



City of Burnsville

100 Civic Center Parkway, Burnsville, MN 55337-3817 (952) 895-4460 Fax (952) 895-4512

# APPLICATION FOR MASSAGE ENTERPRISE LICENSE

**Applicant Note:**

*Complete application by computer or typewriter for record retention purposes. Incomplete applications will not be accepted. The information contained in this application becomes part of City of Burnsville's records upon receipt and is therefore accessible to the public. All licenses issued shall be valid only on the premises for which the license is issued. No transfer of any license to another location or person shall be valid without the prior approval of the Licensing Office. All licenses will be issued for a one year period. (July 1 to July 1).*

**Full Name (First, Middle, Last):** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone: (Home)** \_\_\_\_\_ **(Work)** \_\_\_\_\_ **(Cell)** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

**List address(es) of residence for past five years:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Name of Business (if applicable):** \_\_\_\_\_

**Date of Incorporation:** \_\_\_\_\_ **State:** \_\_\_\_\_

*(Business must be authorized to do business in the State of Minnesota)*

**Business Address:** \_\_\_\_\_

*(A sketch showing the configuration, interior dimension and total floor space occupied by the business must be attached)*

**The business will be operated:** \_\_\_\_\_ Independently \_\_\_\_\_ In conjunction with another business

If independent, do you propose to operate the business out of your home? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Business premises are owned by:** \_\_\_\_\_

*(Property taxes must not be delinquent)*

**I have been rejected for a massage enterprise license before:** \_\_\_\_\_ Yes \_\_\_\_\_ No

**Each applicant, including all holders of interest of 10% or more in a business must separately answer the following questions:** *(please provide a full explanation on a separate sheet of paper for any "yes" answers)*

1. Are you overdue in the payment to the City of any taxes, fees, fines, penalties assessed in relation to a therapeutic massage business? \_\_\_\_\_ Yes \_\_\_\_\_ No

2. Have you been convicted of any crimes or ordinance violations, other than traffic offenses, within the two (2) years immediately preceding this application? \_\_\_\_\_ Yes \_\_\_\_\_ No
3. Have you ever been convicted of a felony or of violating any federal, state or local law relating to the operation of any business requiring a license? \_\_\_\_\_ Yes \_\_\_\_\_ No
4. Have you and all of your prospective employees who will be participating therapeutic massage successfully completed at least one hundred (100) hours of certified therapeutic massage training from an approved school recognized by a national or state professional therapeutic massage organization? (Please attach copies of documentation for yourself and all employees who will function as massage therapists) \_\_\_\_\_ Yes \_\_\_\_\_ No

\* Applicants with 10% or greater interest in the business who are not engaged in the practice of professional therapeutic massage are exempt from these items.

**I have no intention or agreement to transfer the license to another person, or to allow any other entity to operate under the authority of the license.**

**I understand that by submitting this application and operating a massage enterprise in the City of Burnsville, I hereby consent to allow the appropriate City personnel, or any authorized representatives 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.**

**Before any license is finally approved and issued, I will furnish the City with a list of employees to be initially hired, indicating their names, addresses, ages and designating the duties of the employees within the licensed premises. Subsequently, I shall promptly notify the City of any additions to or deletions from the list of employees or changes in their job descriptions or duties.**

**NOTE: If an individual person wishes to operate a massage enterprise, the individual must sign the application for a license as applicant. If an applicant is other than an individual, each individual who has a 10% or greater interest in the business must sign the application for a license as an applicant, and each applicant must be qualified under Section 3-15- 4 of the Burnsville City Code, except as provided for in \*note above. Each applicant shall be considered a licensee if a license is granted.**

**I hereby solemnly swear that the foregoing statements are true and correct to the best of my knowledge and that I agree to comply with all the provisions of the ordinance under which this license is granted.**

\_\_\_\_\_  
**Signature of Applicant**

Subscribed and sworn to before me this  
 \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

(Notary Seal)

\_\_\_\_\_  
 Notary Public



City of Burnsville

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## APPLICATION FOR MASSAGE ENTERPRISE LICENSE

### RELEASE FORM

I hereby authorize the Burnsville Police Department to investigate all facts set out in the "Application for License" containing my name, and do a personal background and felony conviction record check on me. I further authorize the Burnsville Police Department to release information received from such investigation to the City Council.

(PLEASE TYPE)

Full Name \_\_\_\_\_

Home Address \_\_\_\_\_

Home Telephone Number \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Race:  White/Caucasian  African American  Hispanic  Asian  \_\_\_\_\_

Sex:  Female  Male

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date of Release

## **DATA PRACTICES RIGHTS ADVISORY THERAPEUTIC MASSAGE APPLICANTS**

As an applicant for a therapeutic massage license in the City of Burnsville, you are being asked to provide information about yourself which will be used in evaluating your suitability for the receipt of said license. Attached are several documents which require your signature and/or personal information about you. This information will allow this department to fully consider your suitability for a license. The information contained in the License Application is required by Burnsville City Ordinance. If the information is not furnished, processing of your Application may not proceed and the license may not be issued.

The data you are being asked to provide is defined as licensing data under the Minnesota Government Data Practices Act. Under the Data Practices Act, some licensing data is classified as public data and the remaining information is classified as private data or confidential data. As an applicant, the name and address of those persons who are the actual applicant, or who may have an "interest" in the license applied for is public data.

All other information submitted with the Application is considered private data. The classification of this information as private data means that the data will not be revealed to any person other than those public officers or employees of the City who have a need to know such information in order to process and make a decision on the issuance of the license. The purpose and intended use of the information provided to the City is to determine whether a therapeutic massage license should be granted.

If a license is granted, the data supplied by the applicant will become public data, which is available to any person upon request.

The Authorizations for information which you signed and the data you provide may be conveyed to third parties. To the extent they reveal private information; they will be disclosed only to the extent that is necessary to do the required license investigation.

I HAVE READ AND UNDERSTAND THE ABOVE

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Signature of Applicant

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Date

# CERTIFICATION OF HOURS FOR MASSAGE THERAPISTS

This is to certify that \_\_\_\_\_  
is a member in good standing and has completed \_\_\_\_ hours  
of training in massage therapy or massage therapy-related  
fields and that this information is on record with this  
association.

Association \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

City	State	Zip
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Date \_\_\_\_\_

Certifying Officer \_\_\_\_\_

Title \_\_\_\_\_

Phone \_\_\_\_\_

Please attach to organizational letterhead

**NOTE: This requirement may also be fulfilled by providing an already existing school transcript, diploma with stated number of hours directly printed on it or any other form of proof that there has been a minimum of 100 hours of schooling or training acquired.**