



**HUTCHINSON**

A CITY ON PURPOSE.

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

**License Fee: \$185**

**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>			

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

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

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

<b>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)</b>			
 <i>Manager Name</i>		 <i>Phone Number</i>	
 <i>Manager Address</i>	 <i>City</i>	 <i>State</i>	 <i>Zip</i>

<b>Checklist (all items must be checked "yes" in order for the application to be processed)</b>	
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    Signature: _____
Fire	<input type="checkbox"/> approved <input type="checkbox"/> denied    Signature: _____
Police	<input type="checkbox"/> approved <input type="checkbox"/> denied    Signature: _____
City Council	<input type="checkbox"/> approved <input type="checkbox"/> denied    Signature: _____

### 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 <i>(Please Print)</i>			
Name: _____ <div><i>First Name</i>                      <i>Middle Name</i>                      <i>Last Name</i></div>			
Address: _____ _____ <div><i>City</i>                      <i>County</i>                      <i>State</i>                      <i>Zip</i></div>			
Date of Birth: _____ <div><i>Month</i>                      <i>Day</i>                      <i>Year</i></div>			
Place of Birth: _____ <div><i>City</i>                      <i>State</i></div>			
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.

<b>Establishment Information</b>			
_____		_____	
<b>Establishment Name</b>		<b>Phone Number</b>	
_____	_____	_____	_____
<b>Establishment Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>

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

<b>Manager Information</b>			
_____		_____	
<b>Manager Name</b>		<b>Phone Number</b>	
_____	_____	_____	_____
<b>Manager Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>

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*