



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



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 5, Article 5.12, Sections 5.12.010 through 5.12.140, Massage Establishments, 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 three 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 1 - 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

Email: _____

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 _____

Names of each person employed as a massage therapist at the premise.

An individual Massage Therapist License application is required from each therapist. Each therapist must provide:

- Proof of membership with the American Massage Therapy Association, the Associated Bodyworks and Massage Professionals, or other national organization of therapeutic massage professionals which has a similar written and enforceable code of ethics,
- Have insurance coverage of one million dollars (\$1,000,000) for personal liability in the practice of therapeutic massage,
- Have a minimum of four hundred (400) hours of class credits from a massage therapy school accredited by one of the national organizations listed above,
- Payment of the annual permit fee.

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

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).

<u>Address</u>	<u>City and State</u>	<u>Dates</u>

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

<u>Employers or Partners</u>	<u>Street Address</u>	<u>City and State</u>	<u>Dates</u>

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.



OPERATING MANAGER (IF DIFFERENT THAN OWNER)

BACKGROUND INVESTIGATION CONSENT RELEASE

1 City Hall Plaza, Chaska MN 55318

(952) 448-9200

As the designated Operating Manager, I hereby give my consent for a personal background investigation, to include a criminal history check, to be used in the determination of whether my application is to be approved. The results of such investigation shall be made public pursuant to appropriate City Council approval or denial of the license application. I understand that I am under no legal obligation to consent to such investigation, but that my refusal to consent may be the basis for denying my application.

Operating Manager Information

First Name Middle Name Last Name

Home Address:

City/State/Zip:

Home Phone: Business Phone:

Date of Birth: Place of Birth:

Driver's License Number State Social Security Number:

Physical Attributes:

Sex Race Height Weight Eye Color Hair Color

Other Known Names:

Have you ever been convicted of a crime relating to this type of license? YES NO

If yes, state jurisdiction, type of violation and disposition:

TENNESSEN WARNING: In connection with your request for a license, the City has asked that you provide information about yourself which may be classified as private, confidential, nonpublic, or protected nonpublic under the Minnesota Government Data Practices Act. This means that this data is not ordinarily available to the general public. Accordingly, the City is required to inform you of the following:

1. The purpose and intended use of the information requested is to determine if you are eligible for a license from the City of Chaska
2. You are not legally obligated to supply the requested information.
3. The known consequences of supplying the requested information is that the information or further investigation could disclose information which could cause your application to be denied.
4. The known consequences of refusing to supply the requested information is that your request for a license cannot be processed.
5. A criminal charge, arrest, or conviction will not necessarily bar you from obtaining a license with the City, unless the conviction is related to the matter for which the license is sought, according to Minnesota Statute 364.03. However, failure to reveal the requested criminal information will be considered falsification of the application and may be used as grounds for the denial of the application.
6. Other governmental agencies necessary to process your application are authorized by law to receive the information provided.
7. The City is required by law to furnish some of this information to the Department of Labor and Industry and the Minnesota Commissioner of Revenue.

The undersigned, by signing this notice, acknowledges that he/she has read and understood the contents of this notice and has received a copy of this notice.

Operating Manager Signature Date:

These statements are true, correct and are made with the knowledge that this information may be made public. False disclosures are subject to perjury proceedings and forfeiture of the license application.



City of Chaska

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

1 City Hall Plaza, Chaska MN 55318

(952) 448-9200

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 required workers' compensation insurance information is the name of the insurance company, the policy number, and the dates of coverage, or the permit to self-insure.

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 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. This information will be collected by the City and retained in the files.

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

Please supply the following information and return along with your application:

Business Name <i>(Use Applicant name if not affiliated with a company):</i>	License or Permit Number:
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DBA *(doing business as name, if applicable):*

Business Address/City/State/Zip:

YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WITHOUT THE FOLLOWING INFORMATION.

NUMBER 1 – Complete if insured by business:

Insurance Company Name *(NOT the Agency or Agent):*

Workers' Compensation Insurance Policy Number:	Effective Date:	Expiration Date:
NOTE: If your Workers' Compensation policy is cancelled within the license or permit period, you must notify the agency who issued the license or permit by resubmitting this form.		

NUMBER 2 – Complete if self-insured:

- I have attached a copy of the permit to self-insure.

NUMBER 3 – Complete this portion if exempt:

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

- I have no employees
- I have employees but they are not covered by the workers' compensation law. (See MN Stat. 176.041 for a list of excluded employees.) Explain why your employees are not covered: _____

- Other: _____

ALL APPLICANTS COMPLETE THE FOLLOWING SECTION:

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.

Applicant Signature	Title	Date
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