



## Applicant Information

Complete only the section (13a, 13b, or 13c) that applies to the applicant type (refer to question #1).

**ATTACH:** A Part II-Personal History Application (**or**) Massage Therapist Application is required for each person listed in said section.

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13a. Individual: If applicable, complete this section, then proceed to Section 2.

Name \_\_\_\_\_  
                                    First                                    Middle                                    Last                                    Maiden Name

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13b. Partnership: If applicable, complete this section, then proceed to Section 2. List the names and financial interest of each partner.

Name \_\_\_\_\_  
                                    First                                    Middle                                    Last                                    Maiden Name

Financial interest \_\_\_\_\_ %

Name \_\_\_\_\_  
                                    First                                    Middle                                    Last                                    Maiden Name

Financial interest \_\_\_\_\_ %

Name \_\_\_\_\_  
                                    First                                    Middle                                    Last                                    Maiden Name

Financial interest \_\_\_\_\_ %

*For additional partners, attach separate sheet.*

**ATTACH:** Copy of Partnership Agreement.

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13c. Corporation/Other Organization: If applicable, complete this section for corporations, then proceed to Section 2.

Name of corporation \_\_\_\_\_ State of \_\_\_\_\_  
or organization \_\_\_\_\_ incorporation \_\_\_\_\_

List the officers of the corporation and all persons or entities with a financial interest of five percent (5%) or more.

Owner (or other title \_\_\_\_\_) Financial interest \_\_\_\_\_ %

Name \_\_\_\_\_  
                                    First                                    Middle                                    Last                                    Maiden Name

President (or other title \_\_\_\_\_) Financial interest \_\_\_\_\_ %

Name \_\_\_\_\_  
                                    First                                    Middle                                    Last                                    Maiden Name

Vice President (or other title \_\_\_\_\_) Financial interest \_\_\_\_\_ %

Name \_\_\_\_\_  
                                    First                                    Middle                                    Last                                    Maiden Name

Secretary (or other title \_\_\_\_\_) Financial interest \_\_\_\_\_ %

Name \_\_\_\_\_  
                                    First                                    Middle                                    Last                                    Maiden Name

Treasurer (or other title \_\_\_\_\_) Financial interest \_\_\_\_\_ %

Name \_\_\_\_\_  
                                    First                                    Middle                                    Last                                    Maiden Name

*For additional officers, persons, or entities attach separate sheet.*

**ATTACH:** 1. Copy of Certificate of Incorporation.  
2. Foreign corporations, attach a Certificate of Authority as required by Minn. Stat. § 303.06.

## Section 2: Person(s) in Charge of Licensed Premises

14. Designated on-site manager in charge of the licensed premises. The on-site manager is responsible for the conduct of the licensed premises and operation; and serves as agent for service of notices and other processes relating to the license. He/she must be a resident of the State of Minnesota or one of the following Wisconsin counties: Pierce, St. Croix, Pepin, Dunn, Polk.

Name \_\_\_\_\_  
First Middle Last Maiden Name

Name \_\_\_\_\_  
First Middle Last Maiden Name

*For additional manager(s) or agent(s), attach separate sheet.*

- ATTACH:** A Part II-Personal History form (or) Massage Therapist Application is required from each person in charge.

## Section 3: Massage Therapists

15. The name of each person employed or who the applicant intends to employ as a massage therapist at the premise.

Name \_\_\_\_\_  
First Middle Last Maiden Name

Name \_\_\_\_\_  
First Middle Last Maiden Name

Name \_\_\_\_\_  
First Middle Last Maiden Name

Name \_\_\_\_\_  
First Middle Last Maiden Name

*For additional therapists, attach separate sheet.*

- ATTACH:** A Massage Therapist Application is required from each therapist.

## Section 4: Insurance

16.  **ATTACH:** Certificate of insurance showing general liability insurance coverage with a minimum of \$300,000 combined single limit per occurrence.

17. Provide workers' compensation insurance coverage as required by Minnesota law (per MN Stat. § 176.181).

Insurance company name (not the agent) \_\_\_\_\_

Policy number or self-insurance permit number \_\_\_\_\_

Dates of coverage \_\_\_\_\_

(OR)

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

- I have no employees covered by the law       Other \_\_\_\_\_

## Section 5: Additional Information

18.  **ATTACH:** Floor plans showing the size and location of all rooms (a hand drawn sketch is permissible).

19. If placing signage, contact the Apple Valley Community Development Department at (952) 953-2575 regarding signage regulations and permits.

## Section 6: Notice and Notarized Signature

Applicant may subscribe to receive an electronic notification from the City of proposed ordinances by signing up for *Email Updates* on the City's website at [www.cityofapplevalley.org](http://www.cityofapplevalley.org).

I hereby certify that the information supplied on this application form and all attachments is true and correct. The information requested on this form will be used by the City of Apple Valley to approve or deny the applicant's license. I understand that the falsification or misrepresentation of information submitted on or with my application constitutes grounds for denial of the license. I authorize the City of Apple Valley to verify any and all of the information requested on this application, including the ordering of criminal background checks, and to conduct any necessary investigation to assure this application complies with the City's licensing and zoning ordinances.

The information supplied on this form will become public information when received by the City of Apple Valley. Under Minnesota law (Minn. Stat. § 270.72), the City may be required to provide the business tax identification number and/or social security number of each applicant to the Minnesota Commissioner of Revenue.

I also acknowledge that I have received and/or reviewed Chapter 123 of the City Code, regarding Massage Therapy Business and Massage Therapist Licenses, and am familiar with the provisions thereof.

Subscribed and sworn to before me this

X \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Applicant signature

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

\_\_\_\_\_ Printed name

\_\_\_\_\_ Title

**FEES:**

Application fee	\$300.00
Investigation fee	\$300.00
Addl. owner/new officer	\$120.00
Change in on-site mgr.	\$120.00
Amendment to license	\$ 75.00
If no employees	\$ 0.00

All licenses expire June 30th.

03/18	For office use only	Code to: 1001-4038
Zoning _____	Date paid _____	Amount \$ _____ Receipt no. _____
Approve/Deny _____		License no. _____