



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had license to run massage establishment or similar business in another jurisdiction, and, if so, has the license ever been revoked, suspended or denied: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

The Minnesota Data Practices Act requires that you be advised of the following information:

As an applicant for a Massage License, you are asked to provide private and/or confidential information about yourself that will be used to check driving history, criminal history, arrest records, warrant information, and other relevant records. You may refuse to provide this information. However, should you refuse, our investigation cannot be completed and will result in your application not being processed. With the exception of your Social Security Number, the information you provide is public and will be used by the City of Virginia and/or the general public. This AUTHORIZATION FOR RELEASE OF INFORMATION will expire two years from the date you sign it.

The data you furnish on the application will be used by the City of Virginia to assess your qualifications for licensure. Disclosure of the information is voluntary. You are not legally required to provide this data; however, if you fail to do so, the City of Virginia may be unable to process this application. Disclosure of your Minnesota Tax ID Number, Social Security Number, or Individual Tax ID Number is required by Minnesota Statutes 270C.72, and your Social Security Number may be requested by and released to the Minnesota Commissioner of Revenue. After submission, all information is pursuant to Minnesota Statutes, Chapter 13.

A SIGNATURE IS REQUIRED IN ORDER TO PROCESS THIS APPLICATION

I, (print name) _____, certify or declare under penalty of perjury, under the laws of the State of Minnesota, that the foregoing is true and correct. All information given is subject to verification by the State of Minnesota. I understand that false information may result in the denial, suspension, or revocation of my business license.

Signature: _____ 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