

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.

Fireworks Sales
Gambling – Single Occasion
Liquor

Massage Business
Massage Therapist
Solid Waste & Recycling

Tobacco
Intoxicating Cannabinoid
Mobile Food Unit

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 or Individual Taxpayer Identification 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: **\$50.00** (initial license prorated quarterly).

Investigation Fee: **\$50.00** (initial license only).

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

New Massage Therapist Applications for the City of Cottage Grove require that proof of at least one of the following education/certification requirements listed below be sent directly from the institution, program, or examining board to the City of Cottage Grove, ATTN: Business Licensing, 12800 Ravine Parkway South, Cottage Grove, MN 55016. Do not submit an application without first making this request. Applications cannot be processed and will be returned if proof of education/certification is not received in a timely manner.

- a. Graduation from an institution or program in massage therapy that is accredited by an accrediting agency recognized by the United States Department of Education.
- b. Passing results of Massage and Bodywork Licensing Examination (MBLEx) administered by the Federation of State Massage Therapy Boards (FSMTB), or the National Certification Exam for Therapeutic Massage (NCETM) or National Certification Exam for Therapeutic Massage & Bodywork (NCETMB) administered by the National Certification Board for Therapeutic Massage and Bodywork (NCBTMB).
- c. Board Certification in Therapeutic Massage & Bodywork (BCTMB) from the National Certification Board for Therapeutic Massage and Bodywork (NCBTMB).

List the education/certification requirement that you meet, and indicate the date that you requested the transcript, examination result, or certification to be sent directly to the City of Cottage Grove:

Name and address of business where you will be employed:

Have you held, or held an interest in, a license in another community, and if so, when, where, and what for?

Have you held, or held an interest in, a license that was suspended or revoked, and if so, when, where, and what for?

Have you been arrested for or convicted of any felony, crime, or violation of any ordinance other than a minor traffic offense, and if so, when, where, and what for?

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 regarding 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.

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

Company		Purpose of Background: LICENSE OR REGISTRATION	
Full Name (First, Full Middle, Last)		Date of Birth	
Current Address			
City	State	Zip	
Daytime Phone Number			
Email Address			
TODAY'S DATE (MUST BE COMPLETED)		SIGNATURE	



Certificate of Compliance

Minnesota Workers' Compensation Law

This form must be completed by the business license applicant.

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

E-mail: dli.license@state.mn.us
Web Site: www.dli.mn.gov
Phone: (651) 284-5034

Print in ink or type

Minnesota Statutes § 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 Minn. Stat. 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.

License or certificate number (if applicable)	Business telephone number	Alternate telephone number
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Business name (Provide the legal name of the business entity. If the business is a sole proprietor or partnership, provide the owner's name(s), for example John Doe, or John Doe and Jane Doe.)

DBA ("doing business as" or "also known as" an assumed name), if applicable

Business address (must be physical street address, no P.O. boxes)	City	State	ZIP code
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County	Email address
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You must complete number 1 or 2 below.

Note: You must resubmit this form to the authority issuing your license if any of the information you have provided changes.

1. **I have a workers' compensation insurance policy.**

Insurance company name (not the insurance agent)

Policy number	Effective date	Expiration date
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I am self-insured for workers' compensation. (Attach a copy of the authorization to self-insure from the Minnesota Department of Commerce; see <https://mn.gov/commerce/industries/insurance/licensing/self-insurance>.)

2. **I am not required to have workers' compensation insurance because:**

- I only use independent contractors and do not have employees. (See [Minn. Stat. § 176.043](#) for trucking and messenger courier industries; [Minn. Stat. § 181.723, subd. 4](#), for building construction; and [Minnesota Rules chapter 5224](#) for other industries.)
- I do not use independent contractors and have no employees. (See [Minn. Stat. § 176.011, subd. 9](#), for the definition of an employee.)
- I use independent contractors and I have employees who are not required to be covered by the workers' compensation law. (Explain below.)
- I only have employees who are not required to be covered by the workers' compensation law. (Explain below.) (See [Minn. Stat. § 176.041](#) for a list of excluded employees.)

Explain why your employees are not required to be covered

I certify the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify I am authorized to sign on behalf of the business.

Print name

Applicant signature (required)	Title	Date
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If you have questions about completing this form or to request this form in Braille, large print or audio.