



**MESSAGE BUSINESS or SIMILAR ORIENTED SERVICES**  
**CITY CODE CHAPTER 115**  
[Forest Lake City Code - Chapter 115: Regulation of Massage Businesses and Employees](#)

New or Renewal License Fee: \$50.00

NEW \_\_\_\_\_

RENEWAL \_\_\_\_\_

Background Check Fee: \$25.00

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

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Name of Business \_\_\_\_\_

Business Address \_\_\_\_\_

Business Manager Name and Phone Number \_\_\_\_\_

Business Email Address \_\_\_\_\_

Hours/Days of Operation \_\_\_\_\_

Owner(s) Building or Premises to be licensed (if renting you must attach a copy of your current lease).

Name \_\_\_\_\_ Address \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

List two (2) character references for the Business Owner:

Name \_\_\_\_\_ Home Address \_\_\_\_\_

Name \_\_\_\_\_ Home Address \_\_\_\_\_

Has applicant ever been convicted of a crime other than a traffic violation? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please give an explanation including time, place, and nature of each crime/offense and disposition thereof. Include a separate sheet if necessary. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List all creditors involved in the business who have a debt equity in the operation, past and present.

Name \_\_\_\_\_ Address \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

List Corporate or Partnership names and addresses of managers, officer, and partners (attach additional pages if necessary).

Name \_\_\_\_\_ Home Address \_\_\_\_\_

Name \_\_\_\_\_ Home Address \_\_\_\_\_

**Tax information is required by the IRS and the MN Department of Revenue on all license applications**

FEDERAL TAX ID # \_\_\_\_\_ STATE TAX ID # \_\_\_\_\_

If you do not have a state or federal tax ID, you must provide your SOCIAL SECURITY # \_\_\_\_\_

**INFORMATION FOR BUSINESS/LOCATIONS**

Please submit a copy of your Certificate of Liability Insurance form obtained from your insurance company.

Please submit accurate and complete business records showing names and addresses of all individuals having an interest in business including partners, officers, owners, and creditors furnishing credit for establishment acquisition and maintenance and furnishing of said business.

Please furnish accurate documentation establishing the interest of the applicant and any other person having interest in the premises upon which the building is proposed to be located or furnished thereof. The documentation shall be in the form of a lease, deed, contract for deed, mortgage deed, etc. and any other documents establishing interest of the applicant or any other person in the operation.

Please provide blueprints, diagrams, layouts, etc. showing construction and/or remodeling to the premises and specifically showing the layout of the bathing and restroom facilities to be used.

Applicants must complete in full and attach to this application an authorization and consent for release of personal information.

I hereby certify that I have read the foregoing questions and that the answers to said questions are true of my own knowledge.

**Failure to provide all information may result in an incomplete application and will be returned to applicant.**

**(Renewal applications do not need to be notarized).**

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Notary Public Signature

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Completed by City Staff

Police Dept. Signature \_\_\_\_\_ Date \_\_\_\_\_

Council Signature \_\_\_\_\_ Date \_\_\_\_\_

**AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION  
FOR CITY OF FOREST LAKE BACKGROUND CHECK**

**NOTE: You must attach a copy of your driver’s license**

**There is a \$25.00 fee for background checks**

License you are applying for: \_\_\_\_\_

Full Name: \_\_\_\_\_  
First Middle Last

Home Address: \_\_\_\_\_  
House # Street City State Zip

Home Phone Number: \_\_\_\_\_  
Include Area Code

If applicable, complete the following:

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_  
Building # Street City State Zip

Business Phone Number: \_\_\_\_\_  
Include Area Code

Date of Birth: \_\_\_\_\_ Driver’s License Number: \_\_\_\_\_  
(Attach a copy of your driver’s license)

I understand that the above mentioned information about me may be protected under state and / or federal privacy laws or city policy and may not be disclosed without my prior written consent unless otherwise required by law.

I also release the City of Forest Lake from any and all liability for its receipt and use of information and records received pursuant to this consent. I further acknowledge that I have carefully read this release, fully understand its terms and legal significance, and execute it voluntarily.

\_\_\_\_\_  
Signature of Individual Authorizing Release Date

Completed by City Staff

\_\_\_\_\_  
Police Department Signature Date

**Minnesota Government Data Practices Act – Chapter 13**  
**TENNESSEN WARNING**

Data is requested from the applicant on various forms. The purpose and intended use of the requested data is to verify the applicant meets all state statute and city code provisions and, if the license or permit is approved, to verify that all required data remains current.

The following data collected, created, or maintained is classified under the Minnesota Government Data Practices Act as Private data **until license approval** when the data becomes **Public**: (13.41, Subd.4).

1. Data submitted by applicants (other than names and designated addresses)
2. Orders for hearing and findings of fact
3. Conclusions of law and specification of the final disciplinary action contained in the record of the disciplinary action
4. Entire record concerning the disciplinary proceeding
5. License numbers
6. License status

**The following data collected, created, or maintained is classified as Private: (13.41, Subd. 2).**

1. The identity of complaints who have made reports concerning licenses or applicants which appear in inactive complaint data unless the complainant consents to the disclosure
2. The nature or content of unsubstantiated complaints when the information is not maintained in anticipation of legal action
3. Inactive investigative data relating to violations of statutes or rules
4. The record of any disciplinary proceeding except as limited by Subd. 4

**The following data collected, created, or maintained is classified as Confidential: (13.41, Subd.3).**

1. Active investigative data relating to the investigation of complaints against any license

Under law, private data may be shared with licensing and inspection employees, approval authorities, insurance providers, law enforcement employees, contracted inspection officials, as required by court order and City officials who have a bona fide need for it. The City of Forest Lake may make any data classified as private or confidential accessible to an appropriate person or agency if the licensing agency determines that failure to make the data accessible is likely to create a clear and present danger to public health or safety.

We ask that you complete or provide all data requested on the application form(s) unless we have noted that it is not required. Refusal to supply required information may mean that your application cannot be processed.

**I READ AND UNDERSTAND THE ABOVE INFORMATION REGARDING MY RIGHTS AS A SUBJECT OF GOVERNMENT DATA**

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 Signature of Applicant

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 Date

**CERTIFICATION OF COMPLIANCE - MINNESOTA WORKERS' COMPENSATION**

Minnesota State Statute Chapter 176, Section 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 requirement. The information required is: The name of the insurance company, the policy number, and dates of coverage or the permit to self-insure. The information will be collected by the licensing agency.

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 this information is not provided and/or is falsely stated, it may result in a \$2,000.00 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry.

Insurance Company Name (NOT the insurance agent): \_\_\_\_\_

Policy Number of Self Insurance Permit Number: \_\_\_\_\_

Effective Dates of Coverage:      From \_\_\_\_\_      To \_\_\_\_\_

**OR**

I am not required to have workers' compensation liability coverage because (Please make an "X" on one line only)

- \_\_\_\_\_ I have no employees
- \_\_\_\_\_ I am self-insured (you must include permit to self-insure)
- \_\_\_\_\_ I have no employees who are covered by workers' compensation law

I certify that the information provided above is accurate and complete and that a valid workers' compensation policy will be kept in effect at all times as required by law.

Applicant Name: \_\_\_\_\_

Licensee Business Name (and DBA): \_\_\_\_\_

City, State, and Zip \_\_\_\_\_

Business Phone(s): \_\_\_\_\_

Business Email: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date