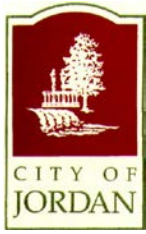


# APPLICATION FOR MASSAGE PERMIT



CITY OF JORDAN  
210 EAST FIRST STREET  
JORDAN, MN 55352  
952-492-2535

APPLICANT  
NAME: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMAIL \_\_\_\_\_

OWNER  
NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

PREVIOUS ADDRESS (5 YEARS): \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

CURRENT EMPLOYERS: \_\_\_\_\_

EMPLOYER ADDRESS: \_\_\_\_\_

PREVIOUS EMPLOYERS NAME, ADDRESS AND DATES (PAST 5 YEARS): \_\_\_\_\_

1. Type of entity:

- Individual
- Corporation
- Partnership
- Other: \_\_\_\_\_

2. Legal description of land in which the proposed massage therapy business will be located along with a plan of the area, showing the dimensions and location of the area: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Street Location of Property (address): \_\_\_\_\_
4. Present zoning of the above described property is: \_\_\_\_\_
5. Floor number, street number and rooms in which the massage therapy will be conducted: \_\_\_\_\_  
\_\_\_\_\_
6. Proof that all real estate taxes have been paid for the property in which the business will be located. If not, what years are unpaid and the amounts past due. \_\_\_\_\_
7. If new construction or remodeling is required, please attach building plans. Included \_\_\_\_ Yes.. \_\_\_\_ No.
8. Name of the business in which the massage therapy will be conducted, if other than the name of the applicant and submit a copy of the certificate as required by M.S 333.02 : \_\_\_\_\_  
\_\_\_\_\_
9. Please attach a copy of your MN State License for Massage Therapy. \_\_\_\_\_  
\_\_\_\_\_
10. Personal Data (this is required as a part of the criminal history background check):  
Height: \_\_\_\_\_  
Weight: \_\_\_\_\_  
Eye Color: \_\_\_\_\_  
Hair Color: \_\_\_\_\_
11. Have you ever been convicted of a crime or violation of any ordinance? \_\_\_\_ Yes \_\_\_\_ No  
If yes, please note the time, place and offence for which the conviction occurred: \_\_\_\_\_  
\_\_\_\_\_
12. Are you a U.S. Citizen or Resident Alien or have legal authority to work in the United States: \_\_\_\_ Yes \_\_\_\_ No  
\_\_\_\_\_
13. Please include any and all previous names or alias used with when and where used:  
\_\_\_\_\_
14. Do you meet the definition of massage therapist in the Jordan City Code 118.03:  
\_\_\_\_\_

I certify the above and attached information is correct.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PROPOSED MEETING DATES: City Council \_\_\_\_\_

**FOR OFFICE USE ONLY**

DATE SUBMITTED: \_\_\_\_\_ DATE COMPLETE: \_\_\_\_\_ IF INCOMPLETE, DATE LETTER SENT TO APPLICANT: \_\_\_\_\_

AMOUNT OF BACKGROUND FEE PAID: \_\_\_\_\_ DATE BACKGROUND FEE PAID: \_\_\_\_\_

AMOUNT OF FEE PAID: \_\_\_\_\_ DATE FEE PAID: \_\_\_\_\_ FILE # \_\_\_\_\_

CITY COUNCIL ACTION: \_\_\_\_\_ APPROVED \_\_\_\_\_ DENIED

DATE OF ACTION: \_\_\_\_\_

DATE APPLICANT/PROPERTY OWNER NOTIFIED OF CITY COUNCIL ACTION: \_\_\_\_\_