or greater financial interest in the business
- 11. Confirmation that all requirements of [RCO 8-7-13](#) have been met, including that the applicant has paid all fees, charges, taxes, special assessments, or other debt or obligation owed to the City regarding any other matter
- 12. Review of the application by other City/County departments to provide recommendations on approval
- 13. Proof of required insurance coverage submitted and approved
- 14. Approval of the license application by the City Council
- 15. Issuance of license once all other steps are complete (You do not have a license until a license certificate has been issued to you)

Fill in all blanks. Write N/A if a question is not applicable.

Fill in all blanks. Write N/A if a question is not applicable.

Is this a renewal of an existing or previous license with the City of Rochester?

YES

NO

STEP 1. APPLICANT INFORMATION

Information about who is completing this application

| | | | |
|--|--|--|--|
| 1. First Name | | 2. Last Name | |
| 3. Primary Telephone Number | 4. Type of Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Business <input type="checkbox"/> Home <input type="checkbox"/> Other | 5. Alternate Phone Number | 6. Type of Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Business <input type="checkbox"/> Home <input type="checkbox"/> Other |
| 7. Email Address | | | |
| 8. Mailing Address | | 9. City | 10. State |
| | | 11. Zip Code | |
| 12. Please send official notices relating to this license to: <input type="checkbox"/> Mailing Address <input type="checkbox"/> Email | | 13. Role of person completing application: <input type="checkbox"/> Owner <input type="checkbox"/> Officer <input type="checkbox"/> Partner <input type="checkbox"/> Manager <input type="checkbox"/> Agent for the Owner <input type="checkbox"/> Other _____ | |

Information about primary point of contact for this license (if different than above)

| | | | |
|--|---|--|---|
| 14. First Name | | 15. Last Name | |
| 16. Primary Telephone Number | 17. Type of Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Business <input type="checkbox"/> Home <input type="checkbox"/> Other | 18. Alternate Phone Number | 19. Type of Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Business <input type="checkbox"/> Home <input type="checkbox"/> Other |
| 20. Preferred Written Language | | 21. Preferred Spoken Language | |
| 22. Do You Need An Interpreter? Yes No | | | |
| 23. Email Address | | 24. Role of primary contact: <input type="checkbox"/> Owner <input type="checkbox"/> Officer <input type="checkbox"/> Partner <input type="checkbox"/> Manager <input type="checkbox"/> Agent for the Owner <input type="checkbox"/> Other _____ | |

License Holder Information

Provide information about who this license will be issued to

| | | | |
|---|--|---|-----------|
| 25. Business Federal Tax ID Number | | 26. Business State Tax ID Number | |
| 27. Legal Corporate Name of Business to whom license will be issued (This is an individual's name ONLY if a sole proprietor) | | 28. Trade Name (DBA) if different than legal name (A certified copy of the DBA certificate must be provided with this application.) | |
| 29. Business Address | | 30. City | 31. State |
| | | 32. Zip Code | |

STEP 2. LICENSE DETAILS

BUSINESS INFORMATION

33. As an applicant/licensee, I am:

- Starting a new business
- Leasing/renting space within an existing location as an independent operator(new business added to an existing location)
- Taking over an existing business (License transfer to New owner – same business name)
If yes, name of existing business: _____
- Taking over an existing business as a new license holder (New license)
If yes, name of prior business: _____

34. Is the business applicant the owner of business location?

- Yes
- No – *A copy of the lease agreement for the location must be provided with this application*

35. If the answer to question 31 is yes, are all taxes and special assessments due and owing on the proposed business location current?

- Yes
- No –Which years are delinquent: _____

36. Type of Ownership:

- Sole Proprietor – Only the individual owner must complete owner’s information, no additional documentation is required.
- Corporation – all corporate officers, directors and stockholders with a 5% or greater interest must complete owners’ section (section C).
- A copy of the certificate of incorporation must also be provided with this application, along with a certificate of authority if required by Minn. Stat. §303.06
- LLC – all members with a 5% or greater interest must complete owners’ section.
- A copy of the LLC’s articles of organization must be provided with this application.
- Partnership – all partners with a 5% or greater interest must complete owners’ section.
- A copy of the partnership agreement must be provided with this application.
- Non Profit or other: _____
Consult with the City Clerk’s Office on who must complete the owners’ section.

37. Licensed Premises

Describe the area of the business location to be used as the licensed premises, including the square footage. You can include a separate sheet with an illustration of how the space is laid out and will be used for licensed activities.

38. Provide a detailed description of the services to be offered, including a list of services and prices. Attach additional sheets if needed.

39. Planned hours of operation for each day of the week:

| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|------------|------------|------------|------------|------------|------------|------------|
| From _____ | From _____ | From _____ | From _____ | From _____ | From _____ | From _____ |
| To _____ | To _____ | To _____ | To _____ | To _____ | To _____ | To _____ |

| | |
|--|--|
| <p>40. Will you have employees?</p> <p><input type="checkbox"/> Yes – If yes, how many? _____</p> <p><input type="checkbox"/> No</p> <p>Note: All therapists must have an individual license from the City of Rochester whether employees or contractors.</p> | <p>41. Will you have independent contractors working in the business?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, do have an independent contractor agreement prepared?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Note: All therapists must have an individual license from the City of Rochester whether employees or contractors.</p> |
|--|--|

42. How will you train and provide oversight for any therapists working in the business, either as employees or contractors? You can also provide any training materials or agreements that may be used in the business as documentation for this question.

43. List All Massage Therapists Working In Your Business

| | | |
|-------------------|------------------|-----------------------|
| First Name: _____ | Last Name: _____ | License Number: _____ |
| First Name: _____ | Last Name: _____ | License Number: _____ |
| First Name: _____ | Last Name: _____ | License Number: _____ |
| First Name: _____ | Last Name: _____ | License Number: _____ |
| First Name: _____ | Last Name: _____ | License Number: _____ |
| First Name: _____ | Last Name: _____ | License Number: _____ |
| First Name: _____ | Last Name: _____ | License Number: _____ |
| First Name: _____ | Last Name: _____ | License Number: _____ |

STEP 3. BUSINESS DATA

BUSINESS DETAIL – REQUIRED INSURANCE

Do you have the required general liability insurance to operate the business?

Yes No *****Proof of insurance must be provided before a license can be issued*****

| | | |
|-------------------------------|---------------|-------------------|
| Workers' Compensation Company | Policy Number | Dates of Coverage |
|-------------------------------|---------------|-------------------|

OR:

I certify that I am not required to carry workers' compensation insurance because:

I am self-insured.

I am the sole proprietor and I have no employees.

I have no employees who are covered by workers' compensation law.

Only employees who are specifically exempted by statute are not covered by the workers' compensation law. These include spouse, parents, and children regardless of age. All other workers whose work is controllable by the employer must be covered.

17. Have you ever had a business license or individual massage therapist license denied, revoked, or suspended by any local unit of government or state?

Yes No

If Yes, provide details about any adverse license action, including the type of license(s), jurisdiction(s) involved, and date(s) and your business activity or occupation following the action.

18. Have you ever been engaged in the operation of a business providing Massage Therapy?

Yes No

If Yes, provide details about your prior experience

19. Provide information on any criminal conviction(s) of any state, county, or local law or regulation – attach additional sheets if needed

| <u>Dates</u> | <u>Offense</u> | <u>Location</u> |
|--------------|----------------|-----------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

NOTIFICATION AND VERIFICATION OF DESIGNATED MANAGER

In accordance with the Minnesota Government Data Practices Act, the City of Rochester is required to inform you of your rights as they relate to information collected about you. The information collected and required from you as part of this license application will be used to determine whether or not to issue the massage therapy business license being applied for. Disclosure of this information is voluntary. You are not legally required to provide this data, however, if you fail to do so, the City of Rochester may be unable to process this application.

Your Social Security Number and Birth Date are classified as private data, and are not available to the public. Access to this data is limited to staff with a business need in order to administer and manage the licensing program. All other information contained in this application is public information pursuant to the Government Data Practices Act, Minnesota Statutes Chapter 13.

You have the right to see and obtain copies of the data maintained on you, including private data. You also have the right to be told the contents and meaning of the data, and to contest the accuracy and completeness of the data. You can exercise these rights by contacting the City Clerk's Office.

A SIGNATURE IS REQUIRED IN ORDER TO PROCESS THIS LICENSE APPLICATION

I, (print name) _____, have read and understand the above information regarding my rights as a subject of government data. I further understand that the giving of false information as part of this application, regardless of when it is discovered, and/or failure to give required pertinent information can constitute cause for denial, suspension, or revocation of my business license. I give my consent for the City of Rochester to conduct a background investigation as authorized by RCO 5-15-9.

Signature of Applicant _____ Date _____

Signature of Witness _____ Name of Witness _____



B. ALL OWNERS & OPERATORS, INCLUDING PARTNERS, OWNERS, AND CORPORATE MEMBERS

Every owner, partner, and corporate member with a 5% interest or greater in the business must complete this section. In addition, any additional on-site managers or business operators who did not complete the designated manager section must also complete this section. Submit separate copies of this section for each individual completing it.

1. Role of person completing this section:

- Owner/partner/corporate member with a 5% interest or greater in the business
- On site manager (other than designated manager in prior section B.)
- Additional on-site managers or operators with management responsibilities (this does not include individual therapists working as employees or contractors in the business without a management role)

| | | |
|-------------------------------|----------------------|--|
| 2. Name (First, Middle, Last) | | 3. If you are an owner of the business, indicate nature and percent of ownership interest: |
| 4. Date of Birth (MM/DD/YYYY) | | 5. Place of Birth (City & State, or City & Country if outside U.S.) |
| 6. Home Address | | 7. City, State, Zip Code |
| 8. Direct Phone Number | 9. Cell Phone Number | 10. Email |
| 11. Social Security Number | | 12. Driver's License or ID Number & Issuing state |

13. Proof of identification must be provided pursuant to RCO 115.06 subd. 2.A.(7) from one of the following:

- A valid driver's license including a photo & date of birth, issued by Minnesota, another state, a province of Canada, or a state of Mexico
- A valid identification card including a photo & date of birth, issued by Minnesota, another state, a province of Canada, or a state of Mexico
- A valid military identification card issued by the U.S. Department of Defense
- A valid U.S. passport, or,
- In the case of a foreign national, a valid passport

14. Have you ever been known by any other name than the one listed on this application?
 Yes No

If yes, list all other names or aliases ever used, as well as the dates and locations (city, state/county) of the use of each name

1. _____ 2. _____ 3. _____

15. Have you ever had a business license or individual massage therapist license revoked by any local unit of government or state?
 Yes No

If Yes, provide details about any revocation, including the type of license(s), jurisdiction(s) involved, and date(s)

16. Addresses used for Last Five years – attach additional sheets if needed

| <u>Dates</u> | <u>Addresses</u> |
|---------------------|------------------|
| From _____ To _____ | _____ |
| From _____ To _____ | _____ |
| From _____ To _____ | _____ |
| From _____ To _____ | _____ |
| From _____ To _____ | _____ |

17. Have you ever been engaged in the operation of a business providing Massage Therapy?

Yes No

If Yes, provide details about any denial, revocation, or suspension of a related license, including the type of license(s), jurisdiction(s) involved, and date(s), and your business activity or occupation following the action.

18. Provide information on any criminal conviction(s) of any state, county, or local law or regulation – attach additional sheets if needed

| <u>Date</u> | <u>Offense</u> | <u>Location</u> |
|-------------|----------------|-----------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

NOTIFICATION AND VERIFICATION

In accordance with the Minnesota Government Data Practices Act, the City of Rochester is required to inform you of your rights as they relate to information collected about you. The information collected and required from you as part of this license application will be used to determine whether or not to issue the massage therapy business license being applied for. Disclosure of this information is voluntary. You are not legally required to provide this data, however, if you fail to do so, the City of Rochester may be unable to process this application.

Your Social Security Number and Birth Date are classified as private data, and are not available to the public. Access to this data is limited to staff with a business need in order to administer and manage the licensing program. All other information contained in this application is public information pursuant to the Government Data Practices Act, Minnesota Statutes Chapter 13.

You have the right to see and obtain copies of the data maintained on you, including private data. You also have the right to be told the contents and meaning of the data, and to contest the accuracy and completeness of the data. You can exercise these rights by contacting the City Clerk's Office.

A SIGNATURE IS REQUIRED IN ORDER TO PROCESS THIS LICENSE APPLICATION

I, (print name) _____, have read and understand the above information regarding my rights as a subject of government data. I further understand that the giving of false information as part of this application, regardless of when it is discovered, and/or failure to give required pertinent information can constitute cause for denial, suspension, or revocation of my business license. I give my consent for the City of Rochester to conduct a background investigation as authorized by RCO 5-15-9.

Signature of Applicant _____ **Date** _____

Signature of Witness _____ **Name of Witness** _____



C. APPLICATION VERIFICATION AND ACCEPTANCE OF RESPONSIBILITY

Notice of Collection of Private Data

In accordance with the Minnesota Government Data Practices Act, the City of Rochester is required to inform you of your rights as they relate to information collected about you. The information collected and required from you as part of this license application will be used to determine whether or not to issue the massage therapy business license being applied for. Disclosure of this information is voluntary. You are not legally required to provide this data, however, if you fail to do so, the City of Rochester may be unable to process this application.

Your Social Security Number and Birth Date are classified as private data, and are not available to the public. Disclosure of Social Security Number (or Individual Tax ID Number only for individuals without a social security number) is required by Minnesota Statutes 270C.72, and may be requested by and released to the Minnesota Commissioner of Revenue.

Access to this data is limited to staff with a business need in order to administer and manage the licensing program. All other information contained in this application is public information pursuant to the Government Data Practices Act, Minnesota Statutes Chapter 13.

You have the right to see and obtain copies of the data maintained on you, including private data. You also have the right to be told the contents and meaning of the data, and to contest the accuracy and completeness of the data. You can exercise these rights by contacting the City Clerk's Office.

Notice of Ability to Sign up for Electronic Notifications of Proposed City Ordinances

As an applicant for a business license or renewal of an existing business license, you are also hereby notified that the City of Rochester distributes general city information and notices through an electronic notification system, and you may sign up to receive notices through this electronic notification system on the City's website at <http://www.rochestermn.gov/i-want-to/sign-up-for/email-updates> This includes notice of proposed ordinances at least 10 days prior to final adoption by the City Council in accordance with Minn. Stat. 415.19.

A SIGNATURE VERIFYING THE OVERALL ACCURACY AND COMPLETENESS OF THIS APPLICATION BY THE DESIGNATED MANAGER OR SOLE OWNER IS REQUIRED IN ORDER TO PROCESS THIS LICENSE APPLICATION

I, (print name) _____, have read and understand the above information regarding my rights as a subject of government data. I acknowledge I have been provided information about what is required to obtain a business license from the City of Rochester, and how to receive notifications of proposed City ordinances. I agree I will strictly comply with all the laws of the State of Minnesota governing the taxation of business and all ordinances of the City of Rochester, and understand I can review all City ordinances on the City website or in the City Clerk's Office.

I understand that by submitting this application, I hereby consent to allow the appropriate City personnel, or any authorized representative or agents, to conduct a background investigation as authorized by RCO 5-15-9.

I affirm I have no intention or agreement to transfer the license being applied for to another person or entity, or to allow any other person or entity to operate under the authority of the license. I understand that by submitting this application, I hereby consent to allow the appropriate City personnel, or any authorized representative or agents, to inspect the licensed premises for the purpose of ensuring compliance with the law, at any time the business is occupied and/or open for business. I also understand that a denial of permission for such a lawful inspection of the premises is a violation of the license provisions.

I further hereby certify that I have read and understand every question in this application and that the answer to every question is true to my knowledge, information and belief. I further understand that the giving of false information as part of this application, regardless of when it is discovered, and/or failure to give required pertinent information can constitute cause for denial, suspension, or revocation of my business license.

Signature of Applicant _____ Printed Name _____

AFFIRMATION OF RESPONSIBILITY BY ON SITE MANAGER

As the business' appointed on-site manager or agent – or the sole owner and operator of the business - I hereby provide my notarized written consent to:

- a) Take full responsibility for the conduct of the Licensed Premises and operation; and
- b) Serve as agent for service of notices and other processes relating to the license.

Signature of On-Site Manager _____ Printed Name _____