

City of Austin



500 Fourth Avenue NE
Austin, Minnesota 55912-3773
507-437-9940
www.ci.austin.mn.us

MESSAGE THERAPIST LICENSE

This license is to perform massage therapy within the City of Austin. If you are a sole proprietor with an establishment, you do not need a separate massage establishment license. However, your establishment is still required to have approval from the Building Official and Zoning Administrator. The license must be approved by the City Council.

If you are an establishment that has one or more massage therapists, other than the owner, employed or utilizing space within the massage establishment to provide massage therapy services, you will need to obtain a separate massage establishment license also.

NEW LICENSE REQUIREMENTS

- City of Austin Application for Massage Therapy
 - If sole proprietor establishment, requires approval from the Building Official and Zoning Administrator
- The 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
- Completed Workers' Compensation Compliance Form
- \$110 annual fee – Pro-rated to \$55 minimum
- Investigation fee \$55
- After fees are paid at City Hall:
 - Take your application to Mower County Jail at the **Mower County Justice Center** for fingerprinting – no additional charge; let them know it is for the City of Austin. They will give you the finger prints. **Address: 201 2nd Avenue NE**
 - Take the fingerprints and application to Austin Police Department at the **Government Center** for background check – no additional charge; let them know it is for the City of Austin. They will keep the application. **Address: 201 1st Street NE**

OFFICE USE ONLY

Receipt No. _____

Date: _____

iWorq Entry: _____



City of Austin
Application for Massage Therapy
or
Massage Establishment License
City of Austin ♦ 500 4th Avenue NE
507-437-9940
www.ci.austin.mn.us
Submit to licensing@ci.austin.mn.us

New License Renewal

SECTION A. Applicant information

Applicant's First Name:		Applicant's Middle Name:		Applicant's Last Name:			
Applicant's ID/Driver's License Number:			Date of Birth:				
Address:		Email Address:		Personal Phone:			
City:		County:		State:	Zip Code:		
					Business Phone:		
Indicate type of ownership: Sole proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <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:		Place of Birth:	

SECTION B. Business information (Sole Proprietor Establishment & Massage Establishments only)

Name of Business:			
Business Address:		Business Phone:	
Correspondence Mailed To: <input type="checkbox"/> Business Address <input type="checkbox"/> Applicant Address			

SECTION C. Corporations, LLCs & Partnerships must complete this section (Massage Establishment application only)

Corporation Name:		Corporate Phone Number:			
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"/>	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 and date.

List type, 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 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:
Business Name:			
Business Address:	City:	State:	ZIP:
Minnesota Business Tax 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