Office Use Only

Date Received: _____

Staff Receiving: _____

Application Number: _____

MASSAGE THERAPY BUSINESS LICENSE NEW 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. All fees must be paid when an application is submitted. An application is typically processed within 30 to 45 days.

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://www.rochestermn.gov/home/showdocument?id=43445&t=638780585564959787

Submitting a License Renewal (PDF):
https://www.rochestermn.gov/home/showdocument?id=43443&t=638780585558443338

CHECKLIST

REQUIRED ITEMS THAT MUST BE SUBMITTED WHEN THE APPLICATION IS SUBMITTED

- ☐ 1. Fully complete all parts of the application and submit **ALL** pages, including this checklist *(Every question must be answered – write 'N/A' or 'not applicable' if necessary, on any questions)*
  - ☐ Part A must be completed by the designated manager (or sole proprietor), with a 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 a witnessed signature – make extra copies of this section if necessary
  - ☐ Part C. must be signed by the sole owner or designated manager **AND** on-site manager
- ☐ 2. Certificate of Incorporation or Organization indicating business registration with the Minnesota Secretary of State unless the business operates as a sole proprietorship. Detailed requirements outlined in STEP 2, #40
- ☐ 3. Provide the 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. 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
  - ☐ A valid U.S. passport, or, in the case of someone who is a foreign national, a valid passport
- ☐ 5. A floor plan or layout of the licensed premises (it can be hand-drawn)

☐ 6. If the applicant does not own the premises, a copy of the lease agreement allowing the applicant to occupy the premises must be provided

☐ 7. Proof of workers' compensation insurance coverage or certification by the applicant is not required

☐ 8. Proof of required general liability insurance coverage (minimum coverage of $300,000 combined single limit per occurrence.

☐ 9. Initial Investigation Fee of $250 (required with all new applications and changes in ownership).

☐ 10. The License Fee is prorated quarterly for new applications based on when the license is issued.

- ☐ Renewal applications not submitted by Dec. 31 will incur a 50% expired license fee.
- ☐ An expedited license processing fee of $50 is available for expedited licenses. If requested on the application, these licenses can be issued within five business days of application processing.
- ☐ An administrative fee of $25 will be charged for new applications submitted instead of renewals.
- ☐ All fees are non-refundable, except when the applicant chooses to withdraw their application within 14 days of submission.

Jan 1 – Mar 31	$220.00 ☐	Jul 1 – Sep 30	$110.00 ☐
Apr 1 – Jun 30	$165.00 ☐	Oct 1 – Dec 31	$55.00 ☐

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.

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

* Are you requesting an expedited review of the application?

☐ Yes– *If yes, we will strive to issue within 5 business days. Should this occur, a $50 fee will apply.*
☐ No

STEP 1. APPLICANT INFORMATION

Information about who is completing this application

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

Information about the primary point of contact for this license (if different than above)			
14. First Name		15. Last Name	
16. Primary Phone Number	17. Type of Phone: ☐ Cell ☐ Business ☐ Home ☐ Other	18. Alternate Phone Number	19. Type of Phone: ☐ Cell ☐ Business ☐ Home ☐ 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: ☐ Owner ☐ Officer ☐ Partner ☐ Manager ☐ Agent for the Owner ☐ Other_____	
Information about the manager of the business			
25. Manager's First Name		26. Manager's Last Name	
27. Manager's Telephone Number		28. Manager's Email Address	

STEP 2. BUSINESS INFORMATION			
29. Legal Corporate Name of Business to whom license will be issued (This is an individual's name ONLY if a sole proprietor.)		30. Trade Name (DBA) if different than legal name (*A certified copy of the DBA certificate must be provided with this application.*)	
31. Business Federal Tax ID Number		32. Business State Tax ID Number	
33. Business Address	34. City	35. State	36. Zip Code

37. 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 a 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: _____

38. Is the business applicant the owner of the business location?	39. If the answer to question 38 is yes, are all taxes and special assessments due and owing on the proposed business location current?
☐ Yes ☐ No – *A copy of the lease agreement for the location must be provided with this application*	☐ Yes ☐ No –Which years are delinquent: _____

40. Type of Ownership:

☐ Sole Proprietor – Only the individual owner must complete the owner's information; no additional documentation is required.

☐ Corporation—All corporate officers, directors, and stockholders with a 5% or greater interest must complete the 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 the owners' section.
A copy of the LLC's organizational articles must be included in this application.

☐ Partnership – all partners with a 5% or greater interest must complete the owners' section.
A copy of the partnership agreement must be included in this application.

☐ Non-Profit or other: _____
Consult with the City Clerk's Office on who must complete the owners' section.

41. 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 illustrating how the space is laid out and will be used for licensed activities.

_____

_____

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

_____

_____

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

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From _____ To _____	From _____ To _____	From _____ To _____	From _____ To_____	From _____ To_____	From _____ To _____	From _____ To _____

44. Will you have employees?

☐ Yes – If yes, how many? _____

☐ No

Note: *All therapists must have an individual license from the City of Rochester, whether employees or contractors.*

45. Will you have independent contractors working in the business?

☐ Yes ☐ No

If yes, have you prepared an independent contractor agreement?

☐ Yes ☐ No

Note: *All therapists must have an individual license from the City of Rochester, whether employees or contractors.*

46. 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.

_____

_____

_____

47. 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: _____

First Name: _____ Last Name: _____ License Number: _____

First Name: _____ Last Name: _____ License Number: _____

BUSINESS DETAIL – REQUIRED INSURANCE

48. Do you have the required general liability/workers' compensation 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 spouses, parents, and children, regardless of age. All other workers whose work is controllable by the employer must be covered.

For all massage therapy business licenses, this section must be completed by the designated manager with responsibility for the business. For licenses issued to sole proprietors, the licensee must complete this section.

PART A. MASSAGE THERAPY BUSINESS DESIGNATED MANAGER		
1. Name (First, Middle, Last)	2. Date of Birth (MM/DD/YYYY)	3. Place of Birth (City & State, or City & Country if outside U.S.)
4. Are you an owner of the business? ☐ Yes – If yes, indicate **title** and **percent** of ownership interest _____ ☐ No		5. Are you also the on-site manager? ☐ Yes ☐ No
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. Are you a U.S. Citizen? ☐ Yes ☐ No

- If no, are you legally permitted to be in the U.S.? ☐ Yes ☐ No

14. Proof of identification must be provided under RCO 5-15-7 subd. B (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

15. Have you ever been known by any name other than the one listed above on this application?

☐ Yes ☐ No

- If yes, list all other names or aliases ever used, as well as the dates of the use of each name

1. _____ 2. _____ 3. _____

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

From (MM/YY)	*To (MM/YY)*	*Address(es)*

17. Have you ever had any 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 operating a business providing Massage Therapy?

☐ Yes ☐ No

If yes, provide details about your prior experience (including business name and location).

_____

_____

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

Dates	Offense	Location
_____	_____	_____
_____	_____	_____
_____	_____	_____

NOTIFICATION AND VERIFICATION OF DESIGNATED MANAGER

Per the Minnesota Government Data Practices Act, the City of Rochester must 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 to issue the massage therapy business license for which you are applying. 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 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 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** _____

****** The Addendum cannot be accepted without the witness's name and signature. ******

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

This section must be completed by every owner, partner, and corporate member with a 5% interest or greater in the business.

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 the person completing this section:
   - ☐ Owner/partner/corporate member with a 5% interest or more significant 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 the **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 under 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 any 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 the Last Five years – attach additional sheets if needed

From (MM/YY)	*To (MM/YY)*	*Address(es)*

17. Have you ever been engaged in operating a business providing Massage Therapy?

☐Yes ☐No

If yes, provide the name of the business and, if applicable, 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

Date **Offense** **Location**

_____ _____ _____

_____ _____ _____

NOTIFICATION AND VERIFICATION

Per the Minnesota Government Data Practices Act, the City of Rochester must 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 to issue the massage therapy business license for which you are applying. 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 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** _____

****** The Addendum cannot be accepted without the witness's name and signature. ******

PART 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 to issue the massage therapy business license for which you are applying. 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 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 https://service.govdelivery.com/accounts/MNROCH/subscriber/new 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 the best of 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 _____ Date _____

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 _____ Date _____

Printed Name _____