



Business Trade Name:

Business Address:

Business Telephone:

Applicant Name:

Name of Corporation, Organization, Partnership, or Individual

DOB (if individual)

Applicant Address:

Street Address

City, State Zip

Applicant Telephone:

Fax:

Email:

License(s) Applied For—Note: An Additional License Addendum MUST Be Filled Out For Each Specific Business License.

- Alarm
- Amusement
- Fireworks
- Gambling – Single Occasion
- Lawn Care

- Liquor
- Massage Business
- Massage Therapist
- Municipal Solid Waste & Recycling
- Special Event

- Tobacco
- Tree Care
- Other: _____

Important

Minnesota Tax ID Number:

Federal Employer Identification Number:

The MN Department of Revenue has requested that we provide MN Tax ID and Federal Employer Identification Numbers to them per Minnesota Statute 270C.72. Please enter your numbers above. If you are an individual applicant without a MN Tax ID Number or Federal Employer Identification Number, please enter your Social Security Number here:

I certify that the information provided is true and correct, and hereby agree to operate said business in accordance with the laws of Minnesota and the City Code of the City of Cottage Grove

Applicant Signature and Title: _____ Date: _____

Massage Therapist
License Addendum

Calendar-year License Fee: **\$100.00** (initial license prorated quarterly).

Investigation Fee: **\$100.00** (initial license only).

Please make your check payable to *City of Cottage Grove*.

Full Legal Name:

Date of Birth:

Name and address of business where you will be employed:

Have you ever been arrested for any crime, felony, misdemeanor or violation of any ordinance other than a minor traffic offense?

If yes, please explain:

Have you ever held a massage certificate in another community?

If yes, where?

Have you ever had a massage certificate denied, suspended, revoked, or cancelled in any other community?

If yes, please explain:

Please attach a copy of your diploma or certificate of graduation in Massage Therapy.

“I declare under the penalties of perjury that the foregoing statements are true to the best of my knowledge and belief.”

Signature:

Date:

City of Cottage Grove
Department of Public Safety

General Authorization and Release of Private Data

I hereby authorize and grant my informed consent to permit the Minnesota Bureau of Criminal Apprehension to release and to make available to the City of Cottage Grove, Minnesota, and/or its agents and/or representative of the following types of private data:

- Criminal History
- Driver's License records for any and all states for which I have or currently am licensed
- Arrest Warrant information, including local, statewide and national sources of information

I understand my rights under Title 5, United States Code Section 552A, and the Minnesota Data Practices Act with regard to access and disclosure of Private Data. I hereby knowingly waive those rights with the understanding that information furnished will be used by the city of Cottage Grove in determining my suitability for licensure.

This authorization shall be valid for a period of one year. I reserve the right to cancel the written authorization at any time prior to the expiration, by providing written notice to the City of Cottage Grove of the fact.

I have provided some form of photo identification (ie. Driver's License, Passport) at time of application.

Full Name (First, Full Middle, Last)		Date of Birth	
Signature		Date	
Current Address			
City		State	Zip
Daytime Phone Number			
Email Address			



CC0515

Mailing Address:
PO Box 64217
St. Paul, MN 55164-0217

Certificate of Compliance Minnesota Workers' Compensation Law

**THIS FORM MUST BE COMPLETED AND SIGNED
BY ALL BUSINESS TYPES**

E-mail: dli.license@state.mn.us
Web Site: www.dli.mn.gov/ccld.asp
Directions: <http://www.dli.mn.gov/Direct.asp>
Phone: (651) 284-5034

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 in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minnesota Statutes, Chapter 176. 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.

CONTRACTOR'S LICENSE or REGISTRATION NO (if applicable)	BUSINESS TELEPHONE NO.	FAX TELEPHONE NO.
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BUSINESS NAME (Use the person(s) name if business structure is sole proprietor or partnership (i.e., John Doe, or John Doe and Jane Doe), otherwise it is the legal name of the business entity.)

DBA NAME (Doing business as name / assumed name – if applicable)

BUSINESS ADDRESS (must be physical street address, no PO boxes)	CITY	STATE	ZIP
COUNTY	E-MAIL ADDRESS		

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

NUMBER 1 – Workers' compensation insurance policy information

INSURANCE COMPANY NAME (not the insurance agent)	NAIC Number	
POLICY NO.	EFFECTIVE DATE	EXPIRATION DATE

NUMBER 2 – Reason for exemption from workers' compensation insurance

If you have questions regarding the need to obtain workers' compensation coverage, including exemptions, contact 651.284.5032:

- I have no employees. (See Minn. Stat. § 176.011, subd. 9 for the definition of an employee)
- I am self-insured for workers' compensation (include a copy of authorization to self-insure from the Minnesota Department of Commerce).
- 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: _____

I certify that the information provided on this form is accurate and complete.

APPLICANT SIGNATURE (mandatory)	TITLE	DATE
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NOTE: You must notify us if there is any change to your Workers' Compensation Insurance Information or Employee Status Change 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.