

**CTIY OF CHASKA  
MASSAGE THERAPY BUSINESS LICENSE  
ONE CITY HALL PLAZA  
CHASKA, MN. 55318  
952-448-9200**

**APPLICATION FOR A MASSAGE THERAPY BUSINESS LICENSE**

This is your application packet. Included here are the instructions, as well as the necessary application forms. Please read through these instructions carefully before filling out the forms. Also included with this application is a copy of City of Chaska Ordinance Chapter 12, Article IV, Sections 81 through 94, Massage Parlors, Saunas, Steam Baths, and Heath-Bathing Rooms. Applicants should be aware that once all requested paperwork has been submitted, there are two phases to the local license approval process:

1. Police Investigation

- A background check by the Chaska Police Department on all applicants must be completed before the application for license can be put before the City Council for consideration of approval.
- The police investigation will not proceed until all of the paperwork requested herein has been submitted.
- A minimum of two weeks must be allotted for said investigation.

2. Chaska City Council Approval

- The Chaska City Council must approve the application at a regularly scheduled Council meeting. The City Council meets on the first and third Mondays of the month, and the fifth Monday of the month, if necessary.

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**PART I – GENERAL INFORMATION**

.....

Name of applicant (name of individual, partnership, corporation) \_\_\_\_\_

Business Name \_\_\_\_\_

(If business is to be operated under a name or designation other than name of the applicant, **attach** a copy of the certificate required by Minn. Stat. 333.01 and 333.02)

Business Address \_\_\_\_\_

\_\_\_\_\_  
(Include floor number and rooms where massage services are to be conducted)

Phone Number \_\_\_\_\_

Type of Applicant:    ( ) Natural Person (individual)    ( ) Partnership    ( ) Corporation/ LLC

**NATURAL PERSON (INDIVIDUAL)**

If applicant is a **natural person (individual)**, state full name.

Full Name \_\_\_\_\_

**(A Part II – “Personal Information” form must be filled out and attached.)**

**PARTNERSHIP**

If the applicant is a **partnership**, state full names of each member of the partnership.

Full Name \_\_\_\_\_ Interest \_\_\_\_\_ %

Full Name \_\_\_\_\_ Interest \_\_\_\_\_ %

Full Name \_\_\_\_\_ Interest \_\_\_\_\_ %

**(A Part II – “Personal Information” form must be filled out and attached for each of the individuals listed above.)**

**ATTACH a copy of Partnership Agreement**

**CORPORATION OR ASSOCIATION**

Name \_\_\_\_\_ State of Incorporation \_\_\_\_\_

Full names and titles of all officers or persons with a financial interest of five percent or more of said corporation.

Full Name \_\_\_\_\_ Title \_\_\_\_\_ Interest \_\_\_\_\_ %

Full Name \_\_\_\_\_ Title \_\_\_\_\_ Interest \_\_\_\_\_ %

Full Name \_\_\_\_\_ Title \_\_\_\_\_ Interest \_\_\_\_\_ %

Full Name \_\_\_\_\_ Title \_\_\_\_\_ Interest \_\_\_\_\_ %

**(A Part II – “Personal Information” form must be filled out and attached for each of the individuals listed above.)**

**ATTACH a copy of Certificate of Incorporation**

**ON-SITE MANAGER OR AGENT**

(Takes full responsibility for the conduct of the licensed premises and operation; and serves as the business’s agent for purposes of services of notices and other processes related to the license by the City.)

Full Name \_\_\_\_\_

**(A Part II – “Personal Information” form must be filled out and attached.)**

State legal description of the premises to be licensed. (Attach plan of the area showing dimensions, location of buildings, street access, and parking facilities).

\_\_\_\_\_

What is the zoning of the business location? \_\_\_\_\_

Name, address and telephone number of the owner of the building wherein the licensed business will be located, if the owner is other than the applicant.

Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Where the building is owned by other than the applicant, attach copy of lease.

Are any real estate taxes, personal property taxes, special assessments, or other financial claims of the City of Chaska delinquent or unpaid for the premises to be licensed?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, give details \_\_\_\_\_

\_\_\_\_\_



Please provide (with application) the following:

Check item(s)

Submitted

\_\_\_\_\_ \$500.00 Background Investigation Fee

\_\_\_\_\_ \$300.00 License Fee/Per Year – January through December

\_\_\_\_\_ Copy of your general liability insurance providing minimum coverage of \$300,000 combined single limit per occurrence

**CERTIFICATION OF COMPLIANCE  
MINNESOTA WORKERS' COMPENSATION LAW**

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 in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement 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 will be collected by the licensing agency and put in their company files.

This information is required by law, and 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 and/or 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 Company Name: \_\_\_\_\_  
(NOT the insurance agent)

Policy Number: \_\_\_\_\_

Dates of Coverage: \_\_\_\_\_ to \_\_\_\_\_  
OR

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

- ( ) I have no employees.
- ( ) I am self insured (include permit to self-insure)
- ( ) I have no employees who are covered by the workers' compensation law  
(these include: Spouse, Parents, Children and certain farm employees)

I certify that the information provided above is accurate and complete and that a valid workers' compensation policy will be kept in effect at all times as required by law.

Name: \_\_\_\_\_  
(Last, First, Middle)

Doing Business As: \_\_\_\_\_  
(Business name if different than your name)

Business Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<p><b>DATA PRIVACY NOTICE:</b> The data you supply on this form will be used to access your qualifications for the license. You are not legally required to provide this data, but we will not be able to grant the license without it. The data requested is not private data under the data privacy law. The data you supply will constitute a public record, and copies may be obtained by anyone.</p>
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**STATE OF MINNESOTA  
LICENSE APPLICANT INFORMATION**

Under Minnesota law (M.S. 270.72), the agency issuing you this license is required to provide to the Minnesota Commissioner of Revenue your Minnesota business tax identification number and the Social Security number of each license applicant.

Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we must advise you that:

- ⇒ This information may be used to deny the issuance, renewal or transfer of your license if you owe the Minnesota Department of Revenue delinquent taxes, penalties, or interest;
- ⇒ The licensing agency will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Act, the Department of Revenue is allowed to supply this information to the Internal Revenue Service;
- ⇒ Failing to supply this information may jeopardize or delay the issuance of your license or processing your renewal application.

Please fill in the following information and return this form along with your application to the agency issuing the license. Do not return this form to the Department of Revenue.

Please print or type

Type of License Being Applied For \_\_\_\_\_ Massage Therapy Business License \_\_\_\_\_

Licensing Authority \_\_\_\_\_ City of Chaska, Minnesota \_\_\_\_\_

License Renewal Date \_\_\_\_\_

**Personal Information:**

Applicant's Full Name \_\_\_\_\_ Social Security Number \_\_\_\_\_  
First, Middle, Last

Applicant's Address \_\_\_\_\_  
Street, City, State, Zip Code

**Business Information (if applicable):**

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_  
Street, City, State, Zip Code

Minnesota Tax Identification Number (Sales & Use Tax) \_\_\_\_\_

Federal Tax Identification Number \_\_\_\_\_

If a Minnesota tax identification number is not required, please explain on the reverse of this form.

\_\_\_\_\_  
Signature Title Date

**CITY OF CHASKA  
MASSAGE THERAPY BUSINESS LICENSE  
ONE CITY HALL PLAZA  
CHASKA, MN. 55318  
952-448-9200**

**IN SUPPORT OF AN APPLICATION FOR A MASSAGE THERAPY BUSINESS LICENSE**

**PART II – PERSONAL INFORMATION**

**This form must be filled out by the sole owner, by each partner, officer, by each manager, proprietor or other person with management responsibilities for the premises, by each person who by combined ownership or control has an interest in a corporation in excess of 5%.**

Name \_\_\_\_\_  
                    First                                      Middle                                      Maiden                                      Last

Address \_\_\_\_\_  
                                    Street    City    State

Phone Number \_\_\_\_\_

Place of Birth \_\_\_\_\_ Date of Birth \_\_\_\_\_  
                                    (City, State)

Are you a U.S. Citizen or legally permitted to be in the U.S.? Yes \_\_\_\_\_ No \_\_\_\_\_  
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.

Have you ever been known by a name other than the true name given above? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list name(s) and information concerning dates and places used \_\_\_\_\_

\_\_\_\_\_

Driver License Number \_\_\_\_\_ State \_\_\_\_\_

Other States in which you have had a driver's license: \_\_\_\_\_

Have you ever been convicted of any crime or violation of any ordinance?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, give information as to time, place and offense for which convictions were had.

\_\_\_\_\_

\_\_\_\_\_

Have you ever had a massage therapist or massage therapy business-related license in the City or another jurisdiction suspended or revoked in the last ten years?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain in detail \_\_\_\_\_

\_\_\_\_\_



Have you ever been denied a massage therapist or massage therapy business-related license in the last ten years?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain in detail \_\_\_\_\_

What is the cash investment being used to purchase the business? Amount \$ \_\_\_\_\_

What is the source of this cash? (Loan, Personal Savings, Family etc.) \_\_\_\_\_

Address(es) at which you have lived during previous five years. (Begin with present and work back).

Address

City and State

Dates

Names and addresses of your employers for the preceding five years. (Begin with present or last one first and work back.)

Employers or Partners

Street Address

City and State

Dates

**Personal and Corporate Banking Information:**

Applicant's Name: \_\_\_\_\_

Trade Name(s) of DBA: \_\_\_\_\_

Name of Banking Facility (s): \_\_\_\_\_

Address(s) and Phone Number(s) of Banks:

Checking Account Number(s) \_\_\_\_\_

In order to complete a full investigation, the Chaska Police Department must also have the following information:

1. Copies of your income tax forms for the last three years for each individual, partnership, and/or corporation.
2. Letters of commitment from any financial institution that will be lending moneys being used for the purchase of or supplying the business.
3. Copy of the purchase agreement or lease agreement.
4. Articles of Incorporation.
5. Copy of a valid driver's license or identification card issued by a state of the United States or a province of Canada that includes the photograph and date of birth of the applicant; OR A valid military identification card issued by the United States Department of Defense; OR A valid passport issued by the United States or another country if the applicant is a foreign national.

**DATA PRIVACY NOTICE:**

The data you supply on this form will be used to access your qualifications for the license. You are not legally required to provide this data, but we will not be able to grant the license without it. The data requested is not private data under the data privacy law. The data you supply will constitute a public record, and copies may be obtained by anyone.

I have read the Data Privacy Notice above and understand that the data is necessary to process the application.

I declare that the information I have provided on the application is truthful and I understand that falsification of answers on this application will result in denial of the application. I authorize the City of Chaska to investigate and make whatever inquiries that are necessary to verify the information provided.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_  
Notary Signature

**General Authorization and Release  
Pursuant to Minn. Stat. 13.05, Subd. 4  
Minnesota Data Practices Act**

I, \_\_\_\_\_, birth date \_\_\_\_\_, hereby authorize and grant my informed consent to permit you, Chaska Police Department, to release to and make available to the City of Chaska and/or its agents and/or representatives data classified as private which concerns me and which may be in your possession.

I understand that the Chaska Police Department will be conducting a background investigation on me, and that this information (data), in addition to the information in my application, will be considered in determining whether or not to grant approval of my application.

I understand that my records are protected under Federal and State privacy regulations and cannot be disclosed without my written consent unless otherwise provided for by law.

I understand the data, which I authorize to be released consists of private data, as defined by Minn. Stat. 13.02, Subd. 12, and has been collected by you as a result of my contracts and associations with the Chaska Police Department or other law enforcement agencies, including but not limited to criminal history data. The information for which release is authorized includes all data, which has been collected, created, received, or retained by you in connection with the background investigation you performed in connection with my application.

I understand that the purpose of permitting the City of Chaska to have access to this information is to determine my suitability to engage in the following enterprise:           Massage Therapy Business          

I further understand that this information may subsequently be utilized for other purposes relating to my possible authority to engage in the above-stated enterprise in the City, including verification of my records and analysis by consultants to the City who may review my suitability for the above stated enterprise.

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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

I:MessageBusinessAppl2016