



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

Business Name

Phone Number

Business Address

City

State

Zip

Zoning District

**verify the proposed use is allowed in this zoning district*

Corporate Information (if applicable)

Corporate Name

Phone Number

Corporate Address

City

State

Zip

Owner(s)/Corporate Officer(s) (list names and addresses of all persons have a beneficial interest in the business/corporation)

Name: _____

Address

City

State

Zip

Name: _____

Address

City

State

Zip

**If necessary, list additional owner(s)/corporate officer(s) on a separate sheet of paper*

Lessee (if applicable)

Name: _____

Address

City

State

Zip

Operators (list all individuals involved in giving massage services)

Name: _____

Address

City

State

Zip

Name: _____

Address

City

State

Zip

**If necessary, list additional operators on a separate sheet of paper*

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Describe Nature of Massage Business and Massage Services Offered

Insurance Coverage Information (attach public liability insurance policy or certificate of insurance as required in Section 119.07 of Hutchinson City Code)

Insurance Company

Agent's Name

Address

City

State

Zip

Phone Number

Fax Number

Background Statement

Have you or any operators been convicted of any crime, misdemeanor, or violation of any municipal ordinance, other than traffic violations?

YES NO

If yes, state nature of offense and punishment or penalty therefore:

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)

Manager Name

Phone Number

Manager Address

City

State

Zip

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: yes no

Application fee paid in full (check or money order): yes no

Application completed in full and signed: yes no

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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.

Signature of Applicant

Date

Print Name

Title

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	
<p>Zoning/Building <input type="checkbox"/> approved <input type="checkbox"/> denied Signature: _____</p>	
<p>Fire <input type="checkbox"/> approved <input type="checkbox"/> denied Signature: _____</p>	
<p>Police <input type="checkbox"/> approved <input type="checkbox"/> denied Signature: _____</p>	
<p>City Council <input type="checkbox"/> approved <input type="checkbox"/> denied Signature: _____</p>	

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* _____