

# City of East Grand Forks

600 DeMers Ave · P.O. Box 373 · East Grand Forks, MN 56721 218-773-2483 · 218-773-9728 fax www.eastgrandforks.net

## **APPLICATION FOR** MASSAGE PARLOR LICENSE

License Fee:	
Operating Year	

Applicant Informa	ation				
Applicant Name		Applicant	Applicant Phone Number		
Applicant Address			State	Zip	
Length of time applic	ant has lived at above stated address	_			
Citizenship		Date of Bi	Date of Birth		
Occupation			Length of time at stated occupation		
Addresses and occup	ations for the three years preceding the date (	of application:			
<b>.</b>					
	ferences and their addresses if applicant has	not resided in City for tw	o years preceding	the date of	
applicant.					
		•			
including violation of	applicant and any employee has ever been co f a municipal ordinance but excluding traffic v				
nature of the offense. DATE	PLACE OF CONVICTION	NATURE OF OFFI	ENSE		
*Every application fo	or a license shall be filed with the City Admini	strator and at the time of	f each original app	lication for	
	parlors, there shall be paid in full an investige				

refunded.

# City of East Grand Forks Application for Massage Parlor License

Business Information			
Business Name	Business Pi	hone Number	
Business Address	City	State	Zip
Federal Tax ID #	MN Tax ID	· #	<u></u>
The name, address, age and telephone number of each person who shall be emp NAME ADDRESS	oloyed in the	establishment: PHONE #	
*Please provide a list of prior employers of each employee and a short resume massage.	of their prior	experience in the	field of
*Please provide a description of the formal training or apprenticeship, if any, is employees has been involved, together with the name or names of any instructor			his or her
Corporate Information (if applicable)			
Corporate Name	Phone Number		
Corporate Address	City	State	Zip
I hereby certify that I have completely filled out the entire above applicatrue, correct, and accurate.	tion, togeth	er and that the ap	oplication is
Signature of Applicant	Date		
Print Name	Title		
Internal Use Only			
The following items need to be completed and/or attached in order for the applications and the state of the s	cation to be p	processed:	
*□ Short resume for each employee of previous employers *□Description of	of formal trai	ning or apprentices	ship if any.
*□ Copy of certificate/degree/license of massage for each employee			
*□Application fee paid in full & Investigation Fee Payment Type: □ cash □ check # Receipt	#		
*□Application completed in full and signed:			
*□Approved License Number			

### City of East Grand Forks Application for Massage Parlor License

#### Proof of Workers' Compensation Insurance Coverage

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 in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Section 176.181, Subd. 2. The information required is: The name of the insurance company, the policy number, and dates of coverage or the permit to self-insure. This information will be collected by the licensing agency and put in their company file. It will be furnished, upon request, to the Department of Labor and Industry to check for compliance with Minnesota Statute Sec. 176.181, Subd. 2.

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 falsely reported, it may result in a \$1,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry payable to the Special Compensation Fund.

Provide the information specified above in the spaces provided, or certify the precise reason your business is excluded from compliance with the insurance coverage requirement for workers' compensation.

Insurance Company Name:
(Not the insurance agent)
Policy Number or Self-Insurance Permit Number:
Dates of Coverage:
(Or)
am not required to have workers' compensation liability coverage because:
) I have no employees covered by the law.
Other (specify)
HAVE READ AND UNDERSTAND MY RIGHTS AND OBLIGATIONS WITH REGARDS TO BUSINESS LICENSES, PERMITS AND WORKERS' COMPENSATION COVERAGE, AND I CERTIFY THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT.
Signature