



City of Coon Rapids
 Office of the City Clerk
 11155 Robinson Drive
 Coon Rapids, MN 55433-3761
 Phone: 763-767-6432
 Fax: 763-767-6531
<http://www.coonrapidsmn.gov>

License #:	
Receipt #:	
Date:	
Fee Paid:	

Application Guidelines and Checklist

License Type: THERAPEUTIC MASSAGE ENTERPRISE

In compliance with Coon Rapids City Code 5-2900 you are required to submit the following information for a Therapeutic Massage Enterprise License.

Staff Initials:	Application Checklist Submit completed items below to: Office of the City Clerk Attn: Deputy City Clerk 11155 Robinson Drive Coon Rapids, MN 55433
	<input type="checkbox"/> 1. Application (Form #1)
	<input type="checkbox"/> 2. License Applicant Information (Form #2)
	<input type="checkbox"/> 3. Minnesota Workers' Compensation Liability (Form #3)
	<input type="checkbox"/> 4. Affidavit of Good Character (Form #4) Two are required
	<input type="checkbox"/> 5. Authorization of Release of Data (Form #5)
	<input type="checkbox"/> 6. Supplemental Investigation Information Form (Form #6)
	<input type="checkbox"/> 7. Current Public Liability Insurance Certificate
	<input type="checkbox"/> 8. Any supplemental materials as per license application
	<input type="checkbox"/> 9. License Fee: \$365 (2020)
	<input type="checkbox"/> 10. Background Investigation Fee: \$455 (2020)
	<input type="checkbox"/> 11. Copy of current Photo ID or other state issued identification card.

Your License Application

- Incomplete and/or illegible applications will be returned.
- All applications must be signed by an owner, partner, or principal.
- No license will be issued for a period longer than one year. Standard license periods are from January 1 to December 31.
- Licenses are not transferable.
- Make a duplicate copy of this packet for your personal records before submitting.
- Minnesota Sales Tax ID (651) 296-6181
- Federal Tax ID/Employer Identification Number (651) 312-8082
- Multiple licenses must be filed individually and may not be combined.



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Form #1

License Application for Therapeutic Massage Enterprise

Local Business Information:			
Business Name:			
Doing Business As:			
Address of Business:	Street:		
	City:		
	State:		
	Zip:		
Business Telephone:			
Location Manager:			
First Name:			
Middle Name:			
Last Name:			
Date of Birth / Place of Birth:			
Address of Residence:	Street:		
	City:		
	State:		
	Zip:		
Driver's License #		State of:	
Email Address:			
Day Telephone:			
Evening Telephone:			
Applicant is the:			
<input type="checkbox"/> Manager		<input type="checkbox"/> Owner / Partner	

Please send the 2020 License Certificate to the following address:

Please send the 2021 Renewal Application to the following address:



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Form #1

Personal Information:			
<i>This section to be completed by ALL applicants, Owners, and Partners</i>			
First Name:		Middle Name:	
Last Name:			
Date of Birth / Place of Birth:			
Email Address:			
Address of Residence:	Street:		
	City:		
	State:	Zip:	
Driver's License #		State of:	
Day Telephone:		Evening Telephone:	
<input type="checkbox"/> Yes <input type="checkbox"/> No Are you a U.S. Citizen?			
<input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever used or been known by a name other than your true name?			
If yes, what was such name or names and any information concerning dates and places where used:			
List Street Addresses at which you have lived during the preceding five (5) years:			
List the names and addresses of your employers and partners, if any, for the preceding five (5) years:			
List business names and complete addresses where you currently hold or have previously held a license to operate a massage enterprise:			
<input type="checkbox"/> Yes <input type="checkbox"/> No Have you previously been denied a massage license or ever had a license revoked in any jurisdiction?			
If yes, list business name, complete address and circumstances:			
<input type="checkbox"/> Attached are affidavits from two (2) residents of the metropolitan area who are of good moral character, not related to you and do not have a financial interest in the premises or business as references to your character.			
<input type="checkbox"/> Yes <input type="checkbox"/> No Have you EVER been convicted of ANY misdemeanor, gross misdemeanor or felony? (NOTE: Failure to document all crime history completely and accurately will be grounds for disqualification of license.)			
If applicant has been convicted, please provide the following:			
Conviction #1	Date:	Location:	
	Nature of Conviction:		
Conviction #2	Date:	Location:	
	Nature of Conviction:		
Conviction #2	Date:	Location:	
	Nature of Conviction:		



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Form #1

If Corporation or Partnership, state:	
Type of organization:	<input type="checkbox"/> S-Corp <input type="checkbox"/> C-Corp <input type="checkbox"/> LLC <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership
Business Name:	
Doing Business As:	
Date of incorporation:	
State of Incorporation:	
Name of Managing Partner:	
Managing Partner Phone#:	

I agree, as part of this application, to list the corporate owners holding more than five percent (5%) of the outstanding stock of the corporation. I will notify the City Clerk of any change in legal ownership in this business. The owners of the corporation are as follows:

Officer / Partner / Owner #1	
First Name:	
Middle Name:	
Last Name:	
Address of Residence:	Street:
	City:
	State:
	Zip:
Designation:	
% of Interest:	
Officer / Partner / Owner #2	
First Name:	
Middle Name:	
Last Name:	
Address of Residence:	Street:
	City:
	State:
	Zip:
Designation:	
% of Interest:	
Officer / Partner / Owner #3	
First Name:	
Middle Name:	
Last Name:	
Address of Residence:	Street:
	City:
	State:
	Zip:
Designation:	
% of Interest:	



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Form #1

Description and Location of Premises:

If premises is not constructed and furnished at this time, include detailed plans of the premises and furnishings.

Business Equipment:

List all Types of Equipment to be used in the business:

List full name, address, telephone number and the nature of the interest, amount thereof, terms for payment or other reimbursement, of all persons, other than the applicant, who have any financial interest in the business, buildings, premises, fixtures, furniture, or stock in trade. This shall include, but not be limited to, any lessees, mortgagees, mortgagors, lenders. Lien holders, trustees, trustors and persons who have co-signed notes or otherwise loaned, pledged, or extended security for any indebtedness of the applicant.

Name	Address	Telephone	Nature of Interest	Amount	Payment Terms



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Form #1

<input type="checkbox"/> I have attached the required current Public Liability Insurance Certificate with limits of not less than \$1,000,000 for the coverage period of January 1 to December 31 .
<input type="checkbox"/> Yes <input type="checkbox"/> No Are any real estate taxes, personal property taxes, special assessments, or other financial claims of the City of Coon Rapids delinquent or unpaid for the premises to be licensed? If yes, please give details:
<input type="checkbox"/> I have read the applicable ordinances and City Codes and am familiar with their content and agree to comply strictly with the provisions.
<input type="checkbox"/> I have attached a copy of the Partnership Agreement and Certificate of Trade Name, if required. <input type="checkbox"/> I have attached Copies of the Certificate of Incorporation, Article of Incorporation or Association Agreement, and Bylaws of the organization and if the applicant is a foreign corporation, a state Certificate of Authority is attached. <input type="checkbox"/> If applicant is a non-profit corporation, a list of all members of such corporation is attached.
If the business is to be conducted under a designated name or style other than the full individual name of the application, attach a copy of the certification required by MSA Chapter 333 and certified by the Clerk of District Court. <input type="checkbox"/> This requirement applies to this business and I have attached a copy of the Certification required. <input type="checkbox"/> This requirement does not apply to this business.
<input type="checkbox"/> I understand that the City of Coon Rapids has an electronic notification system where all proposed ordinances are posted for Council consideration. To receive Coon Rapids ordinance updates, go to www.coonrapidsmn.gov and click on NotifyMe . Then click the envelope icon to subscribe to the list titled "City Proposed Ordinance Changes".
<input type="checkbox"/> I understand that certain zoning may require approval of a Conditional Use Permit and/or a Home Occupation Permit. Zoning of Property: _____ Staff Approval _____
Any violation of the state law or ordinances of this municipality or any rules or regulations contained in the license in the operations of the business, may be grounds for the revocation or suspension of such license. I have no intention or agreement to transfer this license to another person. I have read the applicable ordinance and will strictly comply with all of the provisions. I hereby swear that the foregoing statements are true and correct to the best of my knowledge. TENNESSEN WARNING The data you supply on this form will be used to process the license you are applying for. You are not legally required to provide this data, but we will not be able to process the license without it. The data will constitute a public record if and when the license is granted. I have read and understand the Data Practices Rights Advisory and certify that the statements in this application are true and correct to the best of my knowledge.

Date

Signature



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Form #2

License Applicant Information

Under Minnesota Law (M.S. 270C.03) the agency issuing you this license is required to provide to the Minnesota Commissioner of Revenue your Minnesota business tax identification number and the Social Security number of each license applicant.

- Under the Minnesota Government Data Practices Act and the Federal Privacy Act, we must advise you:
- This information may be used to deny the issuance, renewal or transfer of your license if you owe the Minnesota Department of Revenue, or any other Department of Revenue in the United States, delinquent taxes, penalties or interest.
- The licensing agency will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Act, the Department of Revenue is allowed to supply this information to the Internal Revenue Service.
- Failing to supply this information may jeopardize or delay the issuance of your license or processing your renewal application.

Please print or type in the following information and return along with your application.

Personal Information:			
First Name:		Middle Name:	
Last Name:			
Email Address:			
Address of Residence:	Street:		
	City:		
	State:	Zip:	
Driver's License #		State of Issue:	
Social Security #			
Business Information:			
Complete Legal Business Name:			
Doing Business As Name:			
Store Phone #:			
Business Address in Coon Rapids:	Street:		
	City:	Coon Rapids	
	State:	Zip:	
Minnesota Tax ID #		Federal Tax ID #	
If Minnesota Tax ID # is not required, please explain:			

Date Signature Title



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Form #3

MINNESOTA WORKERS' COMPENSATION LIABILITY CERTIFICATE OF COMPLIANCE

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 an activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Chapter 176.181. The information required is: the name of the insurance company, the policy number, and dates of coverage or the permit to self-insure. This information will be collected by the licensing agency and retained in their files.

This information is required by law, and licenses and permits to operate a business may not be issued or renewed if it is not provided and/or is falsely reported. Furthermore, if this information is not provided or falsely stated, it may result in a \$2,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry.

Insurance Company Name: *Note: This is NOT the insurance agent.	
Telephone Number:	
Policy Number:	
Dates of Coverage: *Note: If not continuous, dates of coverage must correspond EXACTLY with the license period; i.e., January 1 - December 31.	

(OR)

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

- I have no employees.
- I am self-insured (include permit to self insure).
- I have no employees who are covered by the worker's compensation law (these include: Spouse, Parents, Children and certain farm employees).

Personal Information:	
First Name:	
Middle Name:	
Last Name:	
Doing Business As:	
Name:	
Address of Business:	Street:
	City:
	State:
	Zip:
Phone Number:	
I certify that the information provided above is accurate and complete and that a valid worker's compensation policy will be kept in effect at all times as required by law.	
Date: _____	Signature: _____



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Form #4

AFFIDAVIT OF GOOD CHARACTER
IN SUPPORT OF THERAPEUTIC MASSAGE ENTERPRISE APPLICATION
(1 of 2)

Re: _____

AFFIDAVIT

I am personally acquainted with, and am not a relative of, the above-referenced applicant for a Coon Rapids license.

I have known the applicant personally and have observed his/her conduct for the past five years, and vouch for his/her sobriety, honesty and general good character as a reputable citizen.

I certify the foregoing statement is true to the best of my knowledge and belief.

Signature of Affiant

Date

Printed Name of Affiant

Street Address

City, State, Zip

Business Telephone

Home Telephone



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Form #4

AFFIDAVIT OF GOOD CHARACTER
IN SUPPORT OF THERAPEUTIC MASSAGE ENTERPRISE APPLICATION
(2 of 2)

Re: _____

AFFIDAVIT

I am personally acquainted with, and am not a relative of, the above-referenced applicant for a Coon Rapids license.

I have known the applicant personally and have observed his/her conduct for the past five years, and vouch for his/her sobriety, honesty and general good character as a reputable citizen.

I certify the foregoing statement is true to the best of my knowledge and belief.

Signature of Affiant

Date

Printed Name of Affiant

Street Address

City, State, Zip

Business Telephone

Home Telephone



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Form #5

Authorization of Release of Data

In order to comply with State and Federal Data Privacy Acts, the City of Coon Rapids is required to ask the following information. This authorization expires one year from date of application.

Personal Information			
First Name:			
Middle Name:			
Last Name:			
Date of Birth:			
Email Address:			
Address of Residence:	Street:		
	City:		
	State:		
	Zip:		
Driver's License #		State of Issue:	
Day Telephone:			
Evening Telephone:			
Organization Associated with:			
<input type="checkbox"/> Yes <input type="checkbox"/> No		Have you EVER been convicted of ANY crime, either felony or misdemeanor?	
If applicant has been convicted, please state the following: (NOTE: Failure to document all crime history completely and accurately will be grounds for disqualification of license.)			
Conviction #1			
Date:			
Location:			
Nature of Conviction:			
Conviction #2			
Date:			
Location:			
Nature of Conviction:			
Conviction #3			
Date:			
Location:			
Nature of Conviction:			



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Form #5

<input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever been convicted of any traffic offense? If yes, please state	
the following:	
Offense #1	
Date:	
Location:	
Nature of Offense:	
Offense #2	
Date:	
Location:	
Nature of Offense:	
Offense #3	
Date:	
Location:	
Nature of Offense:	
<input type="checkbox"/> Yes <input type="checkbox"/> No Have you violated any provisions in the Coon Rapids City Code during	
the last two (2) years? If yes, please explain:	

I, the undersigned, have made a license application with the City of Coon Rapids. Realizing the City has need to investigate my background and history in order to better evaluate my application, I hereby authorize and request every law enforcement official and every other person, firm, officer, corporation, association, organization or institution having control of any documents, records or other information pertaining to me to furnish the original or copies of any such documents, records and other information to the City, and to permit said City or any of its representatives to inspect and make copies of any such documents, records and other information. I further authorize any such persons to answer any inquiries, questions or interrogatories concerning the undersigned which may be submitted to them by the City or its authorized representative. I fully understand that the information so obtained by the City may be used in the evaluation of my application.

I hereby release and exonerate any person who shall comply with the authorization and request made herein from any and all liability of every nature and kind growing out of and in any ways pertaining to the furnishing or inspection of such documents, records or other information.

I am a resident of the State of Minnesota. Yes; No

If not a Minnesota resident, I authorize the appropriate authorities to conduct a background investigation in the state of residence listed on the valid identification card provided as part of this application.

Date **Signature**



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Form #6



Supplemental Investigation Information

Print Full Name

Date of Birth

The following information is necessary for the Police Department to properly identify the applicant for purposes of the required background investigation. This information will be retained only by the Police Department as required by law and will not be included in any investigative report submitted to the City Council and will not become a part of the public record or released to the public except as authorized by law.

Sex: Male; Female

Race: _____