



APPLICATION FOR MASSAGE THERAPY 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: _____

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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: _____