

ROCHESTER



Office of the City Clerk

MESSAGE THERAPY BUSINESS LICENSE RENEWAL APPLICATION

Licenses must be renewed annually, with the license period running from January 1 through December 31 each year. The current annual license fee is \$100.

CHECKLIST OF REQUIRED ITEMS THAT MUST BE SUBMITTED WITH RENEWAL

- 1. Fully complete all parts of the application (*Every question must be answered – write 'N/A' or 'not applicable' if necessary on any questions*)
- 2. Provide complete information about any changes to the license information since the last application or renewal
- 3. Proof of workers' compensation insurance coverage, or certification by applicant it is not required
- 4. Annual License Fee of \$100
 - Indicate if separate business license fee is not required (only if the business is owned and operated by a massage therapist licensed by the City of Rochester with no other employees or contractors providing massage therapy)
- 5. Application must include **notarized signatures** of sole owner or designated manager **AND** on site manager (notarization can be done at the Office of the City Clerk when submitting the application)

ADDITIONAL STEPS TO BE COMPLETED BY THE CITY PRIOR TO ISSUING A LICENSE:

- 6. Updated background investigation completed on the Applicant and all persons that have a five percent or greater financial interest in the business
- 7. Confirmation that all requirements of [RCO 85.25](#) have been met, including that the applicant has paid all fees, charges, taxes, special assessments, or other debt or obligation owed to the City regarding any other matter
- 8. Proof of required insurance coverage submitted and approved
- 9. Approval of the renewal application by the City Council
- 10. Issuance of 2019 license once all other steps are complete (You do not have a license until a license certificate has been issued to you)

Fill in all blanks. Write N/A if a question is not applicable.

A. BUSINESS INFORMATION	
1. Legal Corporate Name of Business to whom license will be issued (This is an individual's name ONLY if a sole proprietor)	2. Trade Name (DBA) if different than legal name
3. Name of Person Completing this application	4. Role of person completing application: <input type="checkbox"/> Owner <input type="checkbox"/> Officer <input type="checkbox"/> Partner <input type="checkbox"/> Manager <input type="checkbox"/> Agent for the Owner <input type="checkbox"/> Other _____

5. Business Location (Street Address)	6. City, State, Zip Code
---------------------------------------	--------------------------

7. Please list full name(s) of all owners, designated manager(s), and on-site manager(s):

8. Has any business information changed from your 2018 application?

Yes

No

If yes, please describe below, or complete a new application document and attach it to this renewal. If there have been any changes in ownership, location, or to the designated manager, a full new business application is required.

9. Have you, the business, or any employees or independent contractors working in the business been cited, arrested, or charged in the past year in this or any other jurisdiction with any criminal violation or any activity related to the conduct of massage therapy or a massage therapy business?

Yes

No

If yes, please describe below, or attach additional sheets.

B. REQUIRED INSURANCE

Do you have the required general liability insurance to operate the business?

Yes No Proof of insurance must be provided before your 2019 license can be issued

Do you have Worker’s Compensation insurance?

Yes No Proof of insurance must be provided before your 2019 license can be issued

Workers’ Compensation Company	Policy Number	Dates of Coverage
-------------------------------	---------------	-------------------

OR:

I certify that I am not required to carry workers’ compensation insurance because:

I am self-insured.

I am the sole proprietor and I have no employees.

I have no employees who are covered by workers’ compensation law.

Only employees who are specifically exempted by statute are not covered by the workers’ compensation law. These include spouse, parents, and children regardless of age. All other workers whose work is controllable by the employer must be covered.

C. APPLICATION VERIFICATION AND ACCEPTANCE OF RESPONSIBILITY

Notice of Collection of Private Data

In accordance with the Minnesota Government Data Practices Act, the City of Rochester is required to inform you of your rights as they relate to information collected about you. The information collected and required from you as part of this license application will be used to determine whether or not to issue the massage therapy business license being applied for. Disclosure of this information is voluntary. You are not legally required to provide this data, however, if you fail to do so, the City of Rochester may be unable to process this application.

Social Security Numbers and Birth Date are classified as private data, and are not available to the public. Disclosure of Social Security Number (or Individual Tax ID Number only for individuals without a social security number) is required by Minnesota Statutes 270C.72, and may be requested by and released to the Minnesota Commissioner of Revenue.

Access to this data is limited to staff with a business need in order to administer and manage the licensing program. All other information contained in this application is public information pursuant to the Government Data Practices Act, Minnesota Statutes Chapter 13.

You have the right to see and obtain copies of the data maintained on you, including private data. You also have the right to be told the contents and meaning of the data, and to contest the accuracy and completeness of the data. You can exercise these rights by contacting the City Clerk's Office.

Notice of Ability to Sign up for Electronic Notifications of Proposed City Ordinances

As an applicant for a business license or renewal of an existing business license, you are also hereby notified that the City of Rochester distributes general city information and notices through an electronic notification system, and you may sign up to receive notices through this electronic notification system on the City's website at <http://www.rochestermn.gov/i-want-to/sign-up-for/email-updates> This includes notice of proposed ordinances at least 10 days prior to final adoption by the City Council in accordance with Minn. Stat. 415.19.

A SIGNATURE VERIFYING THE OVERALL ACCURACY AND COMPLETENESS OF THIS APPLICATION BY THE DESIGNATED MANAGER OR SOLE OWNER IS REQUIRED IN ORDER TO PROCESS THIS LICENSE APPLICATION

I, (print name) _____, have read and understand the above information regarding my rights as a subject of government data. I acknowledge I have been provided information about what is required to obtain a business license from the City of Rochester, and how to receive notifications of proposed City ordinances. I agree I will strictly comply with all the laws of the State of Minnesota governing the taxation of business and all ordinances of the City of Rochester, and understand I can review all City ordinances on the City website or in the City Clerk's Office.

I understand that by submitting this application, I hereby consent to allow the appropriate City personnel, or any authorized representative or agents, to conduct a background investigation as authorized by RCO 115A.07 subd. 1.

I affirm I have no intention or agreement to transfer the license being applied for to another person or entity, or to allow any other person or entity to operate under the authority of the license. I understand that by submitting this application, I hereby consent to allow the appropriate City personnel, or any authorized representative or agents, to inspect the licensed premises for the purpose of ensuring compliance with the law, at any time the business is occupied and/or open for business. I also understand that a denial of permission for such a lawful inspection of the premises is a violation of the license provisions.

I further hereby certify that I have read and understand every question in this application and that the answer to every question is true to my knowledge, information and belief, and that I have indicated all updates to license information currently on file for my business. I further understand that the giving of false information as part of

this application, regardless of when it is discovered, and/or failure to give required pertinent information can constitute cause for denial, suspension, or revocation of my business license.

Signature of Applicant _____ Printed Name _____

Subscribed and sworn to before me this
_____ day of _____, 201_

(NOTARY PUBLIC)

(NOTARY SEAL)

AFFIRMATION OF RESPONSIBILITY BY ON SITE MANAGER

As the business' appointed on-site manager or agent – or the sole owner and operator of the business - I hereby provide my notarized written consent to:

- a) Take full responsibility for the conduct of the Licensed Premises and operation; and
- b) Serve as agent for service of notices and other processes relating to the license.

Signature of On-Site Manager _____ Printed Name _____

Subscribed and sworn to before me this
_____ day of _____, 201_

(NOTARY PUBLIC)

(NOTARY SEAL)