

**Message  
Application**



**MOORHEAD**  
M I N N E S O T A



# MASSAGE THERAPY – ENTERPRISE LICENSE APPLICATION

## Applicant Information

**\*\*NOTE: Application must be submitted in person to the City Clerk's office**

Applicant's Name (First, Middle, Last)

Applicant's Home Phone Number

Applicant's Address

Applicant's Cell Phone Number

City State Zip

Applicant's Birthdate

Applicant's Email Address

List any and all other names under which the applicant has or does conduct business, or to which the applicant will officially answer to: \_\_\_\_\_

Are you a U.S. citizen or resident alien status:  Yes  No

**Must provide a copy of the applicant's valid state or federal photo identification**

**Must provide proof of address:**

*\*The applicant and, where applicable, any on-site managers designated pursuant to section 2-6C-6(A) of this article shall live within a one-hundred (100) mile radius of the massage enterprise or location where the massage will be performed.*

**Must provide official transcript:** transcript showing the applicant's receipt of a massage therapy degree or similar professional certification. MUST be sent directly to the City Clerk's office. (PO Box 779, Moorhead, MN 56561) Must include credential demonstrating at least 500 hours of study.

**Must provide proof of professional class membership in one of the following:**

American Massage Therapy Association (AMTA) or Associated Bodywork & Massage Professionals (ABMP) or similar organization meeting the standards equivalent to the AMTA or ABMP OR Certification by the National Certification Board for Therapeutic Massage and Bodywork.

**Must provide proof of Liability Insurance**

Provider Name: \_\_\_\_\_

**Must provide proof of residence and employment:**

Applicant's previous residences for the past five (5) years:

---

---

---

Applicant's previous places of employment for the past five (5) years:

---

---

---

**Will you be affiliated with a licensed Massage Enterprise establishment in Moorhead?**    Yes    No

If yes, location of establishment: \_\_\_\_\_

**Send Future Renewals To:** \_\_\_\_\_  
\_\_\_\_\_

## Business Information

Business Name

Business Phone Number

Doing Business As

Business Address

City

State

Zip

### Type of entity – See Details

If the responsible Party is listed as the Registered Agent or Chief Executive Officer of the entity on the Minnesota Secretary of State's website, no further documentation is necessary. However, if not so identified, the following information for specific types of entities is necessary.

State where created: \_\_\_\_\_

Registered with MN Secretary of State: Yes No

**Sole Proprietorship**

- Certificate of Assumed Name (if any)

**Partnerships (all Types)**

- Partnership Agreement and subsequent Amendments and/or
- Additional Documentation\*\*

General Partnership

Limited Partnership

Limited Liability Partnership

Limited Liability Limited Partnership

**Limited Liability**

- Operating Agreement and subsequent Amendments and/or
- Additional Documentation\*\*

Limited Liability Company

**Corporations (all Types)**

- Articles of Incorporations and/or
- Bylaws of the Corporation and subsequent Amendments and/or
- Additional Documentation

Business Corporation

Nonprofit Corporation

**Trusts**

- Trust title page with name of Trust, date of Trust, and name of Trustee and
- Trust Signature page and
- Any Amendments affecting Trusteeship

\*\* Additional documentation showing that the Responsible Party is authorized to act on behalf of the Partnership/LLC/Corp. Such documentation may include a signed and notarized written document authorizing the responsible Party to act executed by a Registered Agent or Chief Executive Officer so identified on the Minnesota secretary of State's website.

**The failure to provide the above requested information will result in your application being rejected as incomplete.**

## Message Enterprise/Home Occupation Information

Please disregard pages 4 and 5 if you do NOT require a Message Enterprise/Home Occupation license

Enterprise Name

Enterprise Phone Number

Doing Business As

Enterprise Address

City

State

Zip

**Business Facility:**

- House
- Apartment
- Commercial Building
- Other

Facility Description

Hours of Operation

### ON-SITE MANAGER (if applicable)

*\*The applicant and, where applicable, any on-site managers designated pursuant to section 2-6C-6(A) of this article shall live within a one-hundred (100) mile radius of the massage enterprise or location where the massage will be performed.*

Name

Home Address

Phone

\*\*Massage Enterprise/Home Occupation applications will be followed by an inspection of the site, to be completed by Clay County Environmental Health.



# Home Occupation Criteria

You have inquired about a Home Occupation at \_\_\_\_\_ in Moorhead, MN. Read carefully the criteria below. If you feel your proposal will conform to these Moorhead City Code requirements, please sign and date this form.

## Home occupations:

1. No home occupation shall produce light glare, noise, fumes, odor or vibration that will in any way have an objectionable effect upon adjacent or nearby property.
2. No equipment shall be used in the home occupation, which will create electrical interference to surrounding properties. No equipment shall be used which creates visual or audible interferences in any radio or television receivers off the premises or causes fluctuations in the voltage off the premises.
3. Any home occupation shall be clearly incidental and secondary to the residential use of the premises. Not more than twenty five percent (25%) of the main floor of the dwelling unit shall be permanently set aside to be used in the conduct of the home occupation. It should not change the residential character thereof, and shall result in no incompatibility or disturbance to the surrounding residential uses.
4. No home occupation shall require internal or external alterations or involve construction features not customarily found in dwellings except where required to comply with local and state fire and police recommendations.
5. There shall be no exterior storage of equipment or materials used in the home occupation, except personal automobiles used in the home occupation may be parked on the site and materials which occupy less than three hundred (300) square feet and produce no light glare, noise, fumes, odor or vibration and which are completely screened from adjoining property and public right of way are permitted.
6. The home occupation shall meet all applicable fire and building codes.
7. There shall be no exterior display or exterior signs or interior display or interior signs which are visible from outside the dwelling with the exception of directional and identification/business signs to the extent authorized by the provisions of chapter 22 of this title relating to signs.
8. No home occupation shall be conducted between the hours of ten o'clock (10:00) P.M. and seven o'clock (7:00) A.M. unless said occupation is contained entirely within the principal building and will not require any on street parking facilities.
9. Home occupations shall not create a parking demand in excess of that which can be accommodated in an existing driveway.
10. Not more than one person other than those who customarily reside on the premises shall be employed.
11. All permitted home occupations must be conducted entirely within a building unless otherwise noted in this section.
12. The home occupation shall not involve any of the following: small engine, auto repair or reconditioning, or manufacturing.

I understand the above conditions and understand that I must meet the criteria specified above.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Robin Huston , City Planner & Zoning Administrator

**\*\*Provide a description of your proposed use and clearly state the fullest extent you will utilize the property.**

**Affidavit by Responsible Party**

I, the above named individual, do hereby state that all information contained in this document is complete, true, and accurate, and that I am authorized to act on behalf of any entity herein named according to the organizational rules, regulations, and applicable laws. I understand that any incomplete, incorrect, or misleading information contained within this document may make me liable in a criminal proceeding under Minnesota law or the City of Moorhead criminal ordinances.

\_\_\_\_\_  
Responsible Party Signature

\_\_\_\_\_  
Date



**Office Use Only: Fees payable to the City of Moorhead**

\_\_\_\_\_Application Fee

Payment:     Cash             Check # \_\_\_\_\_             Credit Card             Other \_\_\_\_\_

Payment Date: \_\_\_\_\_                      Received By: \_\_\_\_\_

# TAX IDENTIFICATION FORM

## LICENSE APPLICANT:

Pursuant to \*Minnesota Statute 270C.72 Tax Clearance: Issuance of Licenses, the licensing authority is required to provide to the Minnesota Commissioner of 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 the use of this information:

1. 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:
2. Upon receiving this information, the licensing authority will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Agreement the Department of Revenue may supply this information to the Internal Revenue Service:
3. Failure to supply this information may jeopardize or delay the processing of your licensing issuance or renewal application.

Please supply the following information and return along with your application to the agency issuing the license. DO NOT RETURN TO THE DEPARTMENT OF REVENUE.

Name of Applicant \_\_\_\_\_

Type of Business \_\_\_\_\_

Minnesota Tax Identification # \_\_\_\_\_

Federal Tax Identification # \_\_\_\_\_

Social Security # (if MN & Federal Tax ID are not provided)\* \_\_\_\_\_

**If a Minnesota Tax Identification Number is not required, please explain below.**

\_\_\_\_\_  
\_\_\_\_\_

Signed by \_\_\_\_\_ Date \_\_\_\_\_

Print Name of Person Signing: \_\_\_\_\_

**\*2008 Minnesota Statutes  
270C.72 TAX CLEARANCE; ISSUANCE OF LICENSES.**

**Subd. 4. Licensing authority; duties.**

All licensing authorities must require the applicant to provide the applicant's Social Security number and Minnesota business identification number on all license applications. Upon request of the commissioner, the licensing authority must provide the commissioner with a list of all applicants, including the name, address, business name and address, Social Security number, and business identification number of each applicant. The commissioner may request from a licensing authority a list of the applicants no more than once each calendar year.

**History:** 2005 c 151 art 1 s 87



# Certificate of Compliance

## Minnesota Workers' Compensation Law

**PRINT IN INK or TYPE.**

Minnesota Statutes, 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 or engage in any activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minnesota Statutes, Chapter 176. The required workers' compensation insurance information is the name of the insurance company, the policy number, and the dates of coverage, or the permit to self-insure. If the required information is not provided or is falsely stated, it shall result in a \$2,000 penalty assessed against the applicant by the commissioner of the Department of Labor and Industry.

**A valid workers' compensation policy must be kept in effect at all times by employers as required by law.**

BUSINESS NAME (Individual name only if no company name used)	LICENSE OR PERMIT NO (if applicable)
--	--------------------------------------

DBA (doing business as name) (if applicable)

BUSINESS ADDRESS (PO Box must include street address)	CITY	STATE	ZIP CODE
---	------	-------	----------

**YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WITHOUT THE FOLLOWING INFORMATION. You must complete number 1, 2 or 3 below.**

**NUMBER 1 COMPLETE THIS PORTION IF YOU ARE INSURED:**

INSURANCE COMPANY NAME (not the insurance agent)

WORKERS' COMPENSATION INSURANCE POLICY NO.	EFFECTIVE DATE	EXPIRATION DATE
--	----------------	-----------------

**NUMBER 2 COMPLETE THIS PORTION IF SELF-INSURED:**

I have attached a copy of the permit to self-insure.

**NUMBER 3 COMPLETE THIS PORTION IF EXEMPT:**

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

I have no employees.

I have employees but they are not covered by the workers' compensation law. (See Minn. Stat. § 176.041 for a list of excluded employees.) Explain why your employees are not covered: \_\_\_\_\_

Other: \_\_\_\_\_

**ALL APPLICANTS COMPLETE THIS PORTION:**

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.

APPLICANT SIGNATURE (mandatory)	TITLE	DATE
---------------------------------	-------	------

**NOTE: If your Workers' Compensation policy is cancelled within the license or permit period, you must notify the agency who issued the license or permit by resubmitting this form.**

This material can be made available in different forms, such as large print, Braille or on a tape. To request, call 1-800-342-5354 (DIAL-DLI) Voice or TDD (651) 297-4198.



**CONSENT TO PERFORM CRIMINAL HISTORY/  
DRIVER'S LICENSE BACKGROUND CHECK  
TENNESSEN WARNING**

\_\_\_\_\_  
Print Full Name (First) (Full Middle) (Last)

\_\_\_\_\_  
Print Maiden / Previous Name(s) and/or Aliases

Residing at \_\_\_\_\_  
(Address) (City) (State) (Zip Code)

\_\_\_\_\_  
Driver's License No. / State

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Cell Phone Number

\_\_\_\_\_  
E-Mail

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Place of Birth

I do hereby authorize the Moorhead Police Department to disclose criminal history, driver's license, and local records check information to the Moorhead City Manager, City Clerk, and City Council all collected as a result of the background investigation completed for the purpose of evaluating the license application. I understand that failure to provide this release will result in a denial of my application.

I understand that my records are subject to the State Data Practices Act and become public documents unless otherwise provided for by state or federal law. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it and that in any event, the consent expires automatically as described below.

This authorization is valid for six (6) months from the date indicated below.

\_\_\_\_\_  
Signature of above individual authorizing release

Date: \_\_\_\_\_

Subscribed and sworn before me this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
(Notary Public)

My commission expires \_\_\_\_\_

All **owners**, **partners**, and **managers** are to complete a copy of this form.

## MASSAGE THERAPY ESTABLISHMENT INSPECTION FORM

City of Moorhead  
Clay County Environmental Health  
715 11th St. N Ste. 303

Date: \_\_\_\_\_

Establishment Name: \_\_\_\_\_ Permit(s): \_\_\_\_\_

Address: \_\_\_\_\_

Person in Charge: \_\_\_\_\_ Phone: \_\_\_\_\_

Inspected By: \_\_\_\_\_

Type of Inspection:    Routine ( )    Follow-Up ( )    Complaint ( )    Other: \_\_\_\_\_

#	MASSAGE THERAPY OPERATIONS	Y/N	#	TOILET/HANDWASHING FACILITIES	Y/N
*1	Provide cleanable cabinets for the storage of clean linens.		11	Installed, designed, number, convenient, accessible, hot and cold running water, hand soap, disposable hand towels.	
*2	Head rests for each table provided with a clean and sanitary paper towel or sheet for each patron.		12	Enclosed, tight fitting doors, fixtures clean, supplies, covered waste receptacles.	
*3	Clean and sanitary towels provided for each person.			<b>ARTIST/CLIENT STANDARDS</b>	
*4	Complete separation/adequate floor space/client privacy.		13	Hand washing, clean clothing, and good hygiene.	
*5	Cot is commercially designed to make it cleanable and easily sanitized.		14	No smoking, or eating in work area, under the influence of drugs or alcohol.	
	<b>FACILITY SANITATION</b>			<b>BODY ART EQUIPMENT &amp; INSTRUMENTS</b>	
6	Work area and furnishings: design, clean, good repair		15	Lotions, oils, creams, etc. from approved source.	
7	Floors, walls, ceilings, attached equipment, constructed, clean, good repair.		16	Instruments & supplies maintained, clean, sanitized, and properly stored.	
8	Lighting adequate, fixtures shielded.			<b>ADMINISTRATION</b>	
9	Ventilation sufficient, installed, maintained.		17	Proper enterprise permit, massage license, operations 18 years of age.	
10	Premises free of litter, insects, rodents, animals, unnecessary articles, unauthorized personnel.		18	All employees licensed and records are kept.	
				* Indicates critical items	
<b>Inspector's Signature</b>			<b>Received by:</b>		

# Massage Establishment Inspection Guidelines

## **MASSAGE CENTERS**

- \* Credentials: AMTA, ABMP, or equivalent
- \* Practitioner list (name, DOB, past and current residence)
- \* Doors unlocked
- \* Proof of \$600K insurance
- \* Floors, walls, and ceilings of restrooms and massage rooms: impervious to moisture w/ covering at floor/wall and wall/wall joints
- \* 15 foot candles of light (minimum)
- \* Restrooms ventilated w/ hand sink and sanitary towels
- \* Facility in good repair
- \* Linens stored six inches off floor
- \* Massage room doors unlocked
- \* Equipment and fixtures easily disinfected
- \* Approved sanitizer
- \* Linens and towels changed between patrons

## **HOME MASSAGE**

- \* Credentials: AMTA, ABMP, or equivalent
- \* Practitioner list (name, DOB, past and current residence)
- \* Doors unlocked
- \* Proof of \$600K insurance
- \* Bathroom with hand sink easily accessible from massage room
- \* Floors, walls, and ceilings of restrooms and massage room: impervious to moisture
- \* 15 foot candles of light (minimum)
- \* Equipment and fixtures easily disinfected
- \* Linens and towels changed between patrons

\*RED ITEMS ARE REQUIRED IN CITY CODE

\*BLACK ITEMS ARE SANITARY GUIDELINES ALLOWED BY CITY CODE