

This application must be completed by the individual applying for Therapeutic Massage Enterprise License. Applications are accepted by appointment only. The application process may take up to 30 business days for approval and must be submitted in person, by appointment only.

If an application is approved, a letter will be mailed to the applicant. If an application is denied, the decision may be appealed to the City Manager. Attached is Plymouth City Code Section 1135, regarding your responsibilities and the practice of massage within the city limits. Please read and retain for your files and future reference.

### Required documentation (enclosed)

- Therapeutic Massage Enterprise Application for the Owner and Operating Manager
- Background Investigation Consent Release Form for the Owner and Operating Manager
- Certificate of Compliance, Department of Revenue Information
- Certificate of Compliance, Minnesota Workers' Compensation Law

### Additional required documentation

- List of ALL employees in your business, indicate name, address, and which employees are employed as massage therapists
- National Criminal Background Checks, from an approved screening company, for all massage therapists that will perform massage therapy at the business location.
- Documents establishing applicant's interest in premises (copy of lease, deed, contract for deed)
- Certificate of Insurance for Business Professional Liability for \$1,000,000
- \$300.00 License Fee and \$300 Investigation Fee (Non-Refundable)
- Government Issued Photo ID for the Owner and Operating Manager (if you are not a U.S citizen, provide proof of immigration/employment status, such as a Work Authorization Card or Employment Authorization Document)
- Schedule Appointment [massage@plymouthmn.gov](mailto:massage@plymouthmn.gov) or 763-509-5620.

#### FOR OFFICE USE ONLY

*Massage \$300 License Fee – Code 100-20-211-21100-4100.900*  
*Massage \$300 Investigation Fee – Code 100-50-510-5100-4100.600*



# Therapeutic Massage Enterprise

## **NEW** Application

BUSINESS INFORMATION				
Business Name			Business Phone	
Business Address		City	State	Zip
Website Address		Business Email		

OWNER INFORMATION					
First Name		Full Middle		Last Name	
Maiden Name(s) (if applicable)		Date of Birth	Personal Email		
Home Address		City	State	Zip	Phone Number

ADDRESSES WHICH YOU HAVE LIVED DURING THE PREVIOUS TEN (10) YEARS, INCLUDE SEASONAL OR PART-TIME LOCATIONS (Use the backside of this sheet if you run out of room)				
From (Mo/Yr) – To (Mo/Yr)	Street Address	City/Township	State	Zip

PREVIOUS EMPLOYMENT. LIST EVERY BUSINESS OR OCCUPATION THAT YOU HAVE WORKED DURING THE PREVIOUS TEN (10) YEARS (Use the backside of this sheet if you run out of room)			
Company Name	Your Occupation	Employment Dates - From (Mo/Yr) – To (Mo/Yr)	
Address	City	State	Phone Number
Company Name	Your Occupation	Employment Dates - From (Mo/Yr) – To (Mo/Yr)	
Address	City	State	Phone Number
Company Name	Your Occupation	Employment Dates - From (Mo/Yr) – To (Mo/Yr)	
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Address	City	State	Phone Number
Company Name	Your Occupation	Employment Dates - From (Mo/Yr) – To (Mo/Yr)	
Address	City	State	Phone Number
Company Name	Your Occupation	Employment Dates - From (Mo/Yr) – To (Mo/Yr)	
Address	City	State	Phone Number

LIST TWO (2) PERSONS WHO ARE RESIDENTS OF THE STATE OF MINNESOTA, NOT RELATED TO YOU AND HAVE NO FINANCIAL INTEREST IN YOUR BUSINESS				
First Name	Last Name	Home Phone	Business Phone	
Home Address		City	State	Zip
First Name	Last Name	Home Phone	Business Phone	
Home Address		City	State	Zip

IF APPLICANT IS A PARTNERSHIP, LIST EACH MEMBER BELOW				
First Name	Last Name	Phone Number	% Interest	
Home Address		City	State	Zip
First Name	Last Name	Phone Number	% Interest	
Home Address		City	State	Zip
First Name	Last Name	Phone Number	% Interest	
Home Address		City	State	Zip
<i>Attach a copy true copy of the Partnership Agreement and a copy of the Certificate of Trade Name under provisions of Chapter 333, M.S.S., certified by the clerk of a district court</i>				

CORPORATION/OTHER ORGANIZATION				
IF APPLICANT IS A CORPORATION OR OTHER ORGANIZATION, PROVIDE THE FOLLOWING INFORMATION				
Organization Name		State of Incorporation	Phone	
Organization Address		City	State	Zip
OFFICERS OF THE CORPORATION/OTHER ORGANIZATION				
<b>PRESIDENT</b>	First Name	Last Name	Phone Number	
Home Address		City	State	Zip
<b>VICE PRESIDENT</b>	First Name	Last Name	Phone Number	
Home Address		City	State	Zip
<b>SECRETARY</b>	First Name	Last Name	Phone Number	
Home Address		City	State	Zip
<b>TREASURER</b>	First Name	Last Name	Phone Number	
Home Address		City	State	Zip
<b><u>PLEASE ATTACH THE FOLLOWING:</u></b>				
<ul style="list-style-type: none"> <li>• A true copy of the Certificate of Incorporation</li> <li>• Articles of Incorporation or Association Agreement</li> <li>• By-Laws to the application</li> <li>• Foreign corporations shall attach a Certificate of Authority, as described in M.S.S. Chapter 303</li> </ul>				

PERSON(S) IN CHARGE OF LICENSED PREMISES – OPERATING MANAGER			
Designated operating manager, in addition to the ownership, that is responsible for the conduct of the licensed premises.			
First Name	Last Name	Phone Number	Email Address

BUILDING OWNER INFORMATION			
First Name	Last Name	Phone Number	
Address	City	State	Email Address

HISTORY	
Are you a U.S. citizen or legally permitted to be in the U.S.? <ul style="list-style-type: none"> <li>If yes, but birthplace was not in the U.S., please provide a Certificate of Naturalization, Certificate of Citizenship, or current U.S. Passport.</li> <li>If no, provide immigration/employment status.</li> </ul>	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you a resident of the State of Minnesota? <ul style="list-style-type: none"> <li>If yes, how long have you been a continuous resident of Minnesota?</li> <li>If no, where do you currently reside?</li> </ul>	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you or your spouse ever owned a massage therapy business in other communities? <ul style="list-style-type: none"> <li>If yes, provide a list of those communities:</li> </ul>	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever been licensed as a massage therapist in other communities? <ul style="list-style-type: none"> <li>If yes, provide a list those communities:</li> </ul>	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you or your spouse ever had a license denied, revoked, or suspended related to the conduct of massage? <ul style="list-style-type: none"> <li>If yes, provide date, place, and explanation:</li> </ul>	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever made an application for a massage therapy business license? <ul style="list-style-type: none"> <li>If yes, provide location:</li> </ul>	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever made an application for a massage therapy business license that has been denied? <ul style="list-style-type: none"> <li>If yes, provide location:</li> </ul>	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you the real party of interest in the business license which you are applying?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever been convicted of any felony, gross misdemeanor, misdemeanor, or violation of any ordinance? <ul style="list-style-type: none"> <li>If yes, provide date, place and offense(s):</li> </ul>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b><i>I hereby swear that the statements herein are true to the best of my knowledge and belief. I have read and understand all laws and ordinances pertaining to the license for which I am applying. I agree to notify the City of any change in residence address, or a change in address of where massage therapy is practiced, 30 days prior to such change.</i></b>	
Signature of Applicant	Date

ACKNOWLEDGEMENT	
<b><u>1135.07 License Required.</u></b>  <i>Therapeutic Massage Enterprise License.</i> It shall be unlawful for any person or entity to own, operate, engage in, or carry on, within the City, any type of massage services to the public for consideration without first having obtained a therapeutic massage enterprise license from the City pursuant to this section.	
<b><u>1135.17 Persons Ineligible for License</u></b>  <i>Therapeutic Massage Enterprise License.</i> No therapeutic massage enterprise license shall be issued to a person who is not the real party in interest of the enterprise.	
<b><u>1135.21 License Restrictions.</u></b>  <i>Employment of unlicensed massage therapists prohibited.</i> No therapeutic massage enterprise shall employ or contract any person to perform massage who is not licensed as a massage therapist under this section, unless the person is specifically exempted from obtaining a massage therapist license in Section 1135.09 of the City code.	
<b><i>I hereby acknowledge the above requirements of the Plymouth City Code. Additionally, I have received a copy of City Code Section 1135 and understand that any violation of this section of the code or violation of state law may be grounds for the issuing authority to suspend or revoke the therapeutic massage enterprise license.</i></b>	
Printed Name	On behalf of: _____ Corporation Name
<input type="checkbox"/> Check box if sole owner	
Signature	Date



**OWNER**  
**DEPARTMENT OF PUBLIC SAFETY**  
**BACKGROUND INVESTIGATION CONSENT RELEASE**

City of Plymouth • 3400 Plymouth Boulevard, Plymouth, MN 55447 • 763-509-5000

*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 my refusal to so consent may be the basis for denying my application.*

Type of License **THERAPEUTIC MASSAGE ENTERPRISE LICENSE**

First Name		Full Middle		Last Name		
Maiden Name(s) (if applicable)				Date of Birth		
Home Address		City	State	Zip	Phone	
Place of Birth		Driver's License Number		Social Security Number		
Physical Attributes	Sex	Race	Height	Weight	Eye Color	Hair Color

Have you ever been known by any other names not mentioned above? ☐ YES ☐ NO

- If yes, please list:

Have you ever been convicted of any felony, gross misdemeanor, misdemeanor, or violation of any ordinance? ☐ YES ☐ NO

- If yes, provide date, place and offense:

Have you ever been convicted of any crime relating to this type of license? ☐ YES ☐ NO

- If yes, provide date, place and offense:

**TENNESSEN WARNING:** In connection with your request for a license, the City 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 Plymouth.
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. 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 is required by law to furnish some of this information to the Department of Labor and Industry and the Minnesota Commissioner of Revenue.

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

**Owner 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.***



# CERTIFICATE OF COMPLIANCE DEPARTMENT OF REVENUE INFORMATION

City of Plymouth • 3400 Plymouth Boulevard, Plymouth, MN 55447 • 763-509-5000

Pursuant to Minnesota Statute 270.72 Tax Clearance; Issuance of Licenses, the licensing authority 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 are required to advise you of the following regarding the use of this information:

1. This information may be used to deny the issuance, renewal, or transfer of your license in the event you owe the Minnesota Department of Revenue delinquent taxes, penalties, or interest;
2. Upon receiving this information, the license authority will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Agreement, the Department of Revenue may supply this information to the Internal Revenue Service;
3. Failure to supply this information may jeopardize or delay the processing of your license issuance.

Please supply the following information and return along with your application:

## THERAPEUTIC MASSAGE ENTERPRISE LICENSE

### PERSONAL OWNER INFORMATION

First Name	Full Middle	Last Name		
Home Address	City	State	Zip	
Social Security Number	Home Phone			

### BUSINESS INFORMATION

Business Name	Business Phone		
Business Address	City	State	Zip
Minnesota Tax ID Number	Federal Tax ID Number		
<i>If a Minnesota Tax ID number is not required, please explain:</i>			
Signature			
Position		Date	



# CERTIFICATE OF COMPLIANCE MINNESOTA WORKERS' COMPENSATION LAW

3400 Plymouth Blvd., Plymouth, MN 55447

Minnesota Statute, Section 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business or engage in an activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirements of MSS Chapter 176. The required workers' compensation insurance information is the name of the insurance company, the policy number, and the dates of coverage, or the permit to self-insure.

This information is required by law, and licenses and permits to operate a business may not be issued or renewed if it is not provided and/or is falsely reported. Furthermore, if the required information is not provided or is falsely stated, it shall result in a \$2,000 penalty assessed against the applicant by the commissioner of the Department of Labor and Industry. This information will be collected by the City and retained in the files.

**A valid workers' compensation policy must be kept in effect at all times by employers as required by law.**

Please supply the following information and return along with your application:

Business Name (Use Applicant name if not affiliated with a company):

License or Permit Number:

DBA (doing business as name, if applicable):

Business Address/City/State/Zip:

**YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WITHOUT THE FOLLOWING INFORMATION.**

**NUMBER 1 – Complete if insured by business:**

Insurance Company Name (NOT the Agency or Agent):

Workers' Compensation Insurance Policy Number:

Effective  
Date:

Expiration  
Date:

NOTE: If your Workers' Compensation policy is cancelled within the license or permit period, you must notify the agency who issued the license or permit by resubmitting this form.

**NUMBER 2 – Complete if self-insured:**

☐ I have attached a copy of the permit to self-insure.

**NUMBER 3 – Complete this portion if exempt:**

*I am not required to have workers' compensation liability coverage because:*

☐ I have no employees

☐ I have employees but they are not covered by the workers' compensation law. (See MN Stat. 176.041 for a list of excluded employees.) Explain why your employees are not covered: \_\_\_\_\_

☐ Other: \_\_\_\_\_

**ALL APPLICANTS COMPLETE THE FOLLOWING SECTION:**

***I certify that the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify that I am authorized to sign on behalf of the business.***

Applicant Signature

Title

Date



# OPERATING MANAGER (if different than owner) THERAPEUTIC MASSAGE ENTERPRISE APPLICATION

City of Plymouth • 3400 Plymouth Boulevard, Plymouth, MN 55447 • 763-509-5000

*Instructions: All Therapeutic Massage Enterprises must designate an Operating Manager. The Operating Manager must be a person working at the licensed premises and who is in charge of the day-to-day business affairs.*

Plymouth Therapeutic  
Massage Enterprise

Business  
Phone

Business  
Address

*As the designated Operating Manager of a Therapeutic Massage Enterprise, I hereby give my consent for a personal background investigation, to include a criminal history check. 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 my refusal to consent may be the basis for denying the application.*

First  
Name

Full  
Middle

Last  
Name

Maiden Name(s) OR other names known by

Phone  
Number

Home  
Address

Email  
Address

## ADDRESSES WHICH YOU HAVE LIVED DURING THE PREVIOUS TEN (10) YEARS, INCLUDE SEASONAL OR PART-TIME LOCATIONS (Use the backside of this sheet if you run out of room)

From (Mo/Yr) – To (Mo/Yr)

Street Address

City/Township

State

Zip

## PREVIOUS EMPLOYMENT. LIST EVERY BUSINESS OR OCCUPATION THAT YOU HAVE WORKED DURING THE PREVIOUS TEN (10) YEARS (Use the backside of this sheet if you run out of room)

Company  
Name

Your  
Occupation

Employment Dates - From (Mo/Yr) – To (Mo/Yr)

Address

City

State

Phone Number

Company  
Name

Your  
Occupation

Employment Dates - From (Mo/Yr) – To (Mo/Yr)

Address

City

State

Phone Number

Company  
Name

Your  
Occupation

Employment Dates - From (Mo/Yr) – To (Mo/Yr)

Have you ever made an application for a massage therapy business license which was denied?

☐ YES ☐ NO

- If yes, provide place and explanation:

Have you ever held a therapeutic massage enterprise license in Plymouth before?

☐ YES ☐ NO

***I hereby state that all information in this application is true and correct. They 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.***

**Signature of Operating Manager**

**Date**





**OPERATING MANAGER (if different than owner)**  
**DEPARTMENT OF PUBLIC SAFETY**  
**BACKGROUND INVESTIGATION CONSENT RELEASE**

City of Plymouth • 3400 Plymouth Boulevard, Plymouth, MN 55447 • 763-509-5000

*As the designated Operating Manager, 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 my refusal to so consent may be the basis for denying my application.*

Type of License **THERAPEUTIC MASSAGE ENTERPRISE LICENSE**

First Name		Full Middle		Last Name		
Maiden Name(s) (if applicable)				Date of Birth		
Home Address		City	State	Zip	Phone	
Place of Birth		Driver's License Number		Social Security Number		
Physical Attributes	Sex	Race	Height	Weight	Eye Color	Hair Color

Have you ever been known by any other names not mentioned above? ☐ YES ☐ NO  
• If yes, please list:

Have you ever been convicted of any felony, crime, or violation of any ordinance other than traffic offenses? ☐ YES ☐ NO  
• If yes, provide date, place and offense:

Have you ever been convicted of any crime relating to this type of license? ☐ YES ☐ NO  
• If yes, provide date, place and offense:

**TENNESSEN WARNING: In connection with your request for a license, the City 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:**

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6. Other governmental agencies necessary to process your application are authorized by law to receive the information provided.
7. The City is required by law to furnish some of this information to the Department of Labor and Industry and the Minnesota Commissioner of Revenue.

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

<b>Operating Manager</b> <b>Signature</b>	<b>Date</b>
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***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.***