CITY OF CHASKA
APPLICATION FOR
THERAPEUTIC MASSAGE BUSINESS LICENSE

License application review and approval process may take up to ***60 days***. Business licenses are issued after approval by City Council and once background investigation is complete. Refer to City Code Chapter 5 Article 5.12 for ordinance details. Tax ID required per MN Statute 270C.72. Facility inspection may be required. Incomplete applications *will not* be accepted. Approved licenses are valid through December 31st and renewed annually. **Fees are nonrefundable.**

Enclosed with completed notarized application:

License Year: _____

- Massage Establishment License fee $300 (Renewal $300)
- Background check fee $500
- Completed and signed Request for Background Check Information form
- Color copy of Driver's license or government-issued ID
- Massage Therapist License fee $150
  - A separate application must be submitted for each massage therapist, see Massage Therapist Application form
  - Certified copy of Therapeutic Massage Training certificate or transcript from U.S. accredited school with minimum of 400 hours of completed training
  - Proof of Membership in a bodywork's association
  - Proof of professional massage liability insurance (coverage $1,000,000)

1) **Full** Name of Business: _____

If business is conducted under a designation or assumed name, attach a certified copy of the certificate as required by MN Stat. § 333.01 and §333.02.

2) Business Type: ☐ Individual ☐ Corporation ☐ Partnership ☐ Other _____

3) Address of the Business to be licensed: _____

4) Description of the premises to be licensed: _____

5) Business Phone Number: _____

6) Business Email Address: _____

7) Minnesota Tax Identification #: _____

8) Federal Tax Identification #: _____

9) Applicant's **Full** Name: _____
Last First Middle

10) Applicant's Date of Birth: _____

11) Applicant's Phone Number: _____

12) Applicant is: ☐ Owner ☐ Manager ☐ Other: _____

13) Has applicant been convicted of a crime (other than a traffic violation) within the last five (5) years?

☐ Yes ☐ No

If Yes, list Offense(s) with Dates & Location(s):

_____

_____

_____

14) Has applicant previously been denied a license to perform massage services, or had a license revoked or suspended?

☐ Yes ☐ No

If Yes, list Date(s) & Location(s) of such denial, revocation, or suspension:

_____

_____

_____

15) List the Name, Location and Type of every business or occupation applicant has been engaged in during the preceding five years.

_____

_____

_____

16) Does applicant have any training or experience in performing massage services? Include certifications, degrees, diplomas, or educational coursework.

_____

_____

_____

17) Full Name of Owner of Premises *(if different from applicant)*: _____

18) Address of Owner of Premises *(if different from applicant)*: _____

19) Owner's Phone Number *(if different from applicant)*: _____

20) If partnership, list names and addresses of all partners. Include a copy of the Partnership Agreement.

_____

_____

21) If corporation, state names, addresses and birthdates of all officers and directors. Include a copy of the Articles of Incorporation and Secretary of State's Certificate of Good Standing.

_____

_____

22) Description of services (include specific techniques, equipment) to be provided and of goods, if any, to be sold: _____

_____

a. If goods are sold, source of supply: _____

23) Business Hours of Operation: _____

24) Other communities where applicant has been licensed or applied to be licensed & status:

_____

_____

_____

25) List the names and addresses of three (3) persons, residents of the State of Minnesota of good moral character, not related to the applicant or financially interested in the licensee's premises who may be referred as to applicant's character:

1) _____

2) _____

3) _____

DATA PRACTICES ADVISORY: *The data supplied in this application will be used to assess the qualifications for a license. This data is not legally required but the City will not be able to grant the license without it. If a license is granted, the data will constitute a public record.*

I hereby certify that the foregoing statements are true and correct to the best of my knowledge and that the giving of false information or the failure to give pertinent information constitutes cause for revocation of this permit. Further, I agree to comply with all the provisions of the ordinance under which this license is granted. No other persons than those named in this application have any interest in the management and control of such business.

Applicant's Signature: _____ Date: _____

Subscribed and sworn to before me, a notary public, on this _____ day of _____, 20_____

_____

NOTARY PUBLIC

My Commission expires: _____

Return completed application and requested information along with the fee to:

City of Chaska
Attn: Business Licenses
1 City Hall Plaza
Chaska, MN 55318

Make check or money order payable to "City of Chaska"
VISA, MasterCard, Discover accepted.
(3% service charge on credit cards)

----This license will expire on December 31st----

City of Chaska

BACKGROUND INVESTIGATION CONSENT RELEASE

1 City Hall Plasa, Chaska MN 55318 (952) 448-9200

As a license applicant, I consent to a personal background investigation, including a criminal history check, for the purpose of determining whether my license application should be approved. I understand that the results may be made public as part of the City's approval or denial process. I understand that I am not legally required to consent, but refusal may result in denial of my application.

Type of License: **Massage**

Owner 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.

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.

Findings by Chaska Police Department:

- ☐ Recommend Approval
- ☐ Recommend Denial
- ☐ See Attached

Additional Comments:

_____

_____

_____

Police Chief Signature: _____