



2015 First Avenue, Anoka, MN 55303
Phone: (763) 576-2700 Website: www.ci.anoka.mn.us

CITY OF ANOKA MESSAGE BUSINESS LICENSE RENEWAL APPLICATION

ANNUAL FEES: Fees for licenses are set annually by the Anoka City Council through adoption of a Master Fee Schedule.

Annual Fee: \$500.00

Massage defined: Means any method of treating the superficial parts of a patron for hygiene, exercise, or relaxation purposes by rubbing, stroking, kneading, tapping, pounding, vibrating, or stimulating with the hands or any instrument or by the application of air, liquid, or water baths of any kind whatsoever.

NOTICE: DO NOT SUBMIT AN APPLICATION THAT IS INCOMPLETE OR MISSING INFORMATION; IT WILL BE REJECTED, RETURNED AND SUBJECT TO A LATE PENALTY FEE OF 10% OF THE TOTAL LICENSE FEE.

This application must be completed by: if by a natural person, by such person; if by a corporation or LLC, by an officer of the corporation or LLC; if by a partnership, by one of the partners; if by an unincorporated association, by the manager or managing officer of the association.

INSTRUCTIONS: If you have no ownership changes from the previous years' application, check the "HAS NOT" box and continue completing this form. If you have changes from the previous years' application, check the "HAS" box and request a copy of a full application. If there has been a change in ownership, you must apply as a new license.

1. The information supplied on last year's renewal or original license application HAS NOT changed.
2. The information supplied on last year's renewal or original license application HAS changed.

PART I

INDIVIDUAL COMPLETING RENEWAL APPLICATION

This individual must be the business owner or a corporate officer.

Full Name (<i>First, Middle, Last</i>):	
Residence Address (include street address, city, state, zip)	Mailing Address if different:
Phone Number (including area code):	Alternate Phone Number (or email address):
Date of Birth:	Minnesota Driver's License # or State I.D. #:

PERSONAL HISTORY INFORMATION

Personal History Information must be completed by the above named individual

If you have resided at the above address for less than ten (10) yrs, please list previous addresses.

Previous Residence Address(s)

Within the past five (5) years, have you been convicted of a felony or a willful violation of a federal or state law or local ordinance governing the manufacture, sale, distribution, or possession for sale or distribution of an alcoholic beverage?

No Yes. If yes, please provide details. (*attach additional sheets as necessary*)

Date of Offense	Type of Offense	Location of Offense

At any time, have you been convicted of any felony, crime or violation of a federal or state law or local ordinance other than a misdemeanor traffic violation. No Yes. If yes, please provide details. (*attach additional sheets as necessary*)

Date of Offense	Type of Offense	Location of Offense

At any time, have you had a Massage Business and/or Massage Therapist License denied, suspended or revoked in any City/State. No Yes. If yes, please provide details. (*attach additional sheets as necessary*)

Date of Action	Type: Denial, Suspension or Revocation	Location (City/State)

PART II

BUSINESS INFORMATION

Legal Name of Business:	Trade Name (dba):
Business Address/Physical Location of Licensed Premise:	Mailing Address (if different):
Business Phone Number Of Licensee (including area code):	Contact Person regarding license:
Contact Person Phone Number (including area code):	Contact Person Alternate Phone Number (or email address):

The Principal Part of the Business listed above is a Massage Establishment: Yes No

Principal Part defined: Means more than 35 percent (35%) of gross sales.

You must attach a list of all current Massage Therapists that are working at the business location listed within this application.

I have submitted a list of Massage Therapists that are working at the business location listed in this application.
 Yes No (if no, application will be rejected)

STATEMENT OF APPLICANT APPLYING FOR LICENSURE

(I) do hereby swear that the answers in this application are true and correct to the best of my knowledge. I do authorize the City of Anoka, its agents, and employees, to obtain any necessary information and to conduct an investigation, if necessary, into the truth of the statements set forth in this application and the qualifications for said license. I do understand that providing false information shall be grounds for denial of my license. I fully understand that it is my responsibility to be familiar with and abide by the requirements of the City, which is detailed in the pertinent section of the Anoka City Code, which is available on the City website at www.ci.anoka.mn.us or upon request from the City Clerk and to be familiar with and abide by the laws of the City of Anoka and the State of Minnesota relating to this licensure. I further understand that I must submit any changes in my application within thirty (30) days of the effective date of the change and that I will abide by all requirements regarding the approval of such change as stated in the Anoka City Code and State Law. I understand that the information supplied within this application is classified as public data and will be provided to the public upon request.

Signature of Applicant: _____

Title: _____

Date: _____

REQUIRED LICENSE APPLICATION DOCUMENTS

- City Massage Business License Renewal Application
- Current list of Massage Therapist working at the Business location listed in application
- Worker's Compensation Form (attached – required by State Law)
- SP:C1 Tax Clearance Form (attached – required by State Law)
- Tennessee Warning Form (attached – required by State Law)
- Payment (\$500.00)



CERTIFICATE OF COMPLIANCE MINNESOTA WORKER'S COMPENSATION LAW

PRINT LEGIBLY IN INK OR TYPE

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 any activity in Minnesota until the applicant presents acceptable evidence of compliance with the worker's compensation insurance coverage requirement of Minnesota Statutes, Chapter 176. The required worker's compensation insurance information is the name of the insurance company, the policy number, and the dates of coverage, or the permit to self-insure. 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.

ALL APPLICANTS: 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.

Signature: _____

Printed Name: _____

Title: _____ Date: _____

I am not required to have worker's compensation insurance coverage because:

- I have no employees
- I have employees but they are not covered by worker's compensation law.
(see Minnesota Statute 176.041 for a list of excluded employees)

Explain why your employees are not covered: _____

COMPLETE THIS PORTION ONLY IF YOU ARE INSURED: *A valid worker's compensation policy must be kept in effect at all times by employers as required by law*

Business Name (Individual name only if no company name is used):

DBA (if applicable): _____

Address (must include street address): _____

Insurance Company Name (not agent): _____

Workers Compensation Policy No.: _____

Effective Date: _____ Expiration Date: _____

IF SELF-INSURED - ATTACH A COPY OF THE PERMIT TO SELF-INSURE

NOTE: If your worker's compensation policy is cancelled within the license period, you must notify the agency who issued the license/permit by resubmitting this form.



SP:CI TAX CLEARANCE FORM
(This form may contain private data – do not release to public)

PRINT LEGIBLY IN INK OR TYPE

Pursuant to Minnesota Statute, Section 270C.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/or the Social Security Number of each license applicant.

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 Services.
3. Failure to supply this information may jeopardize or delay the processing of your license, its' issuance or renewal.

Please supply the information and return this form along with your application to the agency issuing your license. **DO NOT RETURN TO THE DEPARTMENT OF REVENUE.**

Licensing Authority: CITY OF ANOKA, MINNESOTA

Signature: _____

Printed Name: _____

Date: _____

PERSONAL INFORMATION: *Complete this section only if you are applying as an individual and/or do not hold a Minnesota Tax Identification # or Federal Tax Identification #.*

Applicant Name: _____

Applicant Address: _____

Social Security Number: _____

BUSINESS INFORMATION: *Complete this section only if you are applying as a business.*

Business Name: _____

Db: _____

Minnesota Tax Identification #: _____

Federal Tax Identification #: _____

For businesses: If a Minnesota Tax Identification # is not required, you must submit a written explanation.



**APPLICATION FOR LICENSE INVOLVING
PRIVATE OR CONFIDENTIAL INFORMATION
(Tennessee Warning)**

THIS FORM MUST BE COMPLETED BY ALL INDIVIDUALS LISTED IN APPLICATION

In connection with your request for a license/registration the City of Anoka 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 270C.72.*
3. You are required to supply the requested information.
4. The known consequences of supplying the requested information is as follows: *Loss or denial of the requested license/registration 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/registration 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.

Applicant's Signature: _____

Printed Name of Applicant: _____

Date: _____ DOB: _____