

Initial Fee: \$200.00 – for up to 3 years
Renewal Fee: \$100 for 3-year period

CITY OF BELLE PLAINE
218 NORTH MERIDIAN STREET/P.O. BOX 129, BELLE PLAINE, MN 56011
PHONE 952-873-5553 FAX 952-873-5509

MASSAGE THERAPY ESTABLISHMENT APPLICATION

Business name _____

Business address _____

Applicants name _____ Date of Birth _____

Alias or other name used _____

Applicant street address _____

Applicant city, state, zip

Applicant's previous address

Applicant phone no. _____ Email _____

- Provide a layout of the building and the location of the massage therapy rooms.
- Provide a list of equipment and furnishings associated with the massage establishment.
- Provide a list of all employees associated with the massage establishment.

The City Building Official will be contacting you to arrange an inspection of your facility. See attached sample inspection form for reference.

Applicant Signature _____ Date

FOR OFFICE USE ONLY

Inspection performed and approved _____ Date _____
(Building Official)
 Application approved by _____ Date _____
Amount Paid _____ Receipt No. _____ Date _____



**MESSAGE ESTABLISHMENT INSPECTION
BY BUILDING OFFICIAL**

Name of Establishment _____

Name of Business Owner _____ Phone _____

Address _____

Building Owner _____

PASS FAIL

 Current Certificate of Insurance on file (309.11 subd1).

 Zoning District - B-2 Highway or B-3 Central Business District or CUP (309.07 #1).

 City of Belle Plaine Massage License(s) on display (309.07 #6).

 All employees over the age of 18 (309.07 #7).

 No alcohol or controlled substances on premises (309.07 #3).

 Acceptable sanitation (309.07 #2).

 Acceptable building and maintenance (309.07 #13 and 309.10).

 Massage room doors unobstructed & not equipped with a locking device (309.10).

License Issuance/Renewal Approved

License Issuance/Renewal Denied
**Applicant must call 952-873-5655
for re-inspection.**

Building Official

Date

