
Have you submitted . . .

- Four Completed Massage Establishment Applications
- Investigation Fee
- Business Records
- Proof of Workers' Compensation Insurance Coverage Form
- Minnesota Business Tax Identification Number Form
- Proof of Payment of Property Taxes

Questions . . .

To obtain a massage establishment license application or for more information please call:

Deputy City Clerk

(763) 569-3308

Monday – Friday

8:00 a.m. – 4:30 p.m.



6301 Shingle Creek Parkway
Brooklyn Center, MN 55430-2199
Telephone (763) 569-3300
TTY/Voice 711
Fax (763) 569-3494
www.cityofbrooklyncenter.org

Massage Establishment License Procedures

Revised 7/10

City of Brooklyn Center

License Requirements

The City of Brooklyn Center requires the licensing of massage establishments as defined in Sections 23-1700 through 23-1720 of its Ordinance. Applications for license shall be made only on the forms provided by the City Clerk.

A massage certificate is also required for each masseur or masseuse who performs massage services.

The license period is the calendar year January 1 through December 31.

Massage is defined as the rubbing, stroking, kneading, tapping, or rolling of the body of another with the hands for the exclusive purpose of physical fitness, relaxation, beautification, and for no other purpose.

Masseur means a male person who practices or administers massage.

Masseuse means a female person who practices or administers massage.

Please complete or provide the following:

- **License Application** – four completed applications as required in Section 23-1704 of the City Ordinance
- **License Fee** - \$3,000 (cash, cashier's check, or certified check pro-rated on a monthly basis from City Council approval date)
- **Investigation Fee** – \$1,500 (check made payable to City of Brooklyn Center)
- **Business Records** – as required in Section 23-1704 of the City Ordinance
- **Proof of Workers' Compensation Insurance Coverage Form** – completed form as required by Minnesota Statute Section 176.182
- **Minnesota Business Tax Identification Number** – completed form as required by Minnesota Statute Section 270.72
- **Proof of Payment of Property Taxes** – submit copy of Hennepin County tax statement showing taxes paid or visit Hennepin County website at www.co.hennepin.mn.us

License Approval

Upon the City Clerk's receipt of four complete copies of the massage establishment application, Proof of Workers' Compensation Insurance Form, Minnesota Business Tax Identification Number, and business records, the application will be reviewed by the Police and Community Development, Departments, along with such other departments as the City Manager shall deem necessary. The review shall include an inspection of the premises covered by the application to determine whether the premises conforms to all applicable code requirements.

Once approved by the Police and Community Development Departments, the license application will be presented to the City Council at its next regular meeting. The City Council meets the 2nd and 4th Monday of the month. In order to get the license application on a City Council agenda, the materials must be submitted at least 30 days prior to a City Council meeting.

License Application Massage Establishment

Annual Expiration: December 31

Annual Fee: \$3,000

Investigation Fee: \$1,500

TO THE HONORABLE CITY COUNCIL:

Date: _____

1. **LOCATION**

(Street Address)

(Legal Description - information can be obtained from City Assessor's Office (763-569-3310))

2. **OWNER**

NAME: _____
(Last, First, Middle)

ADDRESS: _____
(Street Address, City, State, Zip)

TELEPHONE NUMBER: _____

DATE OF BIRTH: _____
(Month, Day, Year)

3. **LESSEE (IF APPLICABLE)**

NAME: _____
(Last, First, Middle)

ADDRESS: _____
(Street Address, City, State, Zip)

TELEPHONE NUMBER: _____

DATE OF BIRTH: _____
(Month, Day, Year)

4. **OPERATOR OR MANAGER**

NAME: _____
(Last, First, Middle)

ADDRESS: _____
(Street Address, City, State, Zip)

TELEPHONE NUMBER: _____

DATE OF BIRTH: _____
(Month, Day, Year)

5. **CHARACTER WITNESSES (MUST LIST TWO AND BOTH MUST BE HENNEPIN COUNTY RESIDENTS)**

a. NAME: _____
(Last, First, Middle)

ADDRESS: _____
(Street Address, City, State, Zip)

TELEPHONE NUMBER: _____

b. NAME: _____
(Last, First, Middle)

ADDRESS: _____
(Street Address, City, State, Zip)

TELEPHONE NUMBER: _____

6. **CREDITORS (ALL CREDITORS OF THE APPLICANT, OWNER, LESSEE, OR MANAGER INsofar AS AND REGARDING CREDIT WHICH HAS BEEN EXTENDED FOR THE PURPOSES OF CONSTRUCTING, EQUIPPING, MAINTAINING, OPERATING OR FURNISHING OR ACQUIRING THE PREMISES, PERSONAL EFFECTS, EQUIPMENT OR ANYTHING INCIDENT TO THE ESTABLISHMENT, MAINTENANCE AND OPERATION OF A MASSAGE ESTABLISHMENT)**

a. NAME: _____
(Last, First, Middle)

ADDRESS: _____
(Street Address, City, State, Zip)

b. NAME: _____
(Last, First, Middle)

ADDRESS: _____
(Street Address, City, State, Zip)

7. Has the applicant, owner, manager, or operator ever been convicted of any misdemeanor or felony excluding traffic violations?

YES___ NO___

If yes, give complete and accurate information as to the time, place, and nature of such crime or offense including the disposition thereof for which charges were filed or convictions were had.

8. Has the applicant, owner, manager, or operator, within one year prior to the day of application, ever been denied licensure or had a license revoked or suspended in or by any community or political subdivision or the State of Minnesota.

YES___ NO___

If yes, give information as to the denial, suspension, or revocation of license.

9. **LICENSE FEE**

A license, unless revoked, is for the calendar year or a part thereof for which it has been issued. The annual license fee of \$3,000 and an investigation fee of \$1,500 shall be paid when the application is filed.

10. **NOTICE TO APPLICANT**

If the application is made on behalf of a corporation, joint business venture, partnership, or any legally constituted business association, it shall submit, along with its application, accurate and complete business records showing the names and addresses of all individuals having an interest in the business, including creditors furnishing credit for the establishment, acquisition, maintenance, and furnishing of said business and, in the case of a corporation, the names and addresses of all officers, general managers, members of the Board of Directors, as well as any creditors who have extended credit for the acquisition, maintenance, operation, or furnishing of the establishment, including the purchase or acquisition of any items of personal property for use in said operation.

All applicants shall furnish to the City, along with their applications, complete and accurate documentation establishing the interest of the applicant and any other person having an interest in the premises upon which the building is proposed to be located or in the furnishings thereof, personal property thereof, or the operation or maintenance thereof. Documentation shall be in the form of a lease, deed, contract for deed, mortgage deed, mortgage, credit arrangement, loan agreements, security agreements, and any other documents establishing the interest of the applicant or any other person in the operation, acquisition, or maintenance of the enterprise offering a massage.

The application shall also contain blueprints, diagrams, plans, layouts, and the like showing the construction, revision, remodeling, alteration, or additions of or to the premises and specifically showing the layout, design, and arrangement of the bathing and rest room facilities and the size and type of equipment and facilities to be used.

The undersigned hereby applies for a license to operate a massage establishment and acknowledges receipt of a copy of City Ordinance Sections 23-1700 through 23-1720 and agrees to comply at all times with all laws, ordinances, or regulations applicable whether they be federal, state, county, or municipal. Submitted with this application is proof of workers' compensation insurance coverage and Minnesota business tax identification number. Information is collected to determine eligibility for license. Failure to provide information requested may result in denial of application.

_____, being first duly sworn, upon his/her oath deposes and says that he/she is the person who has executed the foregoing application and that the statements made therein are true of his/her own knowledge and belief.

Signature of Applicant _____

Subscribed and sworn to before me this _____ day of _____

Notary Public _____

County _____

My Commission expires _____

Certificate Application Massage

Annual Expiration: December 31

Annual Fee: \$50
Prorated Fee

TO THE HONORABLE CITY COUNCIL:

Date: _____

1. **LOCATION**

(Street Address)

2. **APPLICANT**

NAME: _____
(Last, First, Middle)

ADDRESS: _____
(Street Address, City, State, Zip)

TELEPHONE NUMBER: _____

DATE OF BIRTH: _____
(Month, Day, Year)

3. **EDUCATION QUALIFICATIONS**

Please list below the applicant's education qualifications, including a certified copy of degrees, diplomas, or certificates.

4. **CHARACTER WITNESSES (MUST LIST TWO AND BOTH MUST BE HENNEPIN COUNTY RESIDENTS)**

a. NAME: _____
(Last, First, Middle)

ADDRESS: _____
(Street Address, City, State, Zip)

TELEPHONE NUMBER: _____

b. NAME: _____
(Last, First, Middle)

ADDRESS: _____
(Street Address, City, State, Zip)

TELEPHONE NUMBER: _____

5. Has the applicant ever been convicted of any misdemeanor or felony excluding traffic violations?

YES___ NO___

If yes, give complete and accurate information as to the time, place, and nature of such crime or offense including the disposition thereof for which charges were filed or convictions were had.

6. Evidence in the form of a current certificate from a licensed physician practicing in Minnesota indicating (a) that within the past 30 days he has examined the applicant, and (b) that such examination was for the purpose of determining whether applicant had any communicable disease and (c) that as a result of such examination he believes that applicant is not suffering from any communicable disease which would disqualify the applicant from engaging in the practice of massage.

7. **CERTIFICATE FEE**

A certificate, unless revoked, is for the calendar year or a part thereof for which it has been issued. The annual certificate fee of \$50 and an investigation fee of \$100 shall be paid when the application is filed.

The undersigned hereby applies for a certificate to perform massages and acknowledges receipt of a copy of City Ordinance Sections 23-1700 through 23-1720 and agrees to comply at all times with all laws, ordinances, or regulations applicable whether they be federal, state, county, or municipal. Information is collected to determine eligibility for certificate. Failure to provide information requested may result in denial of application.

_____, being first duly sworn, upon his/her oath deposes and says that he/she is the person who has executed the foregoing application and that the statements made therein are true of his/her own knowledge and belief.

Signature of Applicant _____

Subscribed and sworn to before me this _____ day of _____

Notary Public _____

County _____

My Commission expires _____

Certificate of Compliance Minnesota Workers' Compensation Law

PRINT IN INK or TYPE.

Minnesota Statutes, 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 any activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minnesota Statutes, 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. 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.

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

BUSINESS NAME (Individual name only if no company name used)

LICENSE OR PERMIT NO (if applicable)

DBA (doing business as name) (if applicable)

BUSINESS ADDRESS (PO Box must include street address)

CITY

STATE

ZIP CODE

YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WITHOUT THE FOLLOWING INFORMATION. You must complete number 1, 2 or 3 below.

NUMBER 1 COMPLETE THIS PORTION IF YOU ARE INSURED:

INSURANCE COMPANY NAME (not the insurance agent)

WORKERS' COMPENSATION INSURANCE POLICY NO.

EFFECTIVE DATE

EXPIRATION DATE

NUMBER 2 COMPLETE THIS PORTION 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 insurance coverage because:

I have no employees.

I have employees but they are not covered by the workers' compensation law. (See Minn. Stat. § 176.041 for a list of excluded employees.) Explain why your employees are not covered: _____

Other: _____

ALL APPLICANTS COMPLETE THIS PORTION:

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 (mandatory)

TITLE

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.

This material can be made available in different forms, such as large print, Braille or on a tape. To request, call 1-800-342-5354 (DIAL-DLI) Voice or TDD (651) 297-4198.