

City of NEWPORT

APPLICATION FOR MASSAGE BUSINESS

Newport City Hall ♦ 596 7th Avenue ♦ Newport ♦ Minnesota ♦ 55055 ♦ Telephone 651-459-5677 ♦ Fax 651-459-9883

Application Date: _____

Applicant Information

Applicant's Full Name: _____ Applicant's Telephone: _____

Other Names the Applicant Goes By: _____ Applicant's Cell Phone: _____

Applicant's Address: _____

City/State/Zip: _____

Applicant's Place and Date of Birth: _____

MN or Federal Tax ID Number or Social Security Number (Required by the State of MN): _____

Business Information

Business' Name: _____

Business' Address: _____

City/State/Zip: _____

Business' Phone #: _____

Contact Name of On-Site Manager or Agent: _____

On-Site Manager's / Agent's Address: _____

On-Site Manager's / Agent's Telephone Number: _____

Is the Business: (Check One)

Individually Owned Partnership

Corporation Other

If the business is individually owned, the applicant must provide the following information:

- Proof of Valid ID for the applicant and on-site manager
- Address that the individual has lived at for the last ten years for the applicant and on-site manager
- List of employers for the last ten years for the applicant and on-site manager
- List of massage companies, including address and length of time worked, that the individual has worked at in the last ten years for the applicant and on-site manager
- Information as to any and all criminal conviction(s) of any state, county, or local law or regulation by the applicant and on-site manager
- Whether the applicant and on-site manager have ever been engaged in the operation of massage services. If so, please provide information as to the name, place and length of time of involvement in each establishment

If the business is a partnership, the applicant must provide the following information:

- Full name(s), address(es), date and place of birth(s), and telephone number(s) of all general partners
- Full name(s), address, date and place of birth, and telephone number of the managing partner(s) and the interest of each managing partner in the business
- Copy of the partnership agreement
- Information as to any and all criminal conviction(s) of any state, county, or local law or regulation by the owner(s) or operator

If the business is a corporation or other organization, the applicant must provide the following information:

- The name of the corporation or business fir, and if incorporated, the state of incorporation
- A copy of the certificate of incorporation
- Full name(s), address, date and place of birth, and telephone number of the manager(s), proprietor(s), or other agent(s) in charge of the business
- A list of all persons who own or have a 5% or more interest in the corporation or organization or who are officers of said corporation or organization, together with their addresses
- Information as to any and all criminal conviction(s) of any state, county, or local law or regulation by any person who has a 5% financial interest in the business

Applicant Statement and Acknowledgements

DATA PRACTICES ADVISORY: The data supplied in this application will be used to assess the qualifications for a license. This data is not legally required, but the City will not be able to grant the license without it. If a license is granted, this will constitute a public record. The data is needed to distinguish this application from others, to identify this application in City license files, to verify the identity of the applicant, to contact the applicant if additional information is required and to determine if the applicant meets all ordinance requirements.

The undersigned applicant makes this application pursuant to all laws of the State of Minnesota and such rules and regulations as the City of Newport may from time to time prescribe.

Applicant/Agent Printed Name: _____ Signature: _____

For Office Use

Investigation Fee \$ _____ Permit Fee \$ _____ Receipt # _____ Date Paid _____

Provide Copy of:

- ____ Proof of Valid ID
- ____ Statement of current taxes and special assessments
- ____ Proof of General Liability Insurance
- ____ Proof of Workers' Compensation Insurance
- ____ Copy of Lease Agreement

Investigation Completed By: _____

Date: _____ Approved: _____ Denied: _____

Reasons: _____

