



**CITY OF RAMSEY  
APPLICATION FOR  
2023 THERAPEUTIC MASSAGE ESTABLISHMENT LICENSE**

License application review and approval process may take up to **120 days**. Business licenses are issued upon approval by City Council. Refer to City Code [Chapter 26 Article XVIII](#) for ordinance details. Tax ID required per MN Statute 270C.72. Facility inspection may be required. Incomplete applications will not be accepted. Approved licenses are valid through December 31<sup>st</sup> and renewed annually.

**Enclose with this completed, notarized application:**

- Massage Establishment License fee \$100
- Background check fee \$50
- Completed and signed [Request for Background Check Information](#) form
- Color copy of driver’s license or government-issued ID
- Massage Therapist License fee \$50
  - A separate application must be submitted for each massage therapist, see [Therapeutic Massage Therapist application](#) form
  - Certified copy of Therapeutic Massage Training certificate or transcript from U.S. accredited school with minimum of 500 hours of completed training
  - Proof of professional massage liability insurance (coverage \$1,000,000)
- Certificate of liability insurance with City of Ramsey listed as certificate holder

1) **Full** Name of Business: \_\_\_\_\_

*If business is conducted under a designation or assumed name, attach a certified copy of the certificate as required by MN Stat. § 333.01 and §333.02.*

2) Business Type:  Individual  Corporation  Partnership  Other \_\_\_\_\_

3) Address of the Business to be licensed: \_\_\_\_\_

4) Description of the premises to be licensed: \_\_\_\_\_

5) Business Phone Number: \_\_\_\_\_

6) Business Email Address: \_\_\_\_\_

7) Minnesota Tax Identification #: \_\_\_\_\_

8) Federal Tax Identification #: \_\_\_\_\_

9) Applicant’s **Full** Name: \_\_\_\_\_  
Last
First
Middle

10) Applicant’s Date of Birth: \_\_\_\_\_

11) Applicant’s Place of Birth: \_\_\_\_\_

12) Applicant’s Phone Number: \_\_\_\_\_

13) Applicant is:  Owner  Manager  Other: \_\_\_\_\_

*Our Mission: To work together to responsibly grow our community, and to provide quality, cost-effective, and efficient government services*

15) Has applicant been convicted of a crime (other than a traffic violation) within the last five (5) years?

Yes  No

If Yes, list Offense(s) with Dates & Location(s):

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16) Has applicant previously been denied a license to perform massage services, or had a license revoked or suspended?

Yes  No

If Yes, list Date(s) & Location(s) of such denial, revocation, or suspension:

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17) List the Name, Location and Type of every business or occupation applicant has been engaged in during the preceding five years.

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18) Does applicant have any training or experience in performing massage services? Include certifications, degrees, diplomas, or educational coursework.

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19) Full Name of Owner of Premises (if different from applicant): \_\_\_\_\_

20) Address of Owner of Premises (if different from applicant): \_\_\_\_\_

21) Owner's Phone Number (if different from applicant): \_\_\_\_\_

22) If partnership, list names and addresses of all partners. Include a copy of the Partnership Agreement.

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23) If corporation, state names, addresses and birthdates of all officers and directors. Include a copy of the Articles of Incorporation and Secretary of State's Certificate of Good Standing.

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24) Description of services to be provided and of goods, if any, to be sold: \_\_\_\_\_

a. If goods are sold, source of supply: \_\_\_\_\_

25) Business Hours of Operation: \_\_\_\_\_

26) Other communities where applicant has been licensed or applied to be licensed & status:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

27) List the names and addresses of three (3) persons, residents of the State of Minnesota of good moral character, not related to the applicant or financially interested in the licensee’s premises who may be referred as to applicant’s character:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

NOTE: A Home Occupation Permit may be required in order to operate a business within a principal dwelling or an accessory structure on a residential property. A Home Occupation Permit application is available at [www.cityoframsey.com](http://www.cityoframsey.com). Contact [planning@cityoframsey.com](mailto:planning@cityoframsey.com) or 763-433-9824 with any questions.

**DATA PRACTICES ADVISORY:** *The data supplied in this application will be used to assess the qualifications for a license. This data is not legally required but the City will not be able to grant the license without it. If a license is granted, the data will constitute a public record.*

***I hereby certify that the foregoing statements are true and correct to the best of my knowledge and that the giving of false information or the failure to give pertinent information constitutes cause for revocation of this permit. Further, I agree to comply with all the provisions of the ordinance under which this license is granted. No other persons than those named in this application have any interest in the management and control of such business.***

Applicant’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Subscribed and sworn to before me, a notary public, on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
**NOTARY PUBLIC**

My Commission expires: \_\_\_\_\_

Return completed application and requested information along with the fee to:

***City of Ramsey  
Attn: Business Licenses  
7550 Sunwood Drive NW  
Ramsey, MN 55303***

*Make check or money order payable to “City of Ramsey”  
VISA, MasterCard, Discover accepted.*

**This license will expire on December 31, 2023**

**Findings by Ramsey Police Department:**

- Recommend Approval
- Recommend Denial
- See Attached

Additional Comments:

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Police Chief Signature: \_\_\_\_\_