



Therapeutic Massage Enterprise License Application

Part I – General

If applicant is an individual, it shall be completed by such person; if a corporation, by an officer; if a partnership, by one of the general partners; if an unincorporated association, by the manager or managing officer.

1. Type of applicant Individual Partnership Corporation Other organization

2. Legal name of licensee (individual, partnership, corporation, organization or club) _____

3. Business _____ Phone (_____) _____
Address _____

If business is to be conducted under a designation, name or style other than the name of the applicant, **attach** a certified copy of the Certificate of Assumed Name.

Attach a list of owners and their respective percentages totaling 100 percent.

4. Minnesota Business Tax ID Number (Per Minnesota Statute 270C.72) _____ Applicant's Social Security Number _____
Federal Business Tax ID Number _____

5. Proof of **Workers' Compensation Insurance Coverage:**
Insurance company name _____ Dates of coverage _____
Policy number/Self-insurance permit number (Per Minnesota Statute Section 176.182) _____
I am **not** required to have workers' compensation liability coverage because
 I have no employees covered by the law Other (Specify on the reverse side.)

Section 1: Applicant

Complete only one number in this section. Refer to question 1 for type of applicant.

6. **Individual** If applicable, complete this question and a Part II Personal History form. Then proceed to Section 2.
Name _____ Maiden name _____
Last First Full middle
Residence address _____
Street City County State Zip
Residence phone (_____) _____ Business phone (_____) _____
Business address _____
Street City County State Zip

7. **Partnership** If applicable, complete this question for general and limited partners, then proceed to Section 2. A Part II Personal History form is required from each general partner.
Full name _____
Last First Full middle Maiden name
Residence _____ Phone (_____) _____
Street City State Zip
Business _____ Phone (_____) _____
Street City State Zip
Full name _____
Last First Full middle Maiden name
Residence _____ Phone (_____) _____
Street City State Zip
Business _____ Phone (_____) _____
Street City State Zip

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Full name _____
Last First Full middle Maiden name

Residence _____
Street City State Zip

Phone (_____) _____

Business _____
Street City State Zip

Phone (_____) _____

Attach a copy of the partnership agreement.

8a. Corporation/other organization *If applicable, complete questions 8a and 8b, then proceed to Section 2.*

Name _____
Street City State Zip

State of incorporation/association _____

Bloomington address _____
Street City State Zip

Phone (_____) _____

Home office address _____
Street City State Zip

Phone (_____) _____

8b. Officers of corporation/other organization *A Part II Personal History form is required from each officer.*

President

Name _____
Last First Full middle Maiden name

Residence _____
Street City State Zip

Phone (_____) _____

Vice President

Name _____
Last First Full middle Maiden name

Residence _____
Street City State Zip

Phone (_____) _____

Secretary

Name _____
Last First Full middle Maiden name

Residence _____
Street City State Zip

Phone (_____) _____

Treasurer

Name _____
Last First Full middle Maiden name

Residence _____
Street City State Zip

Phone (_____) _____

- Attach**
1. A copy of the Certificate of Incorporation.
 2. Foreign corporations attach a copy of Certificate of Authority, as required by *Minnesota Statutes, Section 303.06*.
 3. Certificate of Assumed Name.

Section 2: Persons in charge of licensed premises

All applicants complete this section.

The Part II Personal History must be completed and filed with this application by each person in this section.

9. General manager, proprietor, managing partner or any other individual or agent in charge of the licensed premises.

Name _____
Last First Full middle Maiden name

Position _____

Residence _____
Street City State Zip

Phone (_____) _____

Name _____
Last First Full middle Maiden name

Position _____

Residence _____
Street City State Zip

Phone (_____) _____

Section 3: Business assets

All applicants complete this section.

Total cost of assets acquired to start business, including the business premises (if purchased), fixtures, furniture, equipment, merchandise for resale, cash for working capital, prepaid insurance and any other assets. Complete the uses and sources of funds schedule for the planned opening investment of the proposed business by the person(s) investing in this business. *Loans or extensions of credit provided to fund opening investment require submission of credit approval documentation. If acquiring an existing business, attach copy of purchase agreement. Round balances to the nearest hundred dollars.*

10. Uses of funds

Operating capital for daily needs \$ _____
Opening checking account balance, cash register balances, funds to carry average accounts receivable and prepaids; i.e. insurance, rent.

Merchandise/inventory for resale \$ _____

Business property:

(a) Land and buildings \$ _____
Enter zero, if rented.

(b) Equipment and furnishings \$ _____

Other uses of funds, if any
Describe each below.

_____ \$ _____
 _____ \$ _____
 _____ \$ _____

TOTAL REQUIREMENTS \$ _____
 Must equal total of column "11"

11. Sources of funds

Indebtedness owed to seller \$ _____
Seller provides portion of financing to acquire existing business after the closing date.

Loans from financial institutions \$ _____

Loans from relatives \$ _____

Loans from other individuals \$ _____

Other outside sources, if any
Describe each below.

_____ \$ _____
 _____ \$ _____

Opening investment by owners:

(a) Individual
Sole Proprietorship \$ _____

(b) Two Or More Individuals
Partnership \$ _____

(c) Stockholders *For issuance of stock and for capital contributed, if any.* \$ _____

TOTAL SOURCES AND INVESTMENT \$ _____
 Must equal total of column "10"

Ownership by only one individual (Sole Proprietorship) requires submission of personal financial statement, including annual income details, and most recently submitted federal income tax return.

Ownership by two or more individuals (Partnership) requires each individual submit personal financial statement, including annual income details, most recently submitted federal income tax return, and partnership financial statement, including income statement.

Ownership by a corporation requires submission of most recent annual report and/or corporate audited financial statements, plus most recently completed corporate tax return. (If no audit is completed, include unaudited financial statements.)

Section 4: Premises

All applicants complete this section.

If the premises is planned, under construction or undergoing substantial alteration, the application shall be accompanied by a set of preliminary plans showing the proposed design. If the plans are on file with the Building and Inspection Division of the Community Development Department, no additional plans need be filed.

12. **Legal description of premises to be licensed.** Submit survey showing dimensions, building locations, street access, parking facilities and location.

13. **State the floor number, general area and all rooms where massage services will be conducted.** Attach a floor plan showing dimensions and clearly identified rooms.

14. **How is the premises zoned under the Bloomington Zoning Ordinance?** _____

15. **Are any real estate taxes, personal property taxes, special assessments or other financial claims of the state, county, School District or City of Bloomington delinquent or unpaid for the premises to be licensed?** If yes, give years and unpaid amounts. Yes No

Notice and notarized signature

The data on this form will be used to approve your license. Some requested data is private. Private data is available to you and the City or State staff who need this information to perform their duties, but is not available to the public. You are not legally required to provide this data, but the City may not be able to approve your license if you do not provide it.

I have received from the City of Bloomington a copy of the *Therapeutic Massage Ordinance, Chapter 14* of the *City Code*, and the City zoning requirements for said businesses, as provided in *Chapter 19* of the *City Code*, and will familiarize myself with their provisions. I understand that a criminal conviction will not bar me from obtaining a license unless the conviction is directly related to the occupation for which the license is sought and there is no showing of sufficient rehabilitation and present fitness to perform the duties of the occupation (*Minnesota Statute 364.03*). I understand that falsification of the application, including failure to reveal a criminal conviction, constitutes grounds for denial of the license.

The information I have provided on this application is truthful. I authorize the City of Bloomington 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 licensing and zoning ordinances.

X _____
Applicant signature

Subscribed and sworn to before me, a
Notary Public, on this _____ day
of _____, 20 _____.
Commission expires on _____.

Notary signature