Massage Therapy Establishment Application

City Code Chapter 116

Licensing Period: Three-year term, January 1 – December 31

Fees:

Investigation Fee*	$100.00 *(non-refundable)*
License Fees	$100.00

**for new applicants*

APPLICATION CHECKLIST:

To prevent delay, please ensure the following information is submitted.
Incomplete applications are not accepted and will be returned.

- ☐ Massage Therapy Establishment License Application
- ☐ Application Fees
  - Check should be made payable to the City of Hastings. Credit card and cash are also accepted. *All credit/debit card payments will be assessed a convenience fee.*
- ☐ **COLOR** Copy of Driver's License or other form of Identification
- ☐ Current Copy of Certificate of Insurance *(the City of Hastings must be listed as additional insured)*

APPLICATION PROCESS:

- ☐ Return the complete application accompanied with the required documents and fee(s) to the Deputy City Clerk at cityclerk@hastingsmn.gov or deliver to the reception staff at City Hall, 101 4th Street E.
- ☐ Once all required documents have been received, the application will be reviewed. Please allow 10 business days after all materials have been received for review. If additional information is required, the applicant will be contacted by the Deputy City Clerk.
- ☐ The City of Hastings Police Department will perform a Criminal History Investigation on the applicant.
- ☐ Public Notice to property owners and occupants within 350 feet of the property is required for all new massage therapy establishment licenses, which must be made at least 15 days in advance of Council consideration.
- ☐ Once the Criminal History Investigation is complete and all fees are paid, the massage therapy establishment license application will be considered by City Council.
- ☐ The license shall be posted in a conspicuous place in the licensed establishment at all times throughout the licensing period.

The data you furnish on this application will be used by the City of Hastings in the issuance of your license. 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 Hastings may be unable to process this application. Disclosure of your Minnesota Business Tax ID Number and Social Security Number is required by Minnesota Statutes 270C.72, and your Minnesota Tax ID Number and/or Social Security Number may be requested by and released to the Minnesota Commissioner of Revenue. After submission, all information contained in this application except your Social Security Number will be public information pursuant to Minnesota Statutes, Chapter 13.

_____ _____

Applicant Signature Date

Applicant Information

Name:
Address:
City/State/Zip Code:
Phone Number:
Email Address:
Driver's License Number:
Driver's License Expiration:
State Issued:
Previous Address(es) for the last five (5) years. Use additional sheets if necessary. _____ _____ _____ _____ Street Address City State Zip Code _____ _____ _____ _____ Street Address City State Zip Code
Do you have any convictions of a felony, gross misdemeanor or misdemeanor, other than minor traffic violations? _____ No _____ Yes *If yes, please provide the date, place of conviction and nature of offense:*

Property Owner Information *(if different than above)*

Name:
Address:
City/State/Zip Code:
Phone Number:
Email Address:

Business Information

Business Name:
Business Address:
City/State/Zip Code:
Business Phone Number:
Description of Business:
Services Offered:
Names of Employed Massage Therapists:

Department of Revenue Information

Pursuant to Minn. Stat. § 270C.72 Tax Clearance: Issuance of Licenses, the licensing authority is required to provide the Minnesota Commissioner of Revenue your Minnesota business tax identification number and the social security number or individual taxpayer identification 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 licensing 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 licensing issuance or renewal application.

Please supply the following information for licensing authority: City of Hastings

Minnesota Tax ID Number: _____ *If not available, please attach an explanation.*

Federal Tax ID Number: _____

OR if a Sole Proprietorship, Social Security Number: _____

Ordinance Review

(Please initial)

_____ I hereby acknowledge that I have read, understand, and agree to abide by the regulations set forth in the City's Ordinance associated with the license for which I am applying. Furthermore, I also understand that I must comply with the provisions of all applicable state laws.

Minnesota Government Data Practices Act – Tennessen Warning

The purpose and intended use of the requested data is to verify the applicant meets all state statute and city code provisions and, if the license or permit is approved, to verify that all required data remains current.

The following data collected, created, or maintained is classified under the Minnesota Government Data Practices Act as Private data until license approval when the data becomes Public: (Minn. Stat. § 13.41, Subd. 4).

1. Data submitted by applicants (other than names and designated addresses).
2. Orders for hearings and findings of fact.
3. Conclusions of law and specification of the final disciplinary action contained in the record of the disciplinary action.
4. Entire record concerning the disciplinary proceeding.
5. License numbers and license status.

The following data collected, created, or maintained is classified as Private: (Minn. Stat. §13.41, Subd. 2).

1. The identity of complainants who have made reports concerning licenses or applicants which appear in inactive complaint data unless the complainant consents to the disclosure.
2. The nature or content of unsubstantiated complaints when the information is not maintained in anticipation of legal action.
3. Inactive investigative data relating to violations of statutes or rules.
4. The record of any disciplinary proceeding except as limited by Minn. Stat. §13.41, Subd. 4.

Under law, private data may be shared with licensing and inspection employees, approval authorities, insurance providers, law enforcement employees, and/or contracted inspection officials as required by court order; this may include City officials who have a bona fide need to review it. The City of Hastings may make any data classified as private or confidential accessible to an appropriate person or agency if the licensing agency determines that failure to make the data accessible is likely to create a clear and present danger to public health or safety.

(Please initial)

_____ I have read and understand the above information regarding my rights as a subject of government data.

Minnesota Workers' Compensation

A valid workers' compensation policy must be kept in effect at all times by employers in accordance with statutory requirements. One of the following must be selected with the appropriate explanation *(if applicable).*

☐ I have a worker's compensation insurance policy.
Policy information must be listed on the submitted certificate of insurance.

☐ I am not required to have workers' compensation insurance because:
- ☐ I only use independent contractors and do not have employees.
- ☐ I do not use independent contractors and do not have employees.
- ☐ I use independent contractors and I have employees who are not required to be covered by the workers' compensation law. (Attach an explanation).
- ☐ I only have employees who are not required to be covered by the workers' compensation law. (Attach an explanation) *See Minn. Stat. § 176.041 for a list of excluded employees.*

CITY OF HASTINGS
CRIMINAL HISTORY BACKGROUND INVESTIGATION
GENERAL AUTHORIZATION AND INFORMED CONSENT

The City of Hastings requires a criminal history background investigation for all City license applicants, in accordance with City Code §33.01, Minn. Stat. §299C.72, Subd. 2(c) and Minn. Stat. §340A.402, Subd. 2, as applicable.

As a license applicant, you are being asked to provide personal data, which may include private information about yourself, including name, address, date of birth. You are not required to provide personal data. However, if you do not provide the personal data requested, the City of Hastings will not be able to process the background investigation. Failure to provide the data requested may result in loss of licensing. The City of Hastings and the Minnesota Bureau of Criminal Apprehension (BCA) requires this personal data to perform a search of its systems, tell you apart from other people with the same or similar name, to conduct a background investigation, and to determine eligibility. Any personal information you provide may be shared with people who need the data in order to do their jobs, as allowed by state and federal law, including: employees of the City of Hastings, others you've given authorization to access the data, BCA employees, the Federal Bureau of Investigation (FBI), authorized to receive the records, the state or legislative auditor, to comply with a court order, and anyone else to whom the law says we must or can give the information. Unless specifically defined as "private" or "confidential", all data is defined as "public" under the terms of the Minnesota Government Data Practices Act and may be disclosed upon request.

☐ Check box: I have read the above notice. I understand that information may be shared with others in accordance with the Minnesota Government Data Practices Act.

Please print clearly

First Name:	
Middle Name:	
Last Name:	
Maiden, Alias, Former Name(s):	
Date of Birth:	License Type:
Home Address:	
Cell Phone:	Home Phone:

Criminal History Background Check Authorization

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. I authorize the Minnesota Bureau of Criminal Apprehension (BCA) and the City of Hastings Police Department to disclose all applicable contact data and criminal history record information to the City of Hastings for the purpose of licensure with the City of Hastings, including private data as defined in MN Statute 13.02. The results of such investigation shall be made public pursuant to appropriate City Council approval or denial of the license application. I understand I am under no legal obligation to consent to such investigation, but that my refusal to consent may be the basis for denying my application.

The expiration of this authorization shall be for a period no longer than one year from the date of my signature.

Applicant Signature _____ Date _____