



## City Offices

6000 McColl Drive, Savage, MN 55378 | Phone: 952-882-2660 | Fax: 952-882-2656

### NEW THERAPEUTIC MASSAGE ENTERPRISE LICENSE APPLICATION

#### CHECKLIST OF REQUIRED APPLICATION MATERIALS

The following materials must be submitted to the City Clerk for consideration of your Therapeutic Massage Enterprise License Application:

- Completed Therapeutic Massage Enterprise License Application form
  - Part I (5 Pages)
  - Part II (3 Pages)
- Proof of Insurance Coverage for *at least* one million dollars (\$1,000,000) for public liability against any and all loss arising out of the use, operation, or maintenance of the therapeutic massage enterprise
- Data Practices Warning form
- Background Investigation form
- Consent for Release of Information form
- Certification of Compliance – MN Workers Compensation
- Certified copy of the Certificate of Assumed Name/M.S333.02 (***if business is to be conducted under a designation, name or style other than the name of the applicant***)
- List of owners and their respective percentages totaling 100%
- Documentation establishing the applicant's interest in the premises on which the enterprise will be located (Examples: lease, deed, Contract for Deed, or any other document which establishes the applicant's interest in the premises)
- (***For general or limited partners only***) Certified copy of the Partnership Agreement
- (***For general or limited partners only***) Certified copy of a Certificate of Assumed Name
- (***For general or limited partners only***) Documentation related to each general and limited partner's interest in the partnership
- Certified copy of Certificate of Incorporation/Organization
- (***Foreign corporations only***) Certificate of Authority, as required by Minn. Stat. 303.06
- Certified copy of Certificate of Assumed Name, *if applicable*
- (***If acquiring an existing business***) Copy of Purchase Agreement

## NEW THERAPEUTIC MASSAGE ENTERPRISE LICENSE APPLICATION CHECKLIST OF REQUIRED APPLICATION MATERIALS -- CONTINUED

- Personal financial statement (for sole proprietorship) including annual income details and most recently submitted federal income tax return
    - Partnership* requires each individual to submit personal financial statements, 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.)
  - Copy of the massage therapy license(s) issued by the City or any other jurisdiction, for each person employed or who you intend to employ as a massage therapist at the premises.
  - Consent for Release of Information form
  - Certification of Compliance – MN Workers Compensation
  - Certified copy of the Certificate of Assumed Name/M.S333.02 (***if business is to be conducted under a designation, name or style other than the name of the applicant***)
  - List of owners and their respective percentages totaling 100%
  - Non-refundable fee of \$250
  - License fee of \$150 (Additional location: \$50)
- License expires on the last day of February each year, regardless of the date issued



**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		Former Name	
Address	City	State	Zip
County		Phone #	
Business Address	City	State	Zip
County		Business Phone #	

Full Name		Former Name	
Address	City	State	Zip
County		Phone #	
Business Address	City	State	Zip
County		Business Phone #	

Full Name		Former Name	
Address	City	State	Zip
County		Phone #	
Business Address	City	State	Zip
County		Business Phone #	

**CORPORATION / OTHER ORGANIZATION**

Corporation/Organization Name			
Address	City	State	Zip
County		Phone #	
Home Office Address	City	State	Zip
County		Home Office Phone #	

**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 Statutes, Section 303.06. **3)** A certified copy of a Certificate of Assumed Name, if applicable.

President Full Name		Former Name	
Address	City	State	Zip
County		Phone #	
President Full Name		Former Name	

Address	City	State	Zip
County		Phone #	
Secretary Full Name		Former Name	
Address	City	State	Zip
County		Phone #	
Treasurer Full Name		Former Name	
Address	City	State	Zip
County		Phone #	

**SECTION II: PERSONS IN CHARGE OF LICENSED PREMISES**

Part II 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		Former Name	
Address	City	State	Zip
Position		Phone #	
Full Name		Former Name	
Address	City	State	Zip
Position		Phone #	

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

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 V: MESSAGE THERAPISTS**

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

Full Name	Former Name		
Address	City	State	Zip
Date of Birth	Position		Phone #
Full Name	Former Name		
Address	City	State	Zip
Date of Birth	Position		Phone #

Attach: Copy of the person(s) massage therapist 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.

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**Applicant Signature**

**Date**



# DATA PRACTICES WARNING

## DATA PRACTICES ADVISORY FOR PROTECTED INFORMATION

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

### **Read before completing this packet.**

As an applicant for a license/permit at the City of Savage, you are being asked to provide information about yourself which will be used in evaluating your suitability for licensure/permit. The purpose of this request is to obtain information about you to allow us to thoroughly analyze your qualifications and suitability for licensure/permit.

Attached are several documents which ask for your signature and/or personal information. 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 determine your suitability for license/permit with this agency which may in turn reduce the chance you may have for licensure/permit with this agency.

Under Minn. Statute § 13.04 subd. 2, names and the designated contact address and telephone number are public data and available upon request. All other information provided on your application prior to licensure approval is classified by law as private data and is accessible to you, but not to the public. Upon license approval, all information provided on your application, except for: date of birth, social security, non-designated or secondary contact address and telephone number, financial data, state and federal tax ID's, or data classified under Minn. Statute § 13.02 subd. 12 as private or subd. 13 as protected nonpublic, is public data.

Private data may be distributed to and used by personnel of the City of Savage who are involved directly and/or indirectly in the approval/denial of, and maintenance of records on licenses/permits. The data may be used and disseminated to individuals or agencies specifically authorized access to the data by state, local or federal law or when approved by the State Commissioner of Administration or by you. Public data is available to any person upon written request to the City of Savage.

This information will be maintained through the time of your licensure/permit with the City of Savage and thereafter. If granted a license/permit, the City may request that you supply this information at additional times in the future for the purpose indicated above. This information may also need to be updated periodically.

### **I HAVE READ AND UNDERSTAND THE DATA PRACTICES ADVISORY.**

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**Applicant Signature**

---

**Date**





# BACKGROUND INVESTIGATION DATA PRACTICES ADVISORY FOR PROTECTED INFORMATION

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

Read this Advisory before completing the attached Consent for Release of Information and providing the protected information on said form.

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 Consent for Release of Information 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
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, 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			
Date of Birth			
Address			
City	State	Zip	
Driver's License No.			State Issued
Please list any other names you are or have been known by:			
Business/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**



# 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	
<b>I am not required to have workers compensation liability coverage because:</b>			
<input type="checkbox"/>	I have no employees.		
<input type="checkbox"/>	I am self-insured (Please include copy of permit to self-insure).		
<input type="checkbox"/>	I have no employees who are covered by the Workers Compensation Law (These include spouse, parents, children and certain farm employees).		
GENERAL INFORMATION			
Applicants Full Name		Phone No.	
Home Address	City	State	Zip
Business Name		Phone No.	
Business Address	City	State	Zip
Email			
<b>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.</b>			
Applicants Signature		Date	



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6000 McColl Drive  
Savage, MN 55378

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cityofsavage.com

**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 office.**

### SECTION 1: APPLICANT

Full Name		Former Name	
Address		City	State Zip
County		Driver's License #	
Phone #		Date of Birth	Place of Birth
Email			
Yes	No	Are you a U.S. Citizen? If yes, but birthplace was not in the U.S., please provide a Certificate of Naturalization, Certificate of Citizenship, or current passport. IF no, present proof of immigration/employment status.	
Yes	No	Have you ever used or been known by a name or names other than the name given above? If yes, list such name(s) and information concerning dates and places used:	
		Name(s)	Date(s)
		Place(s) used	
Yes	No	Have you ever been convicted of any felony, crime, or violation of any ordinance other than a minor traffic offense? If yes, provide the time, place, and offense:	
		Time	Place Offense
Yes	No	<b>Have you ever had an interest in, as an individual or as a part of a corporation, partnership, association, enterprise, business or firm, a massage license that was revoked or suspended with the last five (5) years?</b>	
		If yes, explain:	
Yes	No	Have you made an application for a massage therapist license which was denied?	
		If yes, state the circumstances and location(s):	
Address		City	State Zip
Address		City	State Zip
<b>CURRENT / PAST EMPLOYERS</b>			
Employer		Start Date	End Date
Address		City	State Zip
Employer		Start Date	End Date
Address		City	State Zip

**MARTIAL STATUS**

Married      Single      Divorced      Widowed

Complete the following questions as they apply

Spouses Full Name		Former Name	
Address	City	State	Zip
County		Phone #	
Date of Birth	Place of Birth		

**Address(es) in which your spouse has lived during the preceding five (5) years, if different.**

Address	City	State	Zip
Address	City	State	Zip
Address	City	State	Zip
Address	City	State	Zip
Address	City	State	Zip

**Business(es) and occupation in which your spouse has been engaged in during the preceding five (5) years.**

Employer		Start Date	End Date
Address	City	State	Zip
Employer		Start Date	End Date
Address	City	State	Zip
Employer		Start Date	End Date
Address	City	State	Zip
Employer		Start Date	End Date
Address	City	State	Zip
Employer		Start Date	End Date
Address	City	State	Zip

Yes      No

**Has your spouse been engaged in the operation of massage services? If yes, furnish name, place, and length of time of the involvement in such an establishment.**

Employer		Start Date	End Date
Address	City	State	Zip

Yes      No

**Has your spouse ever had a massage-related license suspended or revoked in the preceding five (5) years? If yes, provide the date, reason, and where the suspension or revocation took place.**

Date	Reason	Place of Suspension or Revocation	
Address	City	State	Zip

Date	Reason	Place of Suspension or Revocation
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Address	City	State	Zip
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**Applicant Signature** **Date**

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Attached are several documents which ask for your signature and/or personal information. 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 determine your suitability for license/permit with this agency which may in turn reduce the chance you may have for licensure/permit with this agency.

Under Minn. Statute § 13.04 subd. 2, names and the designated contact address and telephone number are public data and available upon request. All other information provided on your application prior to licensure approval is classified by law as private data and is accessible to you, but not to the public. Upon license approval, all information provided on your application, except for: date of birth, social security, non-designated or secondary contact address and telephone number, financial data, state and federal tax ID's, or data classified under Minn. Statute § 13.02 subd. 12 as private or subd. 13 as protected nonpublic, is public data.

Private data may be distributed to and used by personnel of the City of Savage who are involved directly and/or indirectly in the approval/denial of, and maintenance of records on licenses/permits. The data may be used and disseminated to individuals or agencies specifically authorized access to the data by state, local or federal law or when approved by the State Commissioner of Administration or by you. Public data is available to any person upon written request to the City of Savage.

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**Applicant Signature**

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**Date**



# BACKGROUND INVESTIGATION DATA PRACTICES ADVISORY FOR PROTECTED INFORMATION

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DATA WE HAVE REQUESTED	INTENDED USE
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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, MN 55378 | Office: 952-882-2660 | Fax: 952-882-2656

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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			
Date of Birth			
Address			
City	State	Zip	
Driver's License No.			State Issued
Please list any other names you are or have been known by:			
Business/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**