City of Alexandria



704 Broadway,	Alexandria, MN 56308
320.763.6678	320.763.3511 (fax) <u>www.AlexandriaMN.city</u>

New: Renewal:

License Fee: \$50

Massage Therapist

The undersigned hereby makes application for a license and agrees to operate in the City of Alexandria in accordance with the regulations governing this enterprise as set forth in the Alexandria City Code. It is understood that failure to conform renders this license null and void.

Applicant (Owner) Info	mation				
Legal Name First		Middle	Last		
Primary Phone		Alt. Phone	_ Email		
Street Address		City		State	Zip
Mailing Address (where future	correspondence sl	hould be sent):			
Street Address		City		_ State	Zip
Business Information:	Corporation	Limited Liability Company	Partners	hip Oth	er
Name of Company					
Business Address		City		State	Zip
Phone	Email	N	Website		
List all other names under whic					
Applicant/Licensee Signature _					
Title (if signing on behalf of an	Date	2			
*If you have any questions, ple		Riedel at 320-759-3622 or emai ur prompt attention in returnir			n.city. On
benan of the city of Alexandric					
*Please make sure all the neco	•		cation and the	<mark>e forms are f</mark>	illed out

(FOR OFFICE USE ONLY)

APPLICATION FOR INDIVIDUAL MASSEUR OR MASSEUSE LICENSE CITY CODE SECTION 4.49 PHOTO ID REQUIRED

Name of Applicant:							
Address where you will be doing business	:						
Resident Address:							
Date of Birth: H	lave you ever use	d or been kn	own by an	y other name?	Yes	No	
If yes, list names used:							
Street Address for the past five years:							
Formal Training or Experience in Massage	e Services?	Yes	No	Certificate:	Yes	No	
Years of Experience in the Occupation:							
Past Employment and Position held for th	e past five years:						
Have you ever been convicted of any feld	ony or crime: Ye	es No					
Time, place and offense for which convict	ions were had:						
Is applicant licensed in other communitie	s to run similar bu	usiness?	١	res No)		
Location:							
Have you ever been denied a massage lic	ense? Ye	S	No				
Character references (residents of Dougla	as County):						
<u>Name</u>	<u>Residence</u>	<u>Address</u>		<u>Business A</u>	Business Address		
I,		,	being du	y sworn, depos	e and say	/ that the	
statements on this document by me mad OF A NOTARY PUBLIC	de are true and co	prrect to my l	knowledge	e. <mark>(MUST BE SIGN</mark>	IED IN THE	PRESENCE	
OF A NOTART POBLIC							
	Sig	gnature					
	 Da	ate					
Subscribed and sworn to before me This day of, 20							

Notary Public

General Application For License

CITY OF ALEXANDRIA

Section A

Certification of Compliance–Minnesota Workers' Compensation Law

Minnesota Statute, Section 176.182 requires every state and local lip permit to operate a business or engage in an activity in Minnesota up the workers' compensation insurance coverage requirement of MSS company, the policy number, and dates of coverage or the permit to s and retained in their files.	ntil the applicant presents acceptable evidence of compliance with Chapter 176. The information required is: the name of the insurance					
This information is required by law, and licenses and permits to opera or is falsely reported. Furthermore, if this information is not provided the applicant by the Commissioner of the Department of Labor and I						
Insurance Company Name (not the agent):	Policy Number:					
Dates of Coverage:						
1	0					
OR						
I am not required to have workers' compensation liability coverage be	ecause:					
I have no employees						
I am self insured (include permit to self-insure)						
I have no employees who are covered by the workers' compensation law (these include spouse, parents, children, and certain farm employees)						
I certify that the information provided above is accurate and complet at all times as required by law.	e and that a valid workers compensation policy will be kept in effect					
Section B						
Tax Identification Information Pursuant to Minnesota Statute 270C.72, the City of Alexandria is req Revenue your Minnesota business tax identification number or the so						
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:						
 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; 						
 Upon receiving this information, the City of Alexandria 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; Failure to supply this information may jeopardize or delay the processing of your license application. 						
Minnesota Business ID Number:	Federal Tax ID Number:					
If a Minnesota Tax ID number is not required, please explain:	Social Security Number:					
Section C						
Tennessen Warning						
Linder the Minnegete Covernment Date Prestings Act some of the de	to you are being acked to provide on this application, including any					

Under the Minnesota Government Data Practices Act, some of the data you are being asked to provide on this application, including any social security number, **are private data.** You are being asked to provide this data so that the City of Alexandria may evaluate your eligibility for the license for which you are applying. By signing below, you are consenting to allow this data to be shared with City of Alexandria staff, councilmembers and mayor so that they may process and evaluate your application and eligibility for the license. In addition, you are being asked to provide this data because the City may be required to provide it to the Minnesota Commissioner of Revenue. It is also possible that the City may be required to share the data with the state or legislative auditor or upon court order. You may choose not to provide some or all of this private data, but withholding it or providing incomplete information may prevent you from obtaining the license for which you are applying.

Signature:	Date of Birth:	Date:



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

Ci Bi Ri	HIS CERTIFICATE IS ISSUED AS A ERTIFICATE DOES NOT AFFIRMATI ELOW. THIS CERTIFICATE OF INS EPRESENTATIVE OR PRODUCER, A	VELY O SURANCI ND THE (R NEGATIVELY AMEND, E DOES NOT CONSTITU CERTIFICATE HOLDER.	EXTEN	ND OR ALTE	ER THE CO BETWEEN 1	VERAGE AFFORDED THE ISSUING INSUREF	BY T⊦ R(S), A	E POLICIES
th	IPORTANT: If the certificate holder e terms and conditions of the policy, ertificate holder in lieu of such endors	certain	policies may require an e	policy ndorse	ies) must be ment. A stat	e endorsed. ement on th	If SUBROGATION IS V is certificate does not	VAIVE	D, subject to rights to the
	DUCER	ement(a	<i>ŀ</i>	CONTA	СТ				
				NAME: PHONE	-		FAX (A/C, No):		
				(A/C. No E-MAIL			(A/C, NO);		
				ADDRE					1
				-	INS	JRER(S) AFFOR	DING COVERAGE		NAIC #
				INSURE	RA:	1. A.			
INSU	RED			INSURE	RB:				
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				INSURE	RD:				
				INSURE	RE:				
				INSURE					
CO	VERAGES CER	TIEICATE	E NUMBER:	INSORE	NT .		REVISION NUMBER:		
TI IN C	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RI ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	OF INSU EQUIREM PERTAIN,	JRANCE LISTED BELOW HA ENT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN	Y CONTRACT THE POLICIES EDUCED BY P	OR OTHER OR OTHER DESCRIBEN	ED NAMED ABOVE FOR T DOCUMENT WITH RESPEND HEREIN IS SUBJECT T	O ALL	WHICH THIS
LTR	TYPE OF INSURANCE	INSR WV			POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMI		
	GENERAL LIABILITY						EACH OCCURRENCE DAMAGE TO RENTED	\$	
	COMMERCIAL GENERAL LIABILITY						PREMISES (Ea occurrence)	\$	
	CLAIMS-MADE OCCUR						MED EXP (Any one person)	\$	
							PERSONAL & ADV INJURY	\$	
							GENERAL AGGREGATE	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$	
	POLICY JECT LOC					1		3	
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	s	
	ANY AUTO						BODILY INJURY (Per person)	\$	
	ALL OWNED SCHEDULED						BODILY INJURY (Per accident)	\$	
	AUTOS AUTOS NON-OWNED						PROPERTY DAMAGE	100	
	HIRED AUTOS AUTOS						(Per accident)	S	
								2	
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	
	DED RETENTION \$							\$	
	WORKERS COMPENSATION						TORY LIMITS ER	-	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE						E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT		
	DESCRIPTION OF OPERATIONS DEIOW						E.E. DOLMAL TOLIOT LIMIT	Φ	
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC			Schedule,	if more space is	required)			
CEI				CANC	ELLATION				
_									
				THE	EXPIRATION	DATE TH	ESCRIBED POLICIES BE C EREOF, NOTICE WILL EY PROVISIONS.		
				AUTHO	RIZED REPRESE	NTATIVE			
					© 19	88-2010 AC	ORD CORPORATION.	All rig	nts reserved.