



**CITY OF VIRGINIA APPLICATION
FOR
MESSAGE LICENSE**

FEE: \$50.00/YEAR

LICENSE YEAR ENDING DECEMBER 31, _____

APPLICANT INFORMATION:

BUSINESS INFORMATION:

First Middle (No Initials) Last

Business Name

Applicant Address

Business Address

City, State, Zip Date of Birth

City, State, Zip Business Phone Number

Applicant Phone Number

Federal Tax ID No. State Tax ID No

Applicant Driver's License No.
(Must submit proof applicant is at least 18 years of age)

Applicant Social Security Number

PLEASE LIST APPLICANT'S PREVIOUS ADDRESS(ES) FOR LAST FIVE YEARS

Applicant Previous Address

Applicant Previous Address

City, State, Zip

City, State, Zip

OWNER(S) INFORMATION:*

* IF APPLICANT IS A CORPORATION, LIST NAME OF CORPORATION EXACTLY AS SHOWN ON ARTICLES OF INCORPORATION; THE NAMES AND RESIDENCES OF EACH OFFICER, DIRECTOR AND SHAREHOLDER HOLDING MORE THAN 10% OF STOCK OF CORPORATION; IF APPLICANT IS A PARTNERSHIP, LIST NAME, ADDRESS AND RESIDENT OF EACH PARTNER.

Name of Corporation, if applicable: _____

First Middle (No Initials) Last

First Middle (No Initials) Last

Owner Address

Owner Address

City, State, Zip Owner's Social Security No.

City, State, Zip Owner's Social Security No.

Owner's Telephone Number

Owner's Telephone Number

DESCRIPTION AND LOCATION OF FACILITIES FOR PROPOSED PLACE OF BUSINESS:

DESCRIPTION OF SERVICES TO BE PROVIDED AT PLACE OF BUSINESS:

Have applicant(s) ever been convicted of any crime or offense, other than a traffic offense. If so, describe the offense, including time, place and date:

Has applicant(s) had license to run massage establishment or similar business in another jurisdiction, and, if so, has the license ever been revoked, suspended or denied:

List method of payment which massage therapists are paid:

PURSUANT TO MINNESOTA STATUTE 270.72 TAX CLEARANCE: ISSUANCE OF LICENSES: THE LICENSING AUTHORITY IS REQUIRED TO PROVIDE TO THE MINNESOTA COMMISSIONER OF REVENUE YOUR MINNESOTA BUSINESS TAX IDENTIFICATION NUMBER AND THE SOCIAL SECURITY NUMBER OF EACH LICENSE APPLICANT. UNDER THE MINNESOTA GOVERNMENT DATA PRACTICES ACT AND THE FEDERAL PRIVACY ACT OF 1974, WE ARE REQUIRED TO ADVISE YOU OF THE FOLLOWING REGARDING THE USE OF THIS INFORMATION:

- 1. THIS INFORMATION MAY BE USED TO DENY THE ISSUANCE, RENEWAL OR TRANSFER OF YOUR LICENSE IN THE EVENT YOU OWE THE MINNESOTA DEPARTMENT OF REVENUE DELINQUENT TAXES, PENALTIES OR INTEREST;**
- 2. UPON RECEIVING THIS INFORMATION, THE LICENSING AUTHORITY WILL SUPPLY IT ONLY TO THE MINNESOTA DEPARTMENT OF REVENUE. HOWEVER, UNDER THE FEDERAL EXCHANGE OF INFORMATION AGREEMENT, THE DEPARTMENT OF REVENUE MAY SUPPLY THIS INFORMATION TO THE INTERNAL REVENUE SERVICES;**
- 3. FAILURE TO SUPPLY THIS INFORMATION MAY JEOPARDIZE OR DELAY THE PROCESSING OF YOUR LICENSING ISSUANCE OR RENEWAL APPLICATION.**

THE UNDERSIGNED HEREBY AGREES TO OPERATE IN THE CITY OF VIRGINIA IN ACCORDANCE WITH THE REGULATIONS GOVERNING BUSINESSES AS SET FORTH IN THE CITY OF VIRGINIA CITY CODE. IT IS UNDERSTOOD THAT FAILURE TO CONFORM OR ABIDE RENDERS THIS LICENSE NULL AND VOID.

SIGNATURE OF APPLICANT

DATE

Subscribed and sworn to before me this
_____ day of _____, 20__.

(NOTARY SEAL)

Notary Signature

Original Application approved by Chief of Police:

Chief of Police Signature

Date Approved

Return this completed application to: City Clerk's Office, 327 1st Street South, Virginia MN 55792