



City of East Grand Forks

600 DeMers Ave · P.O. Box 373 · East Grand Forks, MN 56721
218-773-2483 · 218-773-9728 fax www.eastgrandforks.net

APPLICATION FOR MESSAGE PARLOR LICENSE

License Fee: _____

Operating Year: _____

Applicant Information		
_____	_____	
<i>Applicant Name</i>	<i>Applicant Phone Number</i>	
_____	_____	_____
<i>Applicant Address</i>	<i>City</i>	<i>State</i> <i>Zip</i>

<i>Length of time applicant has lived at above stated address</i>		
_____	_____	
<i>Citizenship</i>	<i>Date of Birth</i>	
_____	_____	
<i>Occupation</i>	<i>Length of time at stated occupation</i>	
<i>Addresses and occupations for the three years preceding the date of application:</i>		

<i>List four character references and their addresses if applicant has not resided in City for two years preceding the date of applicant.</i>		

<i>State whether or not applicant and any employee has ever been convicted of a felony, gross misdemeanor or misdemeanor, including violation of a municipal ordinance but excluding traffic violations and if so, the date and place of conviction and nature of the offense.</i>		
<i>DATE</i>	<i>PLACE OF CONVICTION</i>	<i>NATURE OF OFFENSE</i>
_____	_____	_____
_____	_____	_____
<i>*Every application for a license shall be filed with the City Administrator and at the time of each original application for a business of massage parlors, there shall be paid in full an investigation fee of \$100.00. No investigation fee shall be refunded.</i>		

City of East Grand Forks
 Application for Massage Parlor License

Business Information			
<i>Business Name</i>		<i>Business Phone Number</i>	
<i>Business Address</i>		<i>City</i>	<i>State</i>
<i>Federal Tax ID #</i>		<i>MN Tax ID #</i>	
<i>The name, address, age and telephone number of each person who shall be employed in the establishment:</i>			
<i>NAME</i>	<i>ADDRESS</i>	<i>AGE</i>	<i>PHONE #</i>
<i>*Please provide a list of prior employers of each employee and a short resume of their prior experience in the field of massage.</i>			
<i>*Please provide a description of the formal training or apprenticeship, if any, in which the applicant or any of his or her employees has been involved, together with the name or names of any instructors or masters.</i>			

Corporate Information (if applicable)			
<i>Corporate Name</i>		<i>Phone Number</i>	
<i>Corporate Address</i>		<i>City</i>	<i>State</i>

I hereby certify that I have completely filled out the entire above application, together and that the application is true, correct, and accurate.

<i>Signature of Applicant</i>	<i>Date</i>
<i>Print Name</i>	<i>Title</i>

Internal Use Only
The following items need to be completed and/or attached in order for the application to be processed:
* <input type="checkbox"/> Short resume for each employee of previous employers * <input type="checkbox"/> Description of formal training or apprenticeship if any.
* <input type="checkbox"/> Copy of certificate/degree/license of massage for each employee
* <input type="checkbox"/> Application fee paid in full & Investigation Fee Payment Type: <input type="checkbox"/> cash <input type="checkbox"/> check # _____ Receipt # _____
* <input type="checkbox"/> Application completed in full and signed:
* <input type="checkbox"/> Approved License Number _____

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Proof of Workers' Compensation Insurance Coverage

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 Section 176.181, Subd. 2. 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 put in their company file. It will be furnished, upon request, to the Department of Labor and Industry to check for compliance with Minnesota Statute Sec. 176.181, Subd. 2.

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 and/or falsely reported, it may result in a \$1,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry payable to the Special Compensation Fund.

Provide the information specified above in the spaces provided, or certify the precise reason your business is excluded from compliance with the insurance coverage requirement for workers' compensation.

Insurance Company Name: _____
(Not the insurance agent)

Policy Number or Self-Insurance Permit Number: _____

Dates of Coverage: _____

(Or)

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

() I have no employees covered by the law.

() Other (specify)

I HAVE READ AND UNDERSTAND MY RIGHTS AND OBLIGATIONS WITH REGARDS TO BUSINESS LICENSES, PERMITS AND WORKERS' COMPENSATION COVERAGE, AND I CERTIFY THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT.

Signature