

**THERAPEUTIC MASSAGE-Business**

City of Robbinsdale

Office of the City Clerk

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Annual License Application Fee: \$200

Investigation Fee - New: \$500

Investigation Fee - Renewal: \$200

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The City Ordinance requires that the data requested in this application must be submitted in order for the City to determine your eligibility for the license. Refusal to provide the data may result in an automatic denial of the requested license. The data provided shall be classified in accordance with the Minnesota Government Data Practices Act. The data provided shall be investigated by the Chief of Police who shall then submit a recommendation for approval or denial, based upon the applicant's eligibility as determined by the provisions of the licensing ordinance. Access to the data provided shall be by officials and employees of the City engaged in administering or monitoring the provisions of the licensing ordinance; and also as allowed for by the Minnesota Government Data Practices Act.

**PLEASE PRINT OR TYPE YOUR RESPONSES**

(Provide in full the first, middle and last names where requested)

Applicant Full Name (NO initials or nicknames)		Trade Name or DBA	
Residence Address		City	State Zip
Business Address		City	State Zip
Drivers License No./State Issued	Date of Birth	Residence Phone No.	Business Phone No.
Is applicant licensed in any other communities or states? ____ Yes ____ No If so, provide complete address: _____			
Has applicant had any license applied for within the last ten years been denied, suspended or revoked? If yes, explain reason for denial/suspension/revocation: _____			
The Licensee must submit all of the following with this application (check each item to indicate it is attached): ____ A. Names and address of all creditors relative to construction/operation of the business. ____ B. Copy of lease/deed/mortgage/credit arrangement, etc. ____ C. Site plan of business (blueprints/diagrams/plans/etc.) ____ D. Minnesota Tax Clearance and Workers' Compensation forms ____ E. Certificate of Personal Liability Insurance \$1,500,000 covering the enterprise, and therapists and associates. ____ F. If a joint business venture, partnership or any legally constituted business association, other than a corporation submit business records showing the names and addresses of all partners, officers and owners.			
Legal description of the real property and specific description of the gross square feet to be occupied:			

Provide names, addresses and phone numbers of two personal references (from Hennepin County)

\_\_\_\_\_

\_\_\_\_\_

Has applicant ever been convicted of a crime or offense, and if so, state information as to time, place and nature of such crime, including the disposition thereof: \_\_\_\_\_

\_\_\_\_\_

Partners or officers of the corporation: (A) Names, Current Addressees Residence Addresses for the past five years, Citizenship Status, Dates of Birth; (B) Conviction of a crime or offense and if so, state information as to time, place and nature of such offense or crime, including the disposition thereof:

1) Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Citizenship Status: \_\_\_\_\_

Residence address for the past five years:

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

Driver's License # \_\_\_\_\_ State Issued: \_\_\_\_\_

Convictions: \_\_\_\_\_ No \_\_\_\_\_ Yes Explain: \_\_\_\_\_

2) Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Citizenship Status: \_\_\_\_\_

Residence address for the past five years:

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

Driver's License # \_\_\_\_\_ State Issued: \_\_\_\_\_

Convictions: \_\_\_\_\_ No \_\_\_\_\_ Yes Explain: \_\_\_\_\_

3) Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Citizenship Status: \_\_\_\_\_

Residence address for the past five years:

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

Driver's License # \_\_\_\_\_ State Issued: \_\_\_\_\_

Convictions: \_\_\_\_\_ No \_\_\_\_\_ Yes Explain: \_\_\_\_\_

Documentation establishing interests of any other party in the location or the furnishings: \_\_\_\_\_

\_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Title: \_\_\_\_\_

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

Drivers License No. \_\_\_\_\_

State Issued \_\_\_\_\_

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**Return to the office of the City Clerk, 4100 Lake view Avenue North, Robbinsdale, MN 55422.  
Questions? Call (763) 531-1255**

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FOR OFFICE USE ONLY

**RECOMMENDATION OF DEPARTMENT HEADS** (Initial your approval. Give reason for denial on separate memorandum)

	<b><u>APPROVE</u></b>	<b><u>CONDITIONS?</u></b>	<b><u>DENY/MEMO ATTACHED</u></b>
_____ Building Official	_____	_____	_____
_____ Chief of Police	_____	_____	_____
_____ City Planner	_____	_____	_____

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Public Hearing Date: \_\_\_\_\_ Publication Date: \_\_\_\_\_

Council Action: \_\_\_\_\_ Approved      \_\_\_\_\_ Denied

Approval conditions or reasons for denial: \_\_\_\_\_

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