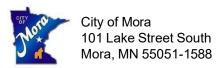
Tel: 320.364.1173 Fax: 320.679.3862

E-mail: n.segelstrom@cityofmora.com

BUSINESS LICENSE APPLICATION Instructions

- 1) Read and follow these instructions carefully.
- 2) If you have any questions contact Natasha Segelstrom, Administrative Service Director at city hall. Her telephone and e-mail address are shown above.
- 3) Fill in all forms completely and accurately. Attach additional information as directed.
- 4) Incomplete applications **will be returned**, <u>do not submit incomplete applications</u>, it will delay the approval process.
- Renewal applications for alcoholic beverage licenses can take up to four weeks to process. New applications for alcoholic beverage licenses will take longer.
- 6) All annual licenses expire at midnight on August 31st each year.
- 7) Complete and sign this **Business License Application** form.
- 8) Complete and sign the attached **Supplemental Application** specific to your license type.
- 9) Complete and sign the attached **Workers' Compensation Certification of Compliance** form.
- **10)** Submit a copy of the **Liability Insurance Certificate AND Liquor Liability Insurance Certificate** if applicable for a liquor license.
- 11) Complete and sign the attached **Alcohol Gambling & Enforcement application** form, if applicable for alcohol and/or tobacco licenses.
- 12) Calculate fees and attach payment made payable to the City of Mora.
- 13) Submit forms, supporting documentation, and payment to the City of Mora at the above address.
- 14) The license, if approved, will be mailed to you.



Tel: 320.364.1173

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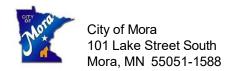
BUSINESS LICENSE APPLICATION

Municipal Use Only
License Number:
Period Covered:
Approval Date:
Term:

	□ New License or □ Renew License					
Na	ime of Applicant (name of	indiv	/idual, pa	rtnership, corporation	on, or ass	sociation):
Ар	plicant Address:					
Ар	plicant City/State/Zip:					
Ар	plicant Phone: Applicant Email Address:					
Ар	plicant Cell Phone:					U.S. Citizen ☐ Yes ☐ No
Αį	oplicant Driver's License Nun	nber:				Applicant Date of Birth:
Вι	ısiness Name/dba:					
Bu	siness Address:					
Bu	siness Phone:			Business Website:		
Mi	nnesota Tax ID Number:			Federal Tax ID Nu	mber:	
Ka	nabec County Parcel/Proper	ty ID	Number:	22.		
IF	OF THE APPLICANT, ATTAC	CH C	OPY OF T	HE CERTIFICATE O	F ASSUM	STYLE OTHER THAN THE NAME ED NAME, AS REQUIRED BY THE SECRETATY OF STATE.
icen:	se Types					
	Liquor On-Sale \$2,200 Liquor Sunday On-Sale \$200 Wine On-Sale \$375 3.2 Beer On-Sale \$125 3.2 Beer Off-Sale \$125 Pawnbroker \$2,000 Massage Therapist \$60 Temporary: Liquor On-Sale / 3 \$75 for one day license	e + \$1	Brew Pu Brewer T Small Br Consum Taxicab Sexually \$5,000 eer On-Sa	Oriented Business le / Liquor Consumpti		Club Liquor On-Sale <200 \$300 Club LQ. On-Sale 201-500 \$500 Club LQ. On-Sale 501-1000 \$650 Club LQ. On-Sale >1000 \$800 Tobacco \$125 Mixed Municipal Solid Waste \$500 Roll-Off Service Solid Waste \$150 lay (Circle ONE)
	pplicant requests the above to 12:0	00 ar	n midnig	ht on the	day d	of
A 11 1		4000				r r

Submittal Checklist
 Completed Business License Application. Completed Supplemental Application Application Fees made payable to "City of Mora". Completed and signed Certificate of Compliance Minnesota Workers' Compensation Law form. Completed and signed Background Investigation Consent Release. Completed Alcohol and Gambling Enforcement, MN Dept. of Revenue, or other requited external organization form(s). Copy of Certificate of Insurance. **Incomplete applications will be returned, do not submit incomplete applications, it will delay the approval process.
time between the application and your first event.
Applicant Signature
I certify that I have read the above questions, and the answers are true and correct to the best of my knowledge.
Signature Date
(FOR CITY USE ONLY) Application Reviewed by City Clerk: □With Conditions □Without Conditions □Not Applicable Comments/Conditions:
Signature: Date:

Application Reviewed by Plannir	ng/Zoning Dept.: □With Condi	tions □Without Conditions □Not Applicable
Comments/Conditions:		
Signature:		Date:
	g Department: □With Conditi	ons □Without Conditions □Not Applicable
Comments/Conditions:		
Signature:		Date:
Application Processed and R	eviewed by Licensing Cle	rk:
Date Filed:	Fee(s) Paid: \$	Receipt Number:
Background Check Submitted:	□Approve □Deny	Property Taxes:
Council Disposition:	Deny Date:	Liganga Numbar(a):
Council Disposition: Approve	Derly Date.	License Number(s):
Licensing Agent Signature:		Date:
Licensing Agent Signature: Comments:		Date

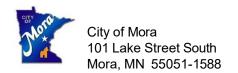


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MASSAGE THERAPIST LICENSE Supplemental Application

dividual name	
Please number & attach requ	uested materials.
Attach a copy of diploma or certificate of graduation from a reco	
Attach a certificate of insurance with liability coverage limits of a	t least \$300,000 per occurrence/\$500,000 aggregate.
☐YES☐NO. Has this person ever applied for or held a license for jurisdiction? If so, describe below (give business name & address)	or massage therapy or similar license in any other ess, jurisdiction name & address, and dates).
☐YES ☐NO. Has this person ever been convicted of a felony or ordinances? If so, describe below (give description of violations	
cknowledgements	
he applicant agrees to abide by all pertinent regulations governing ell as county, state, or federal laws. The applicant further agrees t	to indemnify and hold harmless the city, its agents,
onnection therewith. The city shall in no way be liable for any clair	
ame of Applicant	Title
ignature of Applicant	Date
cl heel ffingron	Attach a copy of diploma or certificate of graduation from a reconcertification from the National Certification Board for Therapeut Attach a certificate of insurance with liability coverage limits of a straight of the National Certification Board for Therapeut Attach a certificate of insurance with liability coverage limits of a straight of the National Certification of the National Certificat



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CERTIFICATION OF COMPLIANCE-MINNESOTA WORKERS' COMPENSATION LAW

Business Legal Name	Date
workers' compensation insurance information is number, and the dates of coverage, or the permiticenses and permits to operate a business may provided and/or is falsely reported. If the require shall result in a \$2,000 penalty assessed agains Department of Labor and Industry. This informative retained in their files.	erate a business or engage in any activity in le evidence of compliance with the workers' of Minnesota Statutes, Chapter 176. The required the name of the insurance company, the policy it to self-insure. This information is required by law. It is information is not be issued or renewed if this information is not be dinformation is not provided or is falsely stated, it is the applicant by the commissioner of the tion will be collected by the licensing agency and
Insurance Company Name:	
Policy Number:	
Dates of Coverage:	
	OR
☐ I am not required to have workers' con	npensation liability coverage because:
	by the workers' compensation law (see Minnesota ees these include spouse, parents, children, and bloyees are not covered:
☐ I am self-insured (include copy of pern	nit to self insure)
I certify that the information provided above is accompensation policy or exception will be kept in	
Name of Applicant	Title
Signature of Applicant	Date

NOTE: If your Workers' Compensation policy is cancelled within the license period, you must notify the city by resubmitting this form.

Tel:320.364.1173 Fax: 320.679.3862

E-mail:n.segelstrom@cityofmora.com

DATA PRACTICES RIGHTS ADVISORY

To License Applicant:

As an applicant for a business license from the City of Mora, you are being asked to provide information about yourself which will be used in evaluating your application for said license. The purpose of this request for information is to obtain information about you to permit the city to thoroughly review, consider, and act upon your application.

Attached are several documents which require your signature and/or personal information about you. You are not legally required to supply any of the data requested or to sign any of the release and authorization forms. However, should you not provide that information, the city may be unable to fully and adequately evaluate your application for said license.

The data which you are being asked to provide is defined to be personal data under the Minnesota Data Practices Act. Some personal data is classified as public data and the remaining information is classified as private data.

Public data is data which is available to any person upon request.

Private data is data which you would be entitled to have access to. A third party is entitled to such data only with your consent, pursuant to court order or statutory provision. The authorizations for information which you sign and the data you provide may be conveyed to third parties. To the extent they reveal private information, they will be disclosed only to the extent that is necessary to do so to complete this employment investigation.

I HAVE RE	AD AND UNDERSTAND THE ABO	VE	
SIGNATURE		DATE	
MUST BE SIGNED BEFORE A NOTARY			
NOTARY SEAL	Subscribed and sworn before me t	aio	
NOTART SEAL		115	
	day of	<u>, </u>	
	Signature of Notary:		
	- e.ga.a. e e. rreta. y.		
	Notary Public for:		
	Notary Fublic for.		
			
	My Commission Expires:		

LUAVE DEAD AND UNDERCTAND THE ADOVE



CITY OF MORA Human Resources Office

General Authorization and Release Pursuant to Minnesota Statute 13.05, Subdivision 4 the Minnesota Data Practices Act

I, hereby authorize and grant my informed consent to permit the
Kanabec County Sheriff's Office and the Minnesota Bureau of Criminal Apprehension to
release to and make available to the City of Mora and/or its agents and/or representatives
data classified as private which concerns me and which may be in your possession. The data
that I authorize to be released consists of private data, as defined by Minnesota Statute
13.02, Subdivision 12, and has been collected by you as a result of my contacts and
associations with you and/or your agents and representatives. The information for which
release is authorized includes ALL DATA which has been collected, created, received,
retained, or disseminated in whatever form which in any way relates to my dealings with you
or your agency. I understand that the purpose of permitting the City of Mora to have access
to this information is to determine suitability for \square employment \square a business license, with the
city. I further understand that this information may subsequently be utilized for other purposes
relating to my possible employment/licensing with the city, including verification of my
records and analysis by consultants to the city who may review my suitability for
employment/licensing.

I hereby authorize and grant my informed consent to permit you to make photocopies for the City of Mora of data which concerns me and is in your possession.

This authorization shall be valid for a period of one year, but I reserve the right to, at any time prior to that expiration, cancel the written authorization by providing written notice to the city or to you of that fact. A photocopy of this authorization will be treated in the same manner as the original.

Please provide the following information required to perform background/reference checks. Failure to provide this information may prevent the city from determining your suitability for employment/licensing.

FULL NAME			DATE OF BIRTH
FORMER/MAIDEN NAME OR ALIASES			1
STREET ADDRESS		CITY	STATE ZIP
SOCIAL SECURITY NUMBER		DRIVERS LICENSE NUMBER	I
		ND UNDERSTAND THE ABOV ed before a Notary Public)	E
SIGNATURE			DATE
STATE OF MINNESOTA,)) ss.		
COUNTY OF) 55.		
Before me thisday c	f	, 20	, personally appeared
statements contained herein a			did depose and say that all of the
			(Notary Public)

CHAPTER 120: MASSAGE THERAPISTS

Section

120.01	Purpose and intent
120.02	Definitions
120.03	License required
120.04	General provisions
120.05	License requirements
120.06	Investigation
120.07	License fee
120.08	Denial of license
120.09	Home occupation

§ 120.01 PURPOSE AND INTENT.

120.99 Penalty

- (A) The purpose and intent of this chapter is to establish standards to protect health, safety and general welfare of the people of the City of Mora through regulation of the persons performing massage therapy.
 - (B) The principal objective of this chapter is to provide standards for the training and insuring of massage therapists.

(Ord. 401, passed 12-21-2010)

§ 120.02 DEFINITIONS.

For the purpose of this chapter, the following definitions shall apply unless the context clearly indicates or requires a different meaning.

MASSAGE THERAPIST. An individual, other than a person licensed as a medical doctor; chiropractor; osteopath; podiatrist; licensed nurse; physical therapist; athletic director or trainer; or beautician or barber who confine his/her treatment to the scalp, face and neck; who for compensation practices and provides massage therapy.

MASSAGE THERAPY. The method of treating the superficial parts of the human body by rubbing, pressing, stroking, kneading, tapping, pounding, vibrating or stimulating with the hand or any instrument.

(Ord. 401, passed 12-21-2010)

§ 120.03 LICENSE REQUIRED.

It shall be unlawful for any individual to perform or provide massage therapy services within the city without first obtaining a license to do so and except as provided for in this chapter.

(Ord. 401, passed 12-21-2010) Penalty, see § 120.99

§ 120.04 GENERAL PROVISIONS.

- (A) Scope. This chapter shall apply to all individuals performing massage therapy.
- (B) Exceptions. The following persons are exempt from licensing under this chapter.
- (1) Any person who is licensed by the Minnesota Board of Medical Practice or the Minnesota Board of Chiropractic Examiners shall not be required to obtain a license for massage therapy if said person provides proof of licensure to the City Clerk upon request.
- (2) Any person who is working for or an employee of a medical professional licensed by the Minnesota Board of Medical Practice or the Minnesota Board of Chiropractic Examiners shall not be required to obtain a license for massage therapy if said person provides proof of said employment to the City Clerk upon request.
- (3) Any person who is licensed by another governmental jurisdiction shall not be required to obtain a license for massage therapy if said person provides proof of said licensure to the City Clerk upon request. This exemption is limited to a total of seven (7) days of work within the city without a city license per calendar year.

(Ord. 401, passed 12-21-2010)

§ 120.05 LICENSE REQUIREMENTS.

- (A) *Application*. All applications, new and renewal, shall be made on forms provided by the City Clerk and shall include the following information in addition to that required by § 110.02 of the City Code.
- (1) The name of all other jurisdictions where the applicant has been licensed for massage therapy or similar activity and the dates the applicant was licensed;
- (2) A description of any crime or other offense, including the time, place, date, and disposition, for which the applicant had been arrested.
 - (B) Education and training.
- (1) Each applicant shall provide a diploma or certificate of graduation evidencing completion of five hundred (500) or more hours from a recognized school of massage therapy which:
- (a) Is either accredited by a recognized educational accrediting association or agency, or is licensed by the state or local governmental agency having jurisdiction over the school; and
- (b) Offers course work or degree programs in physical therapy, anatomy, physiology, physical culture, massage, hydrotherapy and hygiene; and
 - (c) Has for its purpose, either wholly or in part, the teaching of theory, method, work or profession of massage; and
 - (d) As a prerequisite of graduation, requires clinical experience.
- (2) In lieu of a diploma or certificate of graduation from a recognized school of message therapy the applicant may submit a current certification from the National Certification Board for Therapeutic Massage and Bodywork evidencing successful completion of one of the following exams:
 - (a) The National Certification Examination for Therapeutic Massage and Bodywork (NCETMB); or
 - (b) The National Certification Examination for Therapeutic Massage (NCETM); or
 - (c) The National Examination for State Licensure (NESL) option.
 - (C) Proof of insurance.
- (1) Each applicant shall provide a certificate of insurance issued by an insurance company licensed to do business in the State of Minnesota showing the applicant to be currently covered by a liability insurance policy. The minimum limits of coverage for such insurance shall be:
 - (a) Each claim, at least three hundred thousand dollars (\$300,000).

- (b) Each group of claims, at least five hundred thousand dollars (\$500,000).
- (2) Such insurance shall be kept in force during the term of the license and shall provide for notification to the city prior to termination or cancellation. Any license issued hereunder shall automatically be revoked upon notice of termination or cancellation of such insurance and shall remain revoked until or unless other insurance is provided as required herein.

(Ord. 401, passed 12-21-2010) Penalty, see § 120.99

§ 120.06 INVESTIGATION.

At the time of an applicant's initial application for a license under this chapter the city shall conduct a background investigation of the applicant to determine if the applicant is eligible for said license. At the time of the initial application for a license under this chapter the applicant shall pay, in full, an investigation fee.

(Ord. 401, passed 12-21-2010)

§ 120.07 LICENSE FEE.

The annual license fee for massage therapy and the initial application investigation fee under this chapter shall be an amount set by the City Council from time to time.

(Ord. 401, passed 12-21-2010)

§ 120.08 DENIAL OF LICENSE.

No license shall be issued to an applicant who:

- (A) Is under eighteen (18) years of age;
- (B) Has been convicted of any crime directly related to the occupation and has not shown competent evidence of sufficient rehabilitation and present fitness to perform the duties and responsibilities of a licensee as prescribed by M.S. § 364.03, Subd. 3;
 - (C) Owes taxes, assessments, or other financial claims to any governmental agency that are due and delinquent.

(Ord. 401, passed 12-21-2010)

§ 120.09 HOME OCCUPATION.

Whenever massage therapy is conducted in a residential area as a home occupation, the person(s) conducting the business shall adhere to all aspects of the zoning code in relation to home occupations.

(Ord. 401, passed 12-21-2010) Penalty, see § 120.99

§ 120.99 PENALTY.

Any person who violates any provision of this chapter shall be guilty of a misdemeanor and shall be punished as provided in § 10.99. Each day the violation continues shall be considered a separate offense punishable by a separate penalty.

(Ord. 401, passed 12-21-2010)