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The information requested in items 1,2,3 and 9 must be provided for all owners, lessees, operators and massage therapists of the proposed therapeutic massage establishment.

**Insurance:** Each applicant for a license shall file with the city a public liability insurance policy or certificate of insurance from a company authorized to do business in the state of Minnesota, insuring the applicant against any and all loss arising out of the use, operation or maintenance of the therapeutic massage establishment. The policy of insurance shall be in limits of not less than five hundred thousand dollars (\$500,000.00). Failure to keep in full force and effect the insurance required herein is grounds for revocation.

Prior to consideration of the application by City Council, an investigation shall be made by the code enforcement officer and the building official to determine compliance with this chapter of all premises proposed to be licensed, and by the County Sheriff's Department of all persons listed on the license application. **Please attach a copy of your driver's license.**

Applicant and associates in this application will strictly comply with all ordinances of the City. I hereby certify that I have read the foregoing questions and that the answers are true of my own knowledge.

Licenses expire on December 31<sup>st</sup> of each year. Lack of payment of annual licensing fee shall be cause for revocation of license.

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Signature of Applicant

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Date

**License Fees:**

- Single Application: \$200.00
- Corporate Application: \$300.00
- Partnership Application: \$300.00
- Residential Application: Conditional Use Permit (refer to fee schedule for fee)  
(fees include investigation fee)
- Renewal Fee: \$150.00

License # \_\_\_\_\_ Amount Paid \_\_\_\_\_ Date Paid \_\_\_\_\_

Anoka County Sheriff: \_\_\_\_\_ Approve \_\_\_\_\_ Deny \_\_\_\_\_  
City Clerk: \_\_\_\_\_ Approve \_\_\_\_\_ Deny \_\_\_\_\_  
City Council\*: \_\_\_\_\_ Approve \_\_\_\_\_ Deny \_\_\_\_\_

\* Council needs to approve Conditional Use Permit requests only.

# CITY OF ANDOVER TAX CLEARANCE

Pursuant to Minnesota Statute 270.72 Tax Clearance: Issuance of Licenses, the licensing authority required to provide to the Minnesota Commissioners 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 the information 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 Service;
3. Failure to supply this information may jeopardize or delay the processing of your licensing application.

Please supply the following information and return along with your application to the agency issuing the license. **DO NOT RETURN TO THE DEPARTMENT OF REVENUE.**

**License Being Applied for or Renewed:**

Licensing Authority: CITY OF ANDOVER

License Renewal Date: \_\_\_\_\_

**Personal Information:**

Applicant's Name: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

(only required if no TAX ID number)

**Business Information:**

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Minnesota Tax Identification # \_\_\_\_\_

Federal Tax Identification # \_\_\_\_\_

If Minnesota Tax Identification number is not required, please explain. \_\_\_\_\_

Signature: \_\_\_\_\_

Company: \_\_\_\_\_



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**TENNESSEN WARNING**

In connection with your request for a license the City of Andover has asked that you provide information about yourself which is classified as either *private* or *confidential* by the Minnesota Government Data Practices Act (M.S.A. 13.04). Accordingly, the City is required to inform you of the following:

1. The private or confidential information requested includes, but may not necessarily be limited to, the following: *Your social security number or Minnesota business identification number.*
2. The purpose and intended use of the information requested is: *To comply with Minnesota Statutes, Section 270.72.*
3. You are required to supply the requested information.
4. The known consequences of supplying the requested information are as follows: *Loss or denial of the requested license if you owe the State of Minnesota delinquent taxes, penalties or interest.*
5. The known consequences of refusing to supply the requested information is: *Your request for a license cannot be processed.*
6. The following persons and entities are authorized by law to receive the information if provided: *State of Minnesota – Department of Revenue and other government agencies as provided by law.*

**The undersigned, by signing this notice, acknowledges that he/she has read and understood the contents of this notice.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Print Name