

License Application Guidelines and Checklist

Application Type: Massage and Bodywork Establishment, Commercial

Definition: A business which offers massages for customers. The following need a license:

Commercial Massage and Bodywork Establishments have one or more massage therapists. They can be employees or independent contractors. The license is assigned to one location. Examples include:

- a company specializing in massage services
- a hair salon that offers massage services
- an athletic club or hotel with massage services

Home-Based Massage and Bodywork Establishments or Single Operator Massage and Bodywork Establishments: Use the [Home Based / Single Operator Massage Establishment license application](#).

Home-Based Massage and Bodywork Establishments offer massage services from an individual's home. The license is assigned to one location. The business can have one or more massage therapists.

Single Operator Massage and Bodywork Establishments are owned and operated by one individual. They provide massage services from a rented office, studio or room. Single operators may not have any massage therapist employees or independent contractors. The license is assigned to one location. Examples include:

- A massage therapist working in a studio/office space by themselves.
- A spa/salon that has one or more single operators in one business location. These therapists are not employed or paid by the spa/salon owner. The single operators rent space from the owner.

Massage and bodywork: Any method of using hands or devices to

- apply pressure on or friction against
- rub, stroke, knead, tap or roll

external parts of the human body. It may include the use of

- rubbing (isopropyl) alcohol, liniment, ointment
- antiseptic oil, powder, cream or lotion

It includes, but is not limited to many manual therapies, such as

- Asian bodywork therapies
- massage therapy
- movement therapies

A license is not required for

- chiropractic or physical therapy
- surgery, osteopathy, or podiatry

Massage Therapist: An individual who provides massage and bodywork services. Examples include:

- Single operators who own their own massage business. A [Single Operator Massage](#) license is required.
- Employees who are paid by a massage employer. No license is required in Minneapolis or by the state.
- Independent contractors who are paid for their services by a massage business. They do not rent space. No license is required in Minneapolis or by the state.

Zoning approval is required for all Massage and Bodywork Establishment Commercial applications. Call 311 to verify your location is approved for massage and bodywork.

1. Application Requirements

1. Complete the application and include all the requirements listed below. Incomplete applications may be returned. You may send your application by email (businesslicenses@minneapolismn.gov), US mail, or drop it off at our office.
2. There is a [fee](#), plus a new license processing charge, for this application. You can pay by
 - Cash:** Drop off your application at our office.
 - Check:** Mail or drop off your application at our office.
 - Credit Card:** Mail, drop off or email your application to businesslicenses@minneapolismn.gov. **Do not add your credit card information on this application.** We will call you to securely charge your credit card.
3. **Attach an 8 ½” by 11” copy of floor plans/scaled diagram with square footage** showing the design of the premises to be licensed. Include the location of the building(s), the portion of the building intended to be used as a massage establishment center, layout of rooms, lobby, and furnishings.
4. **Source of Funds** – Complete Form #1. Provide relevant documents indicating the source of funds to begin operating the business. Include expenses (equipment, payroll, etc.) and financial resources (bank statements, credit/loan documents, etc.).
5. **Health Plan:** Are you opening or converting a space into a new massage business? Yes No
 - If yes, you must email a [Massage/Body Art Plan Review Form](#) to EnvironmentalHealthPermit@minneapolismn.gov. There is a [fee](#) for this review. **This is a separate review and we cannot approve your license until it is completed.**
 - If you have questions, call 612-673-3000 or email EnvironmentalHealthPermit@minneapolismn.gov.
 - No, I am taking over an existing massage business.
6. **Business Plan for Massage and Bodywork Establishments** (Form #2)
7. **Personal Information Form (#3)** Attach a completed form from the applicant and each owner, partner, officer, shareholder & on-site manager.
8. **Ownership Information**
 - Sole Proprietorship: Provide a copy of certificate of assumed trade name.
 - Partnership or Shareholder: Provide a copy of the signed and executed partnership agreement.
 - Corporation: Provide a copy of the Certificate of Incorporation, Articles of Incorporation, by-laws and Certificate of Authority if a foreign corporation.
9. **Attach a copy of the Lease Agreement, Bill of Sale, Purchase Agreement, Contract for Deed, Loan Agreements, and/or Promissory Notes** for the business and/or building.
10. **Sewer Availability Charge (SAC):** The Metropolitan Council charges a fee for new or upgraded sewer connections. You can [find out online](#) if a SAC is due for your address. You can also [fill out your form online](#). If you have questions, call 612-673-3000 or email development@minneapolismn.gov.
 - Attach a copy of your SAC Determination Letter.

2. Applicant Information

Legal Company Name	Business Name/DBA		
Name (Last, First, MI)	<input type="checkbox"/> Owner <input type="checkbox"/> Partner <input type="checkbox"/> On Site Manager		
Business Address	City	State	Zip Code
Mailing Address (if different than business address)	City	State	Zip Code
E-mail Address	Cell Phone Number	Business Telephone Number	
Minnesota Sales Tax ID Number (Required)	Social Security Number or Individual Tax ID (ITIN) (Required)		
Type of Ownership: <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Non-Profit	Date of Incorporation	State of Incorporation	
Is this business publicly traded? <input type="checkbox"/> Yes <input type="checkbox"/> No	Proposed Opening Date:		

3. Business Information

License(s) Requested:

<input type="checkbox"/> Starting a new business in a new building. (New Business)	<input type="checkbox"/> Adding a new license to an existing business. (New License)
<input type="checkbox"/> Starting a new business in an existing building. (New Business) Name of Previous Tenant: _____	<input type="checkbox"/> Taking over an existing business. (New Owner) Name of existing business: _____
<input type="checkbox"/> Changing Equipment.	<input type="checkbox"/> Remodeling Only.

4. Owners

List all owners and partners. Ownership must add up to 100%. Attach additional sheets if necessary.

Full Name: Last, First, Middle		Telephone	
Home Address	City	State	Zip
Title	Date of Birth	Ownership %	
Full Name: Last, First, Middle		Telephone	
Home Address	City	State	Zip
Title	Date of Birth	Ownership %	
Full Name: Last, First, Middle		Telephone	
Home Address	City	State	Zip
Title	Date of Birth	Ownership %	

Full Name: Last, First, Middle		Telephone	
Home Address	City	State	Zip
Title	Date of Birth	Ownership %	

5. Company Operations

Days and Hours of Operation:	Gross Square Footage for Business Use:
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Give us a description of the services and products at your business.

You may not have any live entertainment. You may have radio, television, or electronically reproduced music. Music/noise cannot be amplified. Describe your entertainment:

List any licenses you currently have or previously held in Minneapolis (business or individual).

Have you ever had a business license denied or revoked by any government entity? Yes No
 If Yes, Indicate the Date of Denial/Revocation, Government Agency, and Reason for Denial or Revocation.

Are you planning or have you completed any construction or remodeling? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Contractor or Building Manager
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Explain the scope of the remodeling or construction.

6. Workers Compensation

Workers' Compensation Company	Policy Number	Dates of Coverage
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-----Or-----

I certify that I am not required to carry workers compensation insurance because I am self-insured. I am the sole proprietor and I have no employees. I have no employees who are covered by workers compensation law. Only employees who are specifically exempted by statute are not covered by the workers compensation law. These include spouse, parents, and children regardless of age. All other workers whose work is controllable by the employer must be covered.

7. Verification

The City of Minneapolis uses the information on this application to determine qualifications for a license. You are not legally required to provide this information. If you refuse, we cannot approve your application. MN Statute 270C.72 requires your Minnesota Tax ID Number and either a Social Security Number or Individual Tax ID Number. These may be given to the Minnesota Commissioner of Revenue if requested. After we approve your license, all information except your Social Security Number is public (MN Statutes, Chapter 13).

A signature is required.

I have read and agree to the [Terms and Conditions](#) for electronic signatures, records and payment.

I, (print name) _____, certify or declare under penalty of perjury under the laws of the State of Minnesota that the information on this application, checklist, and attached documents is true and correct. All information is subject to verification by the State of Minnesota. I understand that false information may result in the denial, suspension or revocation of my business license.

By typing your name, you are electronically signing this application.

Signature of Applicant _____ Title _____ Date _____

8. Additional Information

1. No license will be issued for longer than one year.
2. You cannot transfer your license to any other person or location.
3. For reasonable accommodations or alternative formats please contact Business Licensing at 612-673-2080 or via email at businesslicenses@minneapolismn.gov. People who are deaf or hard of hearing can use a relay service to call 311 at 612-673-3000. TTY users call 612-263-6850.
4. Para ayuda, llame al 311. Rau kev pab hu 311. Hadii aad caawimaad u baahantahay wac 311.

Documenting the source of funds for the business venture is one of the more critical aspects of completing a license application. It is important that all financial information related to business start-up is completely documented and verifiable by the City of Minneapolis. Applications will not be processed without complete information about the costs and source of funds for your proposed business. **Attach documentation for all sources of your financing.**

1. Tax Records: Required

Attach two years of completed and filed 1040 federal tax forms for each applicant and individual providing funding for the business venture or corporate tax records, if applicable.

2. Costs Reporting Form: Required

Attach the Costs Reporting Form on the next page. City staff has the right to request documentation for listed expenses and revenues as well as any unlisted expenses/revenues they feel is related to this application.

3. Funds from Savings/Investments/Corporate Holdings: Required

Attach copies of three months of full official bank statements that show the money being used is available in the first month's statement that is provided.

Alcohol Establishments: Must additionally attach copies of three months of full official bank statements from twelve months prior to the first month's bank statement that is provided.

4. Loans from the Lending Institution

Attach a copy of the loan closing document that clearly sets forth the amount being tendered to the borrower and a copy of any accompanying promissory note; or

Individuals may be eligible for a loan, but approval may be delayed until a license is granted. In instances such as this, a letter of loan commitment from the lending institution setting forth the amount of the loan must be submitted along with a pledge from the applicant that the loan closing documentation shall be submitted upon its completion. A license will not be issued until a copy of the loan closing document is given to the Licenses staff. The business cannot operate until this is completed and approved.

N/A

5. Loans from Individuals - Many times applicants obtain personal loans from relatives or other individuals. In cases such as these, the loaning individual must provide the same documentation of the source(s) of these funds as required by the license applicant. For example, if an individual receives a \$10,000 loan from their parents, the applicant must attach the source of the parent's \$10,000 as well as tax records.

Attach a copy of each lender's source of funds and tax records; and

Attach a copy of the loan closing document(s) and/or copies of any accompanying promissory note(s); and

If the lender is not an owner of the business, applicants must provide a notarized statement regarding the terms of the loan; that the lender has no operational, financial or management interest in the business; the terms of the loan are independent of the business; and at no time in the future will the lender have a financial, operational, or management interest in the business. Any such involvement in the business will only be lawful if the lender and licensee go through the appropriate city licensing process.

N/A

6. Landlord Construction or other Credit/Financing - A landlord providing construction or financing will be required to show the same documentation of the source of these funds as the license applicant. If funds are taken from a business account, city staff can accept corporate account statements in lieu of the landlord's personal accounts.

Attach a copy of the loan closing document(s) and copies of any accompanying promissory note(s); and

Attach a statement about payment terms.

N/A

Acknowledgement

I (printed name) _____ understand that city staff have the right to request other documentation they feel is necessary to properly verify the source of funds for the business venture. Failure to document costs or the source of funds for expenses will result in the denial of this license application. Any errors detected after the issuance of the license may be grounds for license revocation. After approval by the City Council, documentation in this license file becomes public data and is open for review by anyone upon request. Public data includes, but is not limited to, financial statements, tax records and other personal records contained in the license file. Public data will not include Social Security numbers and account numbers.

I have read and agree to the [Terms and Conditions](#) for electronic signatures, records and payment.

By typing your name, you are electronically signing this application.

Signature _____ Title _____ Date _____

Source of Funds Costs Reporting Form

An applicant must report all costs and fund sources associated with pursuing this license to demonstrate adequate legal sources of funds. Typical expenses include asset purchases, licensing fees, insurance costs, down payments, remodeling fees and attorney's fees, to name a few. Please use the table below to account for **all** your specific costs and sources of funds. Attach additional sheets if necessary.

Applicant's Name: _____		Business Name: _____	
Building Expenses (lease, equipment purchases, down payments, asset agreement, etc.)			
\$ _____	for _____		
\$ _____	for _____	Subtotal \$ _____	
Construction Expenses (upgrading cooking equipment, installation, remodeling, etc.)			
\$ _____	for _____		
\$ _____	for _____	Subtotal \$ _____	
Professional Expenses (attorney fees, architect fees, consultant fees, etc.)			
\$ _____	for _____		
\$ _____	for _____	Subtotal \$ _____	
Start Up Costs (insurance, license fees, inventory, etc.)			
\$ _____	for _____		
\$ _____	for _____	Subtotal \$ _____	
Other Expenses (payroll, insurance, SAC charges, other)			
\$ _____	for _____		
\$ _____	for _____	Subtotal \$ _____	
Total Costs for pursuing this License:		\$ _____	

Attach plans, leases, contracts, statements from vendors or credit institutions and other documentation you have to support the above figures.

Complete and submit with your license application. A sample is listed below.

Applicant's Name:		Business Name (DBA):	
Total Cost to Start the Business (from items listed above.) \$ 30,000			
	Fund Source	Amount	Documentation Attached
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
	TOTAL:		

Here is a sample of your documentation.

Applicant's Name: A. A. Smith		Business Name (DBA): The Company Business	
Total Cost to Start the Business (from items listed above.) \$ 30,000			
	Fund Source	Amount	Documentation Attached
<input type="checkbox"/>	Savings Account Money	\$10,000	Bank Statements from Jan, Feb, Mar 2013 and 2014
<input type="checkbox"/>	Bank Loan	\$10,000	Loan Closing Documents from First Bank and Trust
<input type="checkbox"/>	Loan from Parents	\$10,000	Stock Dividend Statement 2013 and 2014 Tax Records 2013 and 2014 Promissory Note Notarized Statement of Loan Terms
<input type="checkbox"/>	TOTAL:	\$30,000	

Business Plan Requirements Massage and Bodywork Establishments

#2

The Minneapolis Code of Ordinances, Chapter 286.60, requires applicants to describe in detail their business operations. Attach a typed report that includes all the following items. You may attach extra documents to your report.

1. Services

- Provide a detailed description of your services, entertainment and products.
- Include a list of services and costs.

2. Policies

- Attach your policy for
 - Preventing and/or reporting illicit activity.
 - Properly identifying that customers are 18 years of age or older.
 - Providing services for customers who are less than 18 years of age.

3. Hours of Operation

- Specify the hours for every day of the week.

4. Applicant's Background with Massage and/or Bodywork

- Attach any disciplinary action recorded by the Office of Unlicensed Complementary and Alternative Health Care Practice in the Minnesota Department of Health, Health Occupations Program
- or
- Attach a statement that you have not had any disciplinary action recorded by the Office of Unlicensed Complementary and Alternative Health Care Practice in the Minnesota Department of Health, Health Occupations Program.

5. Advertising

- Attach a copy of all the sites you will advertise, such as social media, website, flyers, coupons, etc.

Acknowledgement and Agreement

I, (print name) _____, an authorized corporate officer, partner or owner, hereby acknowledge and agree to the following:

- the attached business plan addresses all items listed above, includes complete documentation, and is a true and correct reflection of the undersigned's intentions;
- any material change in the business plan must be submitted to and approved by the Licenses and Consumer Services' office before implementation; and
- violation of this business plan may result in suspension, revocation, refusal to renew the license or a civil fine as determined by the Minneapolis City Council.

I have read and agree to the [Terms and Conditions](#) for electronic signatures, records and payment.

By typing your name, you are electronically signing this application.

Signature _____ Title _____ Date _____

Personal Information Form

Massage and Bodywork Establishments

#3

This form must be completed by each of the following:

- On-Site Manager(s)
- Owners, Partners, Corporate Officers, and anyone in the corporation who has a financial interest in the business.

Complete the information below and attach the following:

- A copy of your driver's license or state identification card
- Background report: This must be dated **within 30 days** of receipt of this application. This is available from the [State of Minnesota](#) Bureau of Criminal Apprehension at 1430 Maryland Ave E. St. Paul, MN 55106 or at 651-793-2400. You must include a report from each state you have lived. A list of all [state telephone numbers](#) is on our website.
- Attach a resume or a summary of your previous experience in a massage and bodywork establishment or similar business.

Background Information					
Legal Corporate Name of Business			Trade Name of Business (DBA)		
Street Address of Licensed Premises		Zip Code	Business Phone Number	Your Cell Phone Number	
Your Name (First, Middle, Last)		First, middle, or last names you have ever used or been known by			
Email Address		Title		% of ownership	
List your residences for the past ten (10) years. Attach additional sheets if necessary.					
Street Address	City	State	Zip	From:	To:
Employers, occupations, and addresses for the past ten (10) years. Attach additional sheets if necessary.					
Employer and Occupation	Street Address and City	State	Zip	From:	To:

Have you ever had a license denied, revoked, or suspended? Yes No

If yes, list the type of license, location, date of denial, revocation or suspension, and reason for denial, revocation, or suspension.

Data Privacy Advisory

The Minnesota Data Practices Act requires that you be advised of the following information. As part of this application, you are asked to provide private and/or confidential information about yourself that will be used to check driving history, criminal history, arrest records, warrant information, and other relevant records. You may refuse to provide this information. However, should you refuse, our investigation cannot be completed and will result in your application not being processed. The information you provide is public and will be used by the Minneapolis Police Department, License Inspection Unit and/or the Minneapolis Division of Licenses and Consumer Services, the Minneapolis City Council, and the general public. This Authorization for Release of Information will expire two years from the date you sign below.

Verification

The data you furnish on this application will be used by the City of Minneapolis to assess your qualifications for licensure. Disclosure of this information is voluntary. You are not legally required to provide this data; however, if you fail to do so, the City of Minneapolis may be unable to process this application. After issuance of a license, all information contained in this application, except your Social Security Number, will be public information pursuant to Minnesota Statutes, Chapter 13.

A signature is required.

I have read and understand the above Data Practices Advisory.

I have read and agree to the [Terms and Conditions](#) for electronic signatures, records and payment.

I, (print name) _____, certify or declare under penalty of perjury under the laws of the State of Minnesota that the information on this application, checklist, and attached documents is true and correct. All information given is subject to verification by the State of Minnesota. I understand that false information may result in the denial, suspension or revocation of my business license.

By typing your name, you are electronically signing this application.

Signature of Applicant _____ Title _____ Date _____