



111 Hassan Street Southeast
Hutchinson, MN 55350
(320) 587-5151 Fax: (320) 234-4240

License Fee: \$175

Operating Year: ____

**City of Hutchinson
Application for Massage Service License
(Under Ordinance No. 119)**

Business Information			
_____ <i>Business Name</i>		_____ <i>Phone Number</i>	
_____ <i>Business Address</i>	_____ <i>City</i>	_____ <i>State</i>	_____ <i>Zip</i>
_____ <i>Zoning District</i> <i>*verify the proposed use is allowed in this zoning district</i>			

Corporate Information (if applicable)			
_____ <i>Corporate Name</i>		_____ <i>Phone Number</i>	
_____ <i>Corporate Address</i>	_____ <i>City</i>	_____ <i>State</i>	_____ <i>Zip</i>

Owner(s)/Corporate Officer(s) (list names and addresses of all persons have a beneficial interest in the business/corporation)			
Name: _____	_____		
_____	_____	_____	_____
<i>Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
Name: _____	_____		
_____	_____	_____	_____
<i>Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
<i>*If necessary, list additional owner(s)/corporate officer(s) on a separate sheet of paper</i>			

Lessee (if applicable)			
Name: _____	_____		
_____	_____	_____	_____
<i>Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>

Operators (list all individuals involved in giving massage services)			
Name: _____	_____		
_____	_____	_____	_____
<i>Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
Name: _____	_____		
_____	_____	_____	_____
<i>Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
<i>*If necessary, list additional operators on a separate sheet of paper</i>			

Describe Nature of Massage Business and Massage Services Offered
<hr/> <hr/> <hr/>

Insurance Coverage Information (attach public liability insurance policy or certificate of insurance as required in Section 119.07 of Hutchinson City Code)			
<hr/> <i>Insurance Company</i>	<hr/> <i>Agent's Name</i>		
<hr/> <i>Address</i>	<hr/> <i>City</i>	<hr/> <i>State</i>	<hr/> <i>Zip</i>
<hr/> <i>Phone Number</i>	<hr/> <i>Fax Number</i>		

Background Statement
Have you or any operators been convicted of any crime, misdemeanor, or violation of any municipal ordinance, other than traffic violations? <input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, state nature of offense and punishment or penalty therefore: <hr/> <hr/>

Manager Information (Section 119.06 of Hutchinson City Code requires that the manager of the establishment be "a natural person who is a resident of the City". Please complete the following confirming compliance with this ordinance)			
<hr/> <i>Manager Name</i>	<hr/> <i>Phone Number</i>		
<hr/> <i>Manager Address</i>	<hr/> <i>City</i>	<hr/> <i>State</i>	<hr/> <i>Zip</i>

Checklist (all items must be checked "yes" in order for the application to be processed)	
The following items need to be completed and/or attached in order for the application to be processed:	
Copy of insurance that meets or exceeds limits established in the ordinance:	<input type="checkbox"/> yes <input type="checkbox"/> no
Application fee paid in full (check or money order):	<input type="checkbox"/> yes <input type="checkbox"/> no
Application completed in full and signed:	<input type="checkbox"/> yes <input type="checkbox"/> no

I hereby certify that I have completely filled out the entire above application, together and that the application is true, correct, and accurate.

I fully understand that any person who violates any provision of Chapter 119 of the Hutchinson City Code pertaining to Massage Services is guilty of a misdemeanor and upon conviction thereof shall be punished by a fine not exceeding \$1000.00 or by imprisonment for a period not exceeding 90 days or both, plus, in either case, the costs of prosecution.

_____ <i>Signature of Applicant</i>	_____ <i>Date</i>
_____ <i>Print Name</i>	_____ <i>Title</i>

NOTE: No application will be forwarded to the City Council unless received one week prior to the regular Council meeting, filled out in completion, and fee payment is attached.

Internal Use Only			
Zoning/ Building:	<input type="checkbox"/> approved <input type="checkbox"/> denied	Notes:	_____
Fire	<input type="checkbox"/> approved <input type="checkbox"/> denied	Notes:	_____
Police	<input type="checkbox"/> approved <input type="checkbox"/> denied	Notes:	_____
City Council	<input type="checkbox"/> approved <input type="checkbox"/> denied	Notes:	_____

Release of Information Form

As an applicant for a permit from the City of Hutchinson, Minnesota, I am required to furnish information, which that agency may use in determining my moral, physical, mental, and financial qualifications. In this connection, I hereby expressly authorize release of any and all information, which you may have concerning me, including information of a confidential or privileged nature.

I hereby release the agency with which I am seeking an application for a license, and any organization, company, or person furnishing information to that agency as expressly authorized above, from any liability for damage, which may result from furnishing the information requested.

Applicant's Information (Please Print)			
Name:	_____	_____	_____
	<i>First Name</i>	<i>Middle Name</i>	<i>Last Name</i>
Address:	_____		
	_____	_____	_____
	<i>City</i>	<i>County</i>	<i>State</i> <i>Zip</i>
Date of Birth:	_____	_____	_____
	<i>Month</i>	<i>Day</i>	<i>Year</i>
Place of Birth:	_____	_____	
	<i>City</i>	<i>State</i>	
Social Security Number:	_____		
Driver's License Number:	_____		

Applicant's Signature

Date

*Please allow two weeks lead time for an investigation (this **does not** include time allowed for scheduling a public hearing if necessary, a publication notice and a City Council meeting).

MASSAGE ESTABLISHMENT

Ordinance 119.06 requires that the manager of the establishment be “a natural person who is a resident of the City”. Please complete and sign the following confirming the above.

Establishment Information			
_____		_____	
Establishment Name		Phone Number	
_____		_____	_____
Establishment Address		City	State Zip

Owner/Corporate Information			
_____		_____	
Owner/Corporate Name		Phone Number	
_____		_____	_____
Owner/Corporate Address		City	State Zip

Manager Information			
_____		_____	
Manager Name		Phone Number	
_____		_____	_____
Manager Address		City	State Zip

I declare that the information I have provided on this application is truthful, and I authorize the City of Hutchinson to investigate the information submitted.

Signature of owner or authorized officer of establishment *Date*