

Therapeutic Massage Enterprise 2025 NEW Instructions

This application must be completed by the individual applying for Therapeutic Massage Enterprise License. Applications are accepted by appointment only. The application process may take up to 30 business days for approval and must be submitted in person, by appointment only.

If an application is approved, a letter will be mailed to the applicant. If an application is denied, the decision may be appealed to the City Manager. Attached is Plymouth City Code Section 1135, regarding your responsibilities and the practice of massage within the city limits. Please read and retain for your files and future reference.

Required documentation (enclosed)

- Therapeutic Massage Enterprise Application for the Owner and Operating Manager
- Background Investigation Consent Release Form for the Owner and Operating Manager
- _ Certificate of Compliance, Department of Revenue Information
- _ Certificate of Compliance, Minnesota Workers' Compensation Law

Additional required documentation

- List of <u>ALL</u> employees in your business, indicate name, address, and which employees are employed as massage therapists
- _ National Criminal Background Checks, from an approved screening company, for all massage therapists that will perform massage therapy at the business location.
- _ Documents establishing applicant's interest in premises (copy of lease, deed, contract for deed)
- Certificate of Insurance for Business Professional Liability for \$1,000,000
- _ \$300.00 License Fee and \$300 Investigation Fee (Non-Refundable)
- _ Government Issued Photo ID for the Owner and Operating Manager (if you are not a U.S citizen, provide proof of immigration/employment status, such as a Work Authorization Card or Employment Authorization Document)
- Schedule Appointment massage@plymouthmn.gov or 763-509-5620.



Therapeutic Massage Enterprise NEW Application

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		BU	USINESS IN	FORMAT	TON				
Business Name						Busin Phone			
Business Address				City			Sta	ite	Zip
Website Address				Business Email			<u> </u>		1
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	ncorporation or				-			a Cert	tificat	e of Authority, as
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l						p				

PE	RSON(S) IN CHARGE OF	LICENSED PREMISES -	– OPERATING MANAGER					
Designated operating manager, in addition to the ownership, that is responsible for the conduct of the licensed premises.								
First	Last	Phone	Email					
Name	Name	Number	Address					

	BUILDING OW	VNER INFORMA	ГЮ	N				
First	Last			Phone				
Name	Name	Chaha	T.	Number				
Address	City	State		nail Idress				
		IISTORY						
Are you a U.S. citizen or legally pe		IISTORI				YES		NO
	not in the U.S., please prov	ride a Certificate of	Natı	ıralization, Certificate	of Cit			
current U.S. Passport.								
If no, provide immigration A service of the State o						MEG		NO
Are you a resident of the State of M	Minnesota?	t of Minnesota?				YES		NO
If no, where do you current		of minicipate.						
Have you or your spouse ever own	es?		YES		NO			
If yes, provide a list of the	ose communities:							
Have you ever been licensed as a r	massage theranist in other c	ommunities?				YES		NO
If yes, provide a list those		ommunities:			_	TES	_	NO
V 1								
Have you or your spouse ever had a lice	-	ended related to the co	ondu	ct of massage?		YES		NO
If yes, provide date, place	e, and explanation:							
Have you ever made an application	n for a massage therapy bus	iness license?				YES		NO
If yes, provide location:								
Have you ever made an application	n for a massage therapy bus	iness license that ha	as be	en denied?		YES		NO
• If yes, provide location: Are you the real party of interest in	n the business license which	you are anniving?				YES		NO
Have you ever been convicted of any			olati	on of any ordinance?		YES		NO
If yes, provide date, place				•				
I hereby swear that the statements	s harain are true to the hast	t of my knowledge	and	holiof I have read an	dund	ovetand		
all laws and ordinances pertaining								
residence address, or a change in								
Signature of Applicant				Date				
Signature of rippineure	ACKNO	WLEDGEMENT		Dutt				
1135.07 License Required.	ACKNO	WLEDGEMENT						
	Massage Enterprise License	. It shall be unlawfi	ıl foı	any person or entity to	own	operate	enga	ne.
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OWNER DEPARTMENT OF PUBLIC SAFETY BACKGROUND INVESTIGATION CONSENT RELEASE

City of Plymouth • 3400 Plymouth Boulevard, Plymouth, MN 55447 • 763-509-5000

As a license applicant, I hereby give my consent for a personal background investigation, to include a criminal history check, to be used in the determination of whether my application is to be approved. The results of such investigation shall be made public pursuant to appropriate City Council approval or denial of the license application. I understand that I am under no legal obligation to consent to such investigation, but that my refusal to so consent may be the basis for denying my application.

obligation to	consent to such inv	estigation,	but that	my refusal to so co	nsent may	be t	he bas	is for denyir	ng my app	olication.		
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Name			Middle			Name						
Maiden Nam	e(s) (if applicable)					Da	ate of I	Birth				
Home			City		State		Zip		Phone			
Address												
Place of Birth	ı		Driver's	License Number		Social Security Number						
DL 1	l a	D	Weight For Color						. 1	Hair Color		
Physical Attributes	Sex	Race	Height Weight					Eye Color		Hair Co	lor	
	er been known by a	nv other na	ames not	mentioned above?						YES		NO
-	es, please list:	, 0001							_	125	_	1,0
)	, F											
Have you eve	r been convicted of	any felony,	gross mis	sdemeanor, misdem	eanor, or vi	olati	on of a	ny ordinanc	e? 🔲	YES		NO
•	es, provide date, pla		-					·				
Have you eve	er been convicted o	f any crim	e relating	to this type of lice	nse?					YES		NO
• If ye	es, provide date, pla	ace and off	ense:									
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	Government Data				data is no	t or	dınarı	ly available	e to the g	eneral p	ublic.	,
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	nal charge, arrest, o	or conviction	on will no	ot necessarily bar y	ou from ob	tain	ing a l	icense with	the City,	unless th	ıe	
convicti	ion is related to the	matter for	which th	e license is sought,	according	to N	Ainnes	ota Statute 3	364.03. H	lowever,	failur	e
to revea	l the requested crir	ninal infor	mation w	ill be considered fa	lsification	of th	ne appl	ication and	may be u	ised as g	round	ıS
	denial of the application											
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provide			c		d 15			1 17		1.1		
	y is required by lav			this information to	the Depar	tme	nt of L	abor and In	dustry an	d the		
	ota Commissioner											
	gned, by signing tl a copy of this not		acknowl	edges that he/she	has read a	nd ı	ınders	tood the co	ontents o	f this not	tice a	nd
ing received	a copy of this not											-
Owner Signa	ature			<u> </u>	<mark>Date</mark>							
	ents are true, corr	ect and are	e made w			forn	nation	may be ma	de public	. False d	lisclo	sures

are subject to perjury proceedings and forfeiture of the license application.



CERTIFICATE OF COMPLIANCE DEPARTMENT OF REVENUE INFORMATION

City of Plymouth • 3400 Plymouth Boulevard, Plymouth, MN 55447 • 763-509-5000

Pursuant to Minnesota Statute 270.72 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 (person signing the application).

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 license 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 license issuance.

Please supply the following information and return along with your application:

THERAPEUTIC MASSAGE ENTERPRISE LICENSE

PERSONAL OWNER INFORMATION

First	Full			Last		
Name	Middle			Name		
Home		City			State	Zip
Address						
Social Security Number			Home			
			Phone			
	DIJO	NIEGO INI	EODMATION			
<i>T</i> :	BUSI	NESS IN	FORMATION			
Business				Business		
Name				Phone	•	
Business		City			State	Zip
Address						
Minnesota Tax ID Number			Federal Tax II	O Number		
If a Minnesota Tax ID number is not requ	ired, please ex	plain:				
Signature						
Position Position			Date			



CERTIFICATE OF COMPLIANCE MINNESOTA WORKERS' COMPENSATION LAW

3400 Plymouth Blvd., Plymouth, MN 55447

Minnesota Statute, Section 176.182 requires every state and local licensing agency to or permit to operate a business or engage in an activity in Minnesota until the applic with the workers' compensation insurance coverage requirements of MSS Chapter 1 insurance information is the name of the insurance company, the policy number, and insure.	ant presents accepta 76. The required wo	ible evidence o rkers' compen	of compliance sation
This information is required by law, and licenses and permits to operate a business mand/or is falsely reported. Furthermore, if the required information is not provided of penalty assessed against the applicant by the commissioner of the Department of Law collected by the City and retained in the files.	r is falsely stated, it s	shall result in a	a \$2,000
A valid workers' compensation policy must be kept in effect at all times by employed	ers as required by la	w.	
Please supply the following information and return along with your application:			
Business Name (Use Applicant name if not affiliated with a company):	License or Permit N	lumber:	
DBA (doing business as name, if applicable):			
Business Address/City/State/Zip:			
YOUR LICENSE OR CERTIFICATE WILL <u>NOT</u> BE ISSUED WITHOUT TH	E FOLLOWING INFO	RMATION.	
NUMBER 1 – Complete if insured by business:			
Insurance Company Name (NOT the Agency or Agent):			
Workers' Compensation Insurance Policy Number:		Effective Date:	Expiration 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.			
NUMBER 2 – Complete 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 liability coverage because: □ I have no employees □ I have employees but they are not covered by the workers' compensation la employees.) Explain why your employees are not covered: 	w. (See MN Stat. 170	6.041 for a list	of excluded
☐ Other:			
ALL APPLICANTS COMPLETE THE FOLLOWING SECTION:			
I certify that the information provided on this form is accurate and complete. If I an am authorized to sign on behalf of the business.	n signing on behalf o	of a business, I	certify that I
Applicant Signature Title	Dat	te	



OPERATING MANAGER (if different than owner) THERAPEUTIC MASSAGE ENTERPRISE APPLICATION

City of Plymouth • 3400 Plymouth Boulevard, Plymouth, MN 55447 • 763-509-5000

	Aassage Enterprises must designat				perating Ma	nager must	t be a
	premises and who is in charge of t	he day-to-day	busir	ness affairs.			
Plymouth Therapeutic				Business			
Massage Enterprise	_			Phone			
Business							
Address							
	anager of a Therapeutic Massage						
	inal history check. The results of s						
* **	el of the license application. I unde				obligation to	consent to	such
	al to consent may be the basis for a	aenying the ap					
First Name	Middle			ast			
Maiden Name(s) OR other nam		Phone	IN	anne			
Maideli Name(s) OK other main	les known by	Number					
Home		Email					
Address		Address					
	U HAVE LIVED DURING THE			(10) YEARS	. INCLUDE	E SEASON	AL OR
	IME LOCATIONS (Use the bac						
From (Mo/Yr) – To (Mo/Yr)	Street Address	City/Tow			State	Zip	
PREVIOUS EMPLOYMEN	NT. LIST EVERY BUSINESS O	DR OCCLIPA	TION	THAT VOL	HAVE W	ORKED D	HRING
	IOUS TEN (10) YEARS (Use the						
Company	Your			oloyment Date			(Mo/Yr)
Name	Occupation				~(,,	(=:==; ==)
Address	City		State	e Phor	ne Number		
Company	Your		Emp	oloyment Date	s - From (M	io/Yr) - To	(Mo/Yr)
Name	Occupation						
Address	City		State	e Phon	ne Number		
Company	Your		Emp	oloyment Date	s - From (M	O(Yr) - To	(Mo/Yr)
Name	Occupation						
							_
•	tion for a massage therapy busines	ss license which	ch was	s denied?		☐ YES	☐ NO
 If yes, provide place an 	nd explanation:						
TY 1.11 d		4.1.6	0				
Have you ever held a therapeut	ic massage enterprise license in Pl	ymouth before	e?		l	☐ YES	☐ NO
I haraby state that all informat	tion in this application is true and	convect The	n and	made with the	knowledge	that this	
	ton in inis appucation is true and lic. False disclosures are subject t						
application.	c. I aise aisciosares are subject t	o perjury pro	cecul	ngs una jorjei	uure oj ine i	ncense	
причины			1				
Signature of Operating Mana	ger			Date			



OPERATING MANAGER (if different than owner) DEPARTMENT OF PUBLIC SAFETY BACKGROUND INVESTIGATION CONSENT RELEASE

City of Plymouth • 3400 Plymouth Boulevard, Plymouth, MN 55447 • 763-509-5000

As the designated Operating Manager, I hereby give my consent for a personal background investigation, to include a criminal history check, to be used in the determination of whether my application is to be approved. The results of such investigation shall be made public pursuant to appropriate City Council approval or denial of the license application. I understand that I am under no legal obligation to consent to such investigation, but that my refusal to so consent may be the basis for denying my application.

				it that my refusal to s		may	be the	e basis for a	denying n	ny applic	ation.	
Type of Lice	nse THERAPE	UTIC MA	ASSAGE	ENTERPRISE LIC	ENSE							
First			Full			Last						
Name			Middle			Name						
Maiden Nam	e(s) (if applicable)					Dat	te of B	irth				
Home			City		State		Zip Phone					
Address							~					
Place of Birth	1		Driver's	License Number		Social Security Number						
Physical Attributes	Sex	Race		Height	Weight			Eye Color	:	Hair Co	olor	
•	er been known by a es, please list:	ny other i	names not	mentioned above?			1			YES	□ NO	
-	er been convicted o es, provide date, pla	-	-	, or violation of any o	rdinance	othe	r than t	traffic offe	nses?	YES	□ NO	
	er been convicted o es, provide date, pla			to this type of licens	e?					YES	□ NO	
informatio Minnesota According 1. The pure of Plyr 2. You ar 3. The know disclose 4. The know process 5. A crime convict failure ground 6. Other sprovide 7. The Cimensory The undersignory	n about yourself variable. Government Data ly, the City is requested and intended mouth. The not legally obligation consequences are information which to mouth the counces are information which the counces are information which the requested are the denial of the deni	which may a Practice wired to in the document of supply the could confer or convice the matter for sted crimical the applications of Revenity of Revenity in the sted crimical of	y be classes Act. The form you e informate oply the reause youring to suppletion will roor which to inal information. It is a sary to proceed to the content of the conten	a your request for a ified as private, con his means that this do not the following: tion requested is to dequested information. quested information application to be denly the requested information not necessarily bar you he license is sought, anation will be consideration will be consideration to determine the first product of this information to dedges that he/she has	fidential, ata is not etermine is that the ied. It is that the ied. It is that the ied accordingered falsiful are author the Department in the Department is the Department in the Department is not in the Department is not in the Department is not in the Department in the Department is not in the Department is not in the Department in the De	info that to Mication	apublication are elementarion of the control of Landau are elementarion and the control of the control of Landau are elementarion of the control of Landau are elementarion are elementario	e, or protect available ligible for a conformal for a conforma	a license a license a license a license a the City 364.03. It ive the in adustry and and a license at the city at the city at the city and a license at the city at the ci	public uneneral prometer from the gation concentration concentration to the gation concentration of the gation concentration of the gation concentration of the gation concentration of the gation concentration con	ublic. City uld be the sed as	
has received Operating M	a copy of this not <mark>Ianager</mark>	ice.										
Signature				Da								
These statem	ents are true corr	ect and a	re made w	ith the knowledge th	at this in	form	ation	may he ma	de nuhlia	False	disclosures	

are subject to perjury proceedings and forfeiture of the license application.