



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

Business Information			
_____		_____	
<i>Business Name</i>		<i>Phone Number</i>	
_____		_____	_____
<i>Business Address</i>		<i>City</i>	<i>State</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>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 ( <i>attach public liability insurance policy or certificate of insurance that meets or exceeds limits established in City Ordinance 6.43; Subsection 7</i> )			
<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 (Ordinance 6.43 subsection 6 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 the Massage Services Ordinance No. 6.43 is guilty of a misdemeanor and upon conviction thereof shall be punished by a fine not exceeding \$500 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: _____