

City of Austin



500 Fourth Avenue N.E.
Austin, MN 55912-3773
Phone: 507-437-9940
www.ci.austin.mn.us

MASSAGE THERAPIST LICENSE

New License Requirements:

- City of Austin Application for Renewal
- Investigation Fee \$55
 - Applicant must take application to the Austin Police Department for fingerprinting and photograph.
- Applicant must provide a copy of a diploma or certificate of graduation from a recognized school of massage therapy showing at least 500 hours of training.
- \$100 Annual Fee, Prorated to \$50
- Completed Workers' Compensation Compliance Form

OFFICE USE ONLY

License No. _____

Date: _____

Receipt No. _____



City of Austin
Application for Massage Therapy
or
Massage Establishment License
City of Austin ♦ 500 4th Avenue NE

New License Renewal

SECTION A. Applicant information

First:	Middle:	Last:	
Address:		Email Address:	Personal Phone:
City:	County:	State:	Zip Code:
Indicate type of ownership: Sole proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/>			
US Citizen: Yes <input type="checkbox"/> No <input type="checkbox"/>	Naturalized? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, give date & place:	Social Security Number:	Date and Place of Birth:

SECTION B. Business information (Massage Establishment applications only)

Name of Business:	
Business Address:	Business Phone:

SECTION C. Corporations must complete this section. (Massage Establishment application only)

Corporation Name:			
Corporate Address:	City:	State:	Zip:
Full Name & Title:	Home Address	DOB	Social Security #
Full Name & Title:	Home Address	DOB	Social Security #
Full Name & Title:	Home Address	DOB	Social Security #
Date of Incorporation:	State of Incorporation:	Certificate No.	Is corporation authorized to do business in Minnesota?

SECTION D. Background information

Yes <input type="checkbox"/> No <input type="checkbox"/>	1. Has applicant ever used or been known by a different name? If yes, give full details (name, date and places used).
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List addresses applicant has lived during preceding two years.

Has applicant ever been engaged as an employee or in operating at a massage establishment? Yes No If yes, list location date and offense.

List type, name and location of every business or occupation applicant has been engaged in during preceding three years.

Names and addresses of applicant's employers and partners for preceding five years.

List locations (city/state), dates and offenses of any felony, crime or violation of any ordinance, other than traffic.

SECTION E. Background investigation consent release

I declare that all information provided in this application is truthful and accurate. I understand that untruthfulness or inaccuracy in any of this information may result in denial of the license.

I authorize the City of Austin Police Department to undertake a background check on me.

Applicant's Signature

Date:

SECTION F. *For Planning and Building Departments use only*

(Massage establishment applications only.) This is to certify that the premises herein described have been inspected and is in compliance with the Minnesota State Building Code.

Date: Approved Disapproved by _____
Building Official

(Massage establishment applications only.) This is to certify that the premises herein described have been inspected and is in compliance with all the Austin City Zoning Code Sections.

Date: Approved Disapproved by _____
Zoning Administrator

SECTION G. *For Police Department use only*

Photo ID or valid driver’s license verified by:	Date:
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Fingerprints taken by:	Date:
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Police Department Records:

Sheriff’s Office Records:

FBI Records:

BCA Records:

Other Agencies:

Summary:

SECTION H. *Police Department use only*

As a result of investigation, I recommend that this license be granted.	Date:
Chief of Police _____	

As a result of investigation, I do not recommend that this license be granted.	Date:
Chief of Police _____	

SECTION I. Tax Identification Information

Pursuant to Minnesota Statute 270C.72, the licensing authority is required to provide to the Minnesota Commissioner 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 of 1974, we are required to advise you of the following regarding use of this information:

- 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;
- Upon receiving this information, the City of Austin will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange Information Agreement, the Department of Revenue may supply this information to the Internal Revenue Service/
- **Failure to supply this information may jeopardize or delay the processing of your license issuance or renewal application.**

Applicant's Name (Last, First, MI)

Social Security Number

Home Address

City

State

ZIP

Minnesota Business ID Number:

Federal Tax ID Number:

If Minnesota Tax Identification is not required, please explain:

SECTION J. Certification of Compliance – Minnesota Workers' Compensation Law

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 in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of MSS Chapter 176. If the required information is not provided or is falsely stated, it shall result in a \$2000 penalty assessed against the applicant by the commissioner of the Department of Labor and Industry.

Insurance Company Name (not the agent):

Policy Number:

Dates of Coverage.

to

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 workers' compensation law (these include spouse, parents, children, and certain farm employees)

Government Data Practices Act: 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. Some of the data will be classified as public data if and when the license is granted. Private financial information including tax identification numbers and social security numbers are classified as private data and will be available to governmental personnel and other governmental agencies whose access is necessary to perform their official duties.

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

POSITION

DATE SIGNED