THERAPEUTIC MASSAGE ENTERPRISE
LICENSE APPLICATION - PART I

City of Savage | 6000 McColl Drive, Savage, MN 55378 | Office: 952-882-2660 | Fax: 952-882-2656

If applicant is an individual, it shall be completed by a such person; if a corporation; by an officer; if a partnership, by one of the general partners; if an unincorporated association or organization, by the manager or managing officer.

Type of Applicant			
☐ Individual	☐ Partnership	☐ Corporation	☐ Other:
Legal Name of Applicant			

BUSINESS INFORMATION

Enterprise Business Name			
Address	City	State	Zip
County	Phone No.		

Attach: 1.) If business is to be conducted under a designation, name or style other than the name of the applicant, attach a certified copy of the Certificate of Assumed Name. (M.S333.02) **2.)** A list of owners and their respective percentages totaling 100 percent. **3.)** Documentation establishing the applicant's interest in the premises on which the enterprise will be located. Documentation shall be in the form of a lease, a deed, a Contract for Deed, or any other document which establishes the applicant's interest in the premises.

Federal Business Tax ID No.	MN Business Tax ID No.
Applicant's Social Security No.	

Proof of Insurance: Worker's Compensation Insurance Coverage

Insurance Company Name	Dates of Coverage
Policy No./Self-Insurance Permit No.	

I'm not required to have workers' compensation liability coverage because:

☐ I have no employees covered by law	☐ Other *(Please specify below)*

Attach: Proof of Insurance

SECTION I : APPLICANT

INDIVIDUAL APPLICANT

If applicable, complete this question and Part II Personal History form. Then proceed to Section II.

Full Name		Maiden Name	
Address	City	State	Zip
County	Phone No.		
Business Address	City	State	Zip
County	Business Phone No.		

PARTNERSHIP

If applicable, complete this question for general and limited partners, then proceed to Section II. A Part II History form is required from each general partner.

Attach: 1.) A certified copy of the Partnership Agreement. **2.)** A certified copy of a Certificate of assumed Name, if applicable. **3.)** Documentation related to each general and limited partner's interest in the partnership.

Full Name		Maiden Name	
Address	City	State	Zip
County	Phone No.		
Business Address	City	State	Zip
County	Business Phone No.		
Full Name		Maiden Name	
Address	City	State	Zip
County	Phone No.		
Business Address	City	State	Zip
County	Business Phone No.		
Full Name		Maiden Name	
Address	City	State	Zip
County	Phone No.		
Business Address	City	State	Zip
County	Business Phone No.		

CORPORATION / OTHER ORGANIZATION

Corporation/Organization Name			
Address	City	State	Zip
County	Phone No.		
Home Office Address	City	State	Zip
County	Home Office Phone No.		

OFFICERS OF CORPORATION / OTHER ORGANIZATION

Attach: 1.) A certified copy of Certificate of Incorporation/Organization. **2.)** Foreign corporations attach a copy of Certificate of Authority, as required by Minnesota Statues, Section 303.06. **3.)** A certified copy of a Certificate of Assumed Name, if applicable.

President Full Name		Maiden Name	
Address	City	State	Zip
County	Phone No.		
Vice President Full Name		Maiden Name	
Address	City	State	Zip
County	Phone No.		

Officers of Corporation / Other Organization continued...			
Secretary Full Name		Maiden Name	
Address	City	State	Zip
County	Phone No.		
Treasurer Full Name		Maiden Name	
Address	City	State	Zip
County	Phone No.		

SECTION II : PERSONS IN CHARGE OF LICENSED PREMISES

Part II Personal History form must be completed and filed with this application by each person in Section II.

General manager, proprietor, managing partner or any other individual or agent in charge of the licensed premises.

Full Name		Maiden Name	
Address	City	State	Zip
Phone No.	Position		
Full Name		Maiden Name	
Address	City	State	Zip
Phone No.	Position		

SECTION III : PREMISES

All applicants complete this section.

If the premises is planned, under construction or undergoing substantial alteration, the application shall be accompanied by a set of preliminary plans showing the proposed design. If the plans are on file with the Building Inspections Department, no additional plans need to be filed.

Legal description of premises to be licensed *(Submit plan showing dimensions, building locations, street access and parking facilities).*

State the floor number, street number and all rooms or suite numbers where massage services will be conducted *(Attach a floor plan showing dimensions and clearly identified rooms).*

How is the premises zoned under the Savage Zoning Ordinance?

Are any real estate taxes, personal property taxes, special assessments or other financial claims of the state, country, school district or City of Savage delinquent or unpaid for the premises to be licensed? *(If yes, give years and unpaid amounts)*

☐Yes ☐No	**Year**	**Unpaid Amount**
	Year	**Unpaid Amount**

SECTION IV : BUSINESS ASSETS

The amount of the investment that the applicant has in the business, building, premises, fixtures, furniture, and equipment, and proof of the source of such investment. The identity of all other persons investing in the business, building, premises, fixture, furniture and equipment, the amount of their investment and proof of the source of such investment.

Amount of investment by applicant **$**

Amount of investment by other persons **$**

Complete the following uses and the source of funds schedule for the planned opening investment of the proposed enterprise by the person(s) investing in the enterprise. Loans or extensions of credit provided to fund the opeing investment require submission of loan or credit commitment documentation. If acquiring an existing business, attach a copy of the purchase agreement. Round amounts to the nearest dollar.

A. Use of Funds		**B. Sources of Funds**	
Operating capital for daily needs *Opening checking account balance, cash register balances, funds to carry average accounts receivable and prepaid; i.d. insurance, rent.*	**$**	Indebtedness owed to seller *Seller provides portion of financing to acquire existing business.*	$
Merchandise/inventory for resale	**$**	Loans from financial institutions	$
Business property: a.) Land and buildings *(enter zero if rented)* b.) Equipment and furnishings	**$**	Loans from relatives Loans from other individuals	$ $
Other uses of funds, if any *Describe each below*		Other outside sources, if any *Describe each below*	
_____	$ _____	_____	$ _____
_____	$ _____	_____	$ _____
_____	$ _____	_____	$ _____
Total requirements *Must equal total of column B*	**$**	Total sources and investment *Must equal total of column A*	$

Ownership by only one individual (Sole Proprietorship) **requires submission of personal financial statement**, including annual income details, and most recently submitted federal income tax return.

Ownership by two or more individuals (Partnership) **requires each individual to submit personal financial statement**, including annual income details, most recently submitted federal income tax return, and partnership financial statement, including income statement.

Ownership by a corporation **requires submission of most recent annual report and/or corporate audited financial statements, plus most recently completed corporate tax return.** (If no audit is completed, include unaudited financial statements.)

SECTION VI : MASSAGE THERAPISTS

Information of each person employed or who the applicant intends to employ as a massage therapist at the premise.

Full Name		Maiden Name	
Address	City	State	Zip
Date of Birth	Position	Phone No.	
Full Name		Maiden Name	
Address	City	State	Zip
Date of Birth	Position	Phone No.	

Attach: Copy of the person(s) massage therapy license issued by the City and any other jurisdiction, if any, and documentation to evidence compliance with City Code §114.02, Massage Therapist, (3).

NOTICE

The data on this form will be used to approve or deny your license application. Some requested data is private pursuant to the Minnesota Government Data Practices Act. Private data is available to you and City staff or officials who require the information to perform their duties, but is not available to the public. You are no legally required to provide this data, but this City may not be able to approve your application if you do not provide it.

I hereby acknowledge that I have reviewed Chapter 114 of the City Code, Therapeutic Massage Enterprises and Therapists Regulations, and the City zoning requirements for said businesses, as provided in Chapter 152.171 of the City Code, and am familiar with the provisions thereof.

The information I have provided on this application is truthful. I understand that the falsification or misrepresentation of information submitted with my application, including failure to reveal a criminal conviction, constitutes grounds for denial of the license. I authorize the City of Savage to verify any and all of the information requested on this application, including the ordering of criminal background checks, and to conduct any necessary investigation to assure this application complies with the City's licensing and zoning ordinances.

_____

Applicant Signature

Subscribed and sworn to before me, a Notary Public, on this _____ day of _____, 20_____.

Commission expires on _____.

_____

Notary Signature

BACKGROUND INVESTIGATION

DATA PRACTICES ADVISORY FOR PROTECTED INFORMATION

City of Savage | 6000 McColl Drive, Savage, MN 55378 | Office: 952-882-2660 | Fax: 952-882-2656

Read this Advisory before completing the consent for release information and providing the protected information on the reverse side.

As an applicant for a license/permit with the City of Savage, you are being asked to provide information about yourself that will be used to evaluate your eligibility to obtain a license/permit.

The purpose and intended use of the data requested on the reverse side is to conduct the background inquiries that this City uses to establish your eligibility to obtain a license/permit. A complete criminal history and driver's license check is conducted to determine whether there are any factors that affect your suitability for a license/permit.

DATA WE HAVE REQUESTED	INTENDED USE
All names you are known by, or have been known by	To conduct a complete criminal history and background check
Date of birth	To access driver's license and criminal history data
Gender	To access driver's license and criminal history data
Driver's license number	To access driver's license data

This data will be used solely for the above-mentioned purposes. This data will be forwarded to the appropriate City staff as determined necessary for completion for the background investigation.

You are not legally required to provide the requested information. However, if you do not, the City of Savage will be unable to conduct the required background inquiries and will not be able to issue a license/permit.

I have read and understand the information stated above.

_____ _____

Applicant Signature **Date**

CONSENT FOR RELEASE OF INFORMATION
IN ACCORDANCE WITH MSA 13.05, SUBD. 4(D)

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I, _____, authorize the City of Savage Police Department to release criminal history data, as defined by Minnesota Statute 13.87, subd. 1 and driver's license and traffic record data to the City Clerk for the City of Savage. I understand that some of this data may be classified as private data under Minnesota statutes and I hereby give my informed consent to the release of that private data by the City of Savage Police Department to the City Clerk for the City of Savage.

This consent for the release of data is for the purpose of determining my eligibility to obtain a license/permit with the City of Savage. This information cannot be used for any other purposes.

I may revoke this authorization in writing at any time and in no event will it be valid for more than one year from the date below.

Signature of Individual Authorizing Release **Date**

PLEASE COMPLETE THE FOLLOWING INFORMATION			
First		Middle	
Last			
Sex	Date of Birth		
Address			
City	State	Zip	
Drivers License No.		State Issued	
Please list any other names you are or have been known by:			
Employer			

I certify that all statements by me on this form are true and complete. I understand that any false statements or omissions on this form shall be sufficient cause for rejection of my application for a license/permit.

I hereby authorize the City of Savage to use this information to determine my eligibility to obtain a license/permit.

Applicant Signature **Date**

Certificate of Compliance
Minnesota Workers' Compensation Law

THIS FORM MUST BE COMPLETED BY THE BUSINESS LICENSE APPLICANT

PRINT IN INK or TYPE.

Minnesota Statutes, Section 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minnesota Statutes, Chapter 176. If the required information is not provided or is falsely stated, it shall result in a $2,000 penalty assessed against the applicant by the commissioner of the Department of Labor and Industry.

A valid workers' compensation policy must be kept in effect at all times by employers as required by law.

LICENSE or CERTIFICATE NO (if applicable)	BUSINESS TELEPHONE NO.	FAX TELEPHONE NO.

BUSINESS NAME (Use the person(s) name if business structure is sole proprietor or partnership (i.e., John Doe, or John Doe and Jane Doe), otherwise it is the legal name of the business entity.)

DBA ("doing business as" or also known as an assumed name) (if applicable)

BUSINESS ADDRESS (must be physical street address, no PO boxes)	CITY	STATE	ZIP CODE

COUNTY	E-MAIL ADDRESS

YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WITHOUT THE FOLLOWING INFORMATION. *You must complete number 1 or 2 below.*

NUMBER 1 – Workers' compensation insurance policy information

INSURANCE COMPANY NAME (not the insurance agent)		NAIC Number

POLICY NO.	EFFECTIVE DATE	EXPIRATION DATE

NUMBER 2 – Reason for exemption from workers' compensation insurance

If you have questions regarding the need to obtain workers' compensation coverage, including exemptions, contact 651.284.5032 or 1-800-342-5354.

☐ I have no employees. (See Minn. Stat. § 176.011, subd. 9 for the definition of an employee.)

☐ I am self-insured for workers' compensation (attach a copy of the authorization to self-insure from the Minnesota Department of Commerce).

☐ I have employees but they are not covered by the workers' compensation law. (See Minn. Stat. § 176.041 for a list of excluded employees.) Explain why your employees are not covered:

_____

☐ Other: _____

I certify that the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify that I am authorized to sign on behalf of the business.

PRINT NAME		

APPLICANT SIGNATURE (required)	**TITLE**	**DATE**

NOTE: You must notify us if there is any change to your Workers' Compensation Insurance Information or Employee Status Change by resubmitting this form. This material can be made available in different forms, such as large print, Braille or on a tape.