



THERAPEUTIC MASSAGE ENTERPRISE LICENSE APPLICATION - RENEWAL

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

If **any** information has changed from the previous application submission, applicant **must** complete a new license application.

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			
<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> Other:
Legal Name of Applicant			
BUSINESS INFORMATION			
Enterprise Business Name			
Address	City	State	Zip
County	Phone No.		
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>(Per MN Statute Section 176.182)</i>			
I'm not required to have workers' compensation liability coverage because:			
<input type="checkbox"/> I have no employees covered by law		<input type="checkbox"/> Other <i>(Please specify below)</i>	
Attach: Proof of Insurance <i>(Required by City Code §114.05)</i>			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are there any real estate taxes, personal property taxes, special assessments or other financial claims of the State, County, School District or City of Savage delinquent or unpaid for the premises to be licensed? If yes, list years and unpaid amounts below. Please attach additional sheet if needed.		
Year	Unpaid Amount \$		

SECTION I : APPLICANT**INDIVIDUAL APPLICANT**

If applicable, complete this question then proceed to Section II.

Full Name <i>(First, Middle, Last)</i>		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.

Full Name <i>(First, Middle, Last)</i>		Maiden Name	
Address	City	State	Zip
County	Phone No.		
Business Address	City	State	Zip
County	Business Phone No.		

Full Name <i>(First, Middle, Last)</i>		Maiden Name	
Address	City	State	Zip
County	Phone No.		
Business Address	City	State	Zip
County	Business Phone No.		

Full Name <i>(First, Middle, Last)</i>		Maiden Name	
Address	City	State	Zip
County	Phone No.		
Business Address	City	State	Zip
County	Business Phone No.		

CORPORATION / OTHER ORGANIZATION

If applicable, complete this question for general and limited partners, then proceed to Section II.

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

President Name <i>(First, Middle, Last)</i>		Maiden Name	
Address	City	State	Zip
County	Phone No.		
Vice President Name <i>(First, Middle, Last)</i>		Maiden Name	
Address	City	State	Zip
County	Phone No.		
Secretary Name <i>(First, Middle, Last)</i>		Maiden Name	
Address	City	State	Zip
County	Phone No.		
Treasurer Name <i>(First, Middle, Last)</i>		Maiden Name	
Address	City	State	Zip
County	Phone No.		

SECTION II : PERSONS IN CHARGE OF LICENSED PREMISES

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

Name <i>(First, Middle, Last)</i>		Maiden Name	
Address	City	State	Zip
Phone No.	Position		
Name <i>(First, Middle, Last)</i>		Maiden Name	
Address	City	State	Zip
Phone No.	Position		

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.

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

Commission expires on _____.

Applicant Signature

Notary Signature



CERTIFICATION OF COMPLIANCE MINNESOTA WORKERS COMPENSATION

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

Minnesota Statute, 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 or engage in an activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers compensation insurance coverage requirements of MSS Chapter 176. The information required is: the name of the insurance company, the policy number, and dates of coverage or the permit to self-insure. This information, required by law, is to be collected by the licensing agency and retained in their files. Licenses and permits to operate a business may not be issued or renewed if it is not provided and/or is falsely reported. Furthermore if this information is not provided or is falsely stated, it may result in a \$1,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry.

INSURANCE INFORMATION			
Insurance Company Name <i>(Not Insurance Agent)</i>			
Policy No.			
Dates of Coverage		From	To
<input type="checkbox"/> I am not required to have workers compensation liability coverage because:			
<input type="checkbox"/> I have no employees.			
<input type="checkbox"/> I am self-insured <i>(Please include copy of permit to self-insure).</i>			
<input type="checkbox"/> I have no employees who are covered by the Workers Compensation Law <i>(These include spouse, parents, children and certain farm employees).</i>			
GENERAL INFORMATION			
Applicants Name <i>(First, Middle, Last)</i>		Phone No.	
Home Address	City	State	Zip
Business Name		Business Phone No.	
Business Address	City	State	Zip
Email			
I certify that the information provided is accurate and complete and that a valid Workers Compensation Policy will be kept in effect at all times as required by law.			
Applicants Signature		Date	



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)

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

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