
APPLICATION MUST BE SUBMITTED IN PERSON BY APPOINTMENT ONLY**INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED****Please allow 30 days for processing.**

Complete the following

1. Sole Proprietor Application - must be completed by the applicant
2. Copy of lease, deed, or contract for deed agreement
3. Business filing with the Secretary of State
4. Certificate of Insurance for Personal Professional Liability for \$1,000,000
5. \$150.00 Non-refundable Investigation Fee (for first application only)
6. \$150.00 Enterprise License Fee
7. \$75.00 Massage Therapist License Fee
8. Proof of Legal Work Status (if you are not a U.S citizen or birthplace was not in the U.S., provide proof of immigration/employment status, such as a Work Authorization Card or Certificate of Naturalization)
9. Current MN issued driver's license or ID (if not a permanent resident of Minnesota, please indicate on the application).
10. Official Transcript showing a minimum of 500 hours of certified therapeutic massage training must be provided by the accredited or approved institution or program and sent to the Plymouth Police Dept.
11. Schedule appointment at massage@plymouthmn.gov or 763-509-5620

Review Process

This application must be completed by the individual applying for Sole Proprietor Enterprise License. The application process may take up to 30 days to complete

Approved Application: An email will be sent once the applicant is approved and the license and ID card must be picked up within 10 days of notice.

Denied Application: A letter will be mailed to the address provided on the application. The decision may be appealed to the City Manager in accordance with the Plymouth City Code.

Review and retain the Plymouth City Code Section 1135, regarding your responsibilities and the practice of massage within the city limits.



Sole Proprietor Massage Enterprise

New Application

APPLICANT INFORMATION					
First Name		Full Middle		Last Name	
Maiden Name(s) (if applicable) Or other names used				Date of Birth	
Home Address		City		State	Zip
Social Security Number		Driver's License Number		Phone Number	
Email					
ADDRESSES WHICH YOU HAVE LIVED DURING THE PREVIOUS TEN (10) YEARS, INCLUDE SEASONAL OR PART-TIME LOCATIONS (Attach an additional sheet if you run out of room)					
From (Mo/Yr) – To (Mo/Yr)	Street Address		City/Township		Zip
PREVIOUS EMPLOYMENT. LIST EVERY BUSINESS OR OCCUPATION THAT YOU HAVE WORKED DURING THE PREVIOUS TEN (10) YEARS (Attach an additional sheet if you run out of room)					
Company Name		Your Occupation		Employment Dates - From (Mo/Yr) – To (Mo/Yr)	
Address		City		State	Phone Number
Company Name		Your Occupation		Employment Dates - From (Mo/Yr) – To (Mo/Yr)	
Address		City		State	Phone Number
Company Name		Your Occupation		Employment Dates - From (Mo/Yr) – To (Mo/Yr)	
Address		City		State	Phone Number
Company Name		Your Occupation		Employment Dates - From (Mo/Yr) – To (Mo/Yr)	
Address		City		State	Phone Number
Company Name		Your Occupation		Employment Dates - From (Mo/Yr) – To (Mo/Yr)	
Address		City		State	Phone Number
<p align="center">For Office Use Only</p> <p align="center">\$150 Investigation Fee – Code 100-50-510-5100-4100.600</p> <p align="center">\$150 Enterprise License Fee – Code 100-20-211-21100-4100.900</p> <p align="center">\$75 Massage Therapist License Fee – Code 100-20-211-2100-4100.90</p>					

PREVIOUS EMPLOYMENT. LIST EVERY BUSINESS OR OCCUPATION THAT YOU HAVE WORKED DURING THE PREVIOUS TEN (10) YEARS (Attach an additional sheet if you run out of room)			
Company Name	Your Occupation	Employment Dates - From (Mo/Yr) – To (Mo/Yr)	
Address	City	State	Phone Number
Company Name	Your Occupation	Employment Dates - From (Mo/Yr) – To (Mo/Yr)	
Address	City	State	Phone Number
Company Name	Your Occupation	Employment Dates - From (Mo/Yr) – To (Mo/Yr)	
Address	City	State	Phone Number
Company Name	Your Occupation	Employment Dates - From (Mo/Yr) – To (Mo/Yr)	
Address	City	State	Phone Number
Company Name	Your Occupation	Employment Dates - From (Mo/Yr) – To (Mo/Yr)	
Address	City	State	Phone Number
Company Name	Your Occupation	Employment Dates - From (Mo/Yr) – To (Mo/Yr)	
Address	City	State	Phone Number
Company Name	Your Occupation	Employment Dates - From (Mo/Yr) – To (Mo/Yr)	
Address	City	State	Phone Number
Company Name	Your Occupation	Employment Dates - From (Mo/Yr) – To (Mo/Yr)	
Address	City	State	Phone Number
Company Name	Your Occupation	Employment Dates - From (Mo/Yr) – To (Mo/Yr)	
Address	City	State	Phone Number
Company Name	Your Occupation	Employment Dates - From (Mo/Yr) – To (Mo/Yr)	
Address	City	State	Phone Number
Company Name	Your Occupation	Employment Dates - From (Mo/Yr) – To (Mo/Yr)	
Address	City	State	Phone Number
Company Name	Your Occupation	Employment Dates - From (Mo/Yr) – To (Mo/Yr)	
Address	City	State	Phone Number

BUSINESS INFORMATION (Your business, where you intend to practice massage in Plymouth) If this is a home operated business, you must obtain an Interim Home Occupation License from the Planning Department.					
Business Name				Contact Person	
Business Address				Business Phone	
BUILDING OWNER INFORMATION					
First Name		Last Name		Phone Number	
Address		City	State	Email Address	
MESSAGE THERAPY EXPERIENCE AND TRAINING					
School Name		Degree Received		Date Degree Received	
Address		City	State	Zip	School Phone
Describe your training and experience related to massage therapy.					
Are you a U.S. citizen or legally permitted to be in the U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO <ul style="list-style-type: none"> If yes, but birthplace was not in the U.S., please provide a Certificate of Naturalization, Certificate of Citizenship, or current U.S. Passport. If no, provide immigration/employment status. 					
Are you a resident of the State of Minnesota? <input type="checkbox"/> YES <input type="checkbox"/> NO <ul style="list-style-type: none"> If yes, how long have you been a continuous resident of Minnesota? If no, where do you currently reside? 					
Have you or your spouse ever owned a massage therapy business in other communities? <input type="checkbox"/> YES <input type="checkbox"/> NO <ul style="list-style-type: none"> If yes, provide a list of those communities: 					
Have you ever been licensed as a massage therapist in other communities? <input type="checkbox"/> YES <input type="checkbox"/> NO <ul style="list-style-type: none"> If yes, provide a list those communities: 					
Have you or your spouse ever had a license denied, revoked, or suspended related to the conduct of massage? <input type="checkbox"/> YES <input type="checkbox"/> NO <ul style="list-style-type: none"> If yes, provide date, place, and explanation: 					
Have you ever made an application for a massage therapy business license? <input type="checkbox"/> YES <input type="checkbox"/> NO <ul style="list-style-type: none"> If yes, provide location: 					
Have you ever made an application for a massage therapy business license that has been denied? <input type="checkbox"/> YES <input type="checkbox"/> NO <ul style="list-style-type: none"> If yes, provide location: 					
Are you the real party of interest in the business license which you are applying? <input type="checkbox"/> YES <input type="checkbox"/> NO					
LIST TWO (2) PERSONS WHO ARE RESIDENTS OF THE STATE OF MINNESOTA, NOT RELATED TO YOU AND HAVE NO FINANCIAL INTEREST IN YOUR BUSINESS					
First Name		Last Name		Home Phone	
Home Address		City		State	Zip
First Name		Last Name		Home Phone	
Home Address		City		State	Zip
<i>I hereby swear that the statements herein are true to the best of my knowledge and belief. I have read and understand all laws and ordinances pertaining to the license for which I am applying. I agree to notify the City of any change in residence address, or a change in address of where massage therapy is practiced, 30 days prior to such change.</i>					
Signature of Applicant				Date	



**SOLE PROPRIETOR OWNER / MASSAGE THERAPIST
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.

Type of License **MASSAGE THERAPY LICENSE**

First Name		Full Middle		Last Name		
Maiden Name(s) (if applicable)			Date of Birth		Place of Birth	
Home Address		City	State	Zip	Phone	
Driver's License Number			Social Security Number			
Physical Attributes	Sex	Race	Height	Weight	Eye Color	Hair Color

Have you ever been known by any other names not mentioned above? ☐ YES ☐ NO

- If yes, please list:

Have you ever been convicted of any felony, gross misdemeanor, misdemeanor, or violation of any ordinance? YES NO

- If yes, provide date, place and offense:

Have you ever been convicted of any crime relating to this type of license? ☐ YES ☐ NO

- If yes, provide date, place and offense:

TENNESSEN WARNING: In connection with your request for a license, the City has asked that you provide information about yourself which may be classified as private, confidential, nonpublic, or protected nonpublic under the Minnesota Government Data Practices Act. This means that this data is not ordinarily available to the general public. Accordingly, the City is required to inform you of the following:

1. The purpose and intended use of the information requested is to determine if you are eligible for a license from the City of Plymouth.
2. You are not legally obligated to supply the requested information.
3. The known consequences of supplying the requested information is that the information or further investigation could disclose information which could cause your application to be denied.
4. The known consequences of refusing to supply the requested information is that your request for a license cannot be processed.
5. A criminal charge, arrest, or conviction will not necessarily bar you from obtaining a license with the City, unless the conviction is related to the matter for which the license is sought, according to Minnesota Statute 364.03. However, failure to reveal the requested criminal information will be considered falsification of the application and may be used as grounds for the denial of the application.
6. Other governmental agencies necessary to process your application are authorized by law to receive the information provided.
7. The City is required by law to furnish some of this information to the Department of Labor and Industry and the Minnesota Commissioner of Revenue.

The undersigned, by signing this notice, acknowledges that he/she has read and understood the contents of this notice and has received a copy of this notice.

Signature

Date

These statements are true, correct and are made with the knowledge that this information may be made public. False disclosures 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:

SOLE PROPRIETOR MASSAGE ENTERPRISE LICENSE

PERSONAL OWNER INFORMATION

Name First, Middle, Last	
Home Address	City, State, Zip
Social Security Number	Home Phone

BUSINESS INFORMATION

Business Name		Business Phone	
Business Address	City Plymouth	State MN	Zip
Minnesota Tax ID Number		Federal Tax ID Number	
<i>If a Minnesota Tax ID number is not required, please explain:</i>			
Signature			
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 withhold the issuance or renewal of a license or permit to operate a business or engage in an activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirements of MSS 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.

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 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. This information will be collected by the City and retained in the files.

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

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 Number:

DBA (*doing business as name, if applicable*):

Business Address/City/State/Zip:

YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WITHOUT THE FOLLOWING INFORMATION.

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 law. (See MN Stat. 176.041 for a list of excluded employees.) Explain why your employees are not covered: _____

☐ Other: _____

ALL APPLICANTS COMPLETE THE FOLLOWING SECTION:

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

Title

Date