



City of Minneapolis
 Licenses and Consumer Services
 350 South 5th Street – Room 1
 Minneapolis, MN 55415-1391
 Phone: 612-673-2080
 Fax: 612-673-3399 TTY: 612-673-2157
www.minneapolismn.gov/business-licensing

For Office Use Only
 Expiration: January 1
 License Code: 322
 Rev Code: 311008
 MCO: 286
 Adm Issuance: Yes

License Application Guidelines and Checklist

Application Type: Massage and Bodywork Establishment

PART ONE

This application is divided into two parts. **PART ONE:** Complete the three forms listed below (pp. 1 – 5) and submit to the Minneapolis Development Review office. You will have an opportunity to discuss your application with Zoning and Environmental Health Inspectors. **PART TWO:** After staff review, your application will be sent to a License Inspector who will then contact you. At that time you may submit the remainder of your application to the License Inspector. More information about applying for a license is available on our website at www.minneapolismn.gov/business-licensing.

DEFINITION: A privately owned place wherein massage is offered or provided to members of the public.

Massage and Bodywork is any method of applying pressure on, or friction against, or rubbing, stroking, kneading, tapping or rolling of the external parts of the human body with the hands or with the aid of any mechanical or electrical apparatus, appliance or device with or without such supplemental aids as rubbing (isopropyl) alcohol, liniment, antiseptic oil, powder, cream, lotion, ointment or other similar preparation. The practice of massage and bodywork shall not include and is distinct from the practice of medicine, surgery, osteopathy, chiropractic, physical therapy or podiatry. This includes, but is not limited to many manual therapies, such as massage therapy, Asian bodywork therapies or movement therapies. While these are recognized as separate disciplines, all are subject to the massage and bodywork establishment license ordinance.

Staff Initials	PART ONE - COMPLETE AND SUBMIT IN PERSON AT:	
	Minneapolis Development Review 250 South 4 th Street, Room 300 - Minneapolis, MN 55415 Applications will not be accepted by mail. No appointment necessary. Free Parking .	
	<input type="checkbox"/> 1. License Application (Form #1)	
	<input type="checkbox"/> 2. Zoning Addendum (Form #2)	
	<input type="checkbox"/> 3. Health Addendum (Form #3)	
	<input type="checkbox"/> 4. Attach an 8 1/2" 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, layout of rooms, lobby, and furnishings.	
	<input type="checkbox"/> 4. Health Plan Review Fee \$ _____	
This Section To Be Completed by a Minneapolis Development Review Coordinator		
DC: _____ MDR Log #: _____ Risk Category: _____		
Check the following that are required at initial review. Additional inspections/permits may be required for this license.		
<input type="checkbox"/> Plumbing Permit <input type="checkbox"/> Mechanical Permit <input type="checkbox"/> Bldg Permit <input type="checkbox"/> Sidewalk Inspection <input type="checkbox"/> PDR Review <input type="checkbox"/> _____ SAC		
Determination Letter Required: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Date Sent to EH _____	Date Sent to EM _____	EM Initials _____
EH Staff Initials _____	PCAB# _____	Date Returned to MDR _____

PART TWO

Begin completing the forms listed in **PART TWO**. After a License Inspector contacts you, submit them for review. Attach all documentation. Incomplete applications will be returned.



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#1

For Office Use Only
License # L
CSR:
Fee: \$
Date:

Massage License Application

1. BACKGROUND INFORMATION			
Type of License	As an Applicant/Licensee, I am: <input type="checkbox"/> Starting a new business in a new building. (New Business) <input type="checkbox"/> Starting a new business in an existing building. (New Business) <input type="checkbox"/> Taking over an existing business (New Owner) Name of existing business: _____ <input type="checkbox"/> Adding a new license to an existing business (New License) <input type="checkbox"/> Remodeling Only		
MN Sales Tax ID, Social Security, or Individual Tax ID Number			
Legal/Corporate Name of Business	Trade Name(DBA)	Business Telephone	
Business Address	City	State	Zip Code
Mailing Address (If different than Business Address)	City	State	Zip Code
Name of Person Filling out the Application	Title	Telephone Number	
E-mail Address (Required)	Fax Number	Cell Phone Number	
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	State of Incorporation	Date of Incorporation	
Is this business publicly traded? <input type="checkbox"/> Yes <input type="checkbox"/> No			
2. PARTNERS, OWNERS, AND CORPORATE MEMBERS (Attach additional sheets if necessary.)			
Full Name: Last, First, Middle	Telephone	Date of Birth	Title/% of Ownership
Home Address	City	State	Zip Code
Full Name: Last, First, Middle	Telephone	Date of Birth	Title/% of Ownership
Home Address	City	State	Zip Code
Full Name: Last, First, Middle	Telephone	Date of Birth	Title/% of Ownership
Home Address	City	State	Zip Code
Have any of the people listed above been convicted of a crime? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please provide or attach specific information about dates and conviction.			
3. VEHICLES			
Will there be vehicles used in the business? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Year/Make/Model	Vehicle Company ID #	VIN Number	License Plate # / State

4. COMPANY OPERATIONS

Square Footage for Business Use	Hours of Operation
---------------------------------	--------------------

Describe in detail the principal products, types of entertainment, and/or services rendered.

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 Minneapolis or another 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
---	--

Explain the scope of the remodeling or construction.

5. 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.

6. 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. Disclosure of your Minnesota Tax ID Number, Social Security Number, or Individual Tax ID Number is required by Minnesota Statutes 270C.72, and your Social Security number may be requested by and released to the Minnesota Commissioner of Revenue. 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 IN ORDER TO PROCESS THIS APPLICATION

I, (print name) _____, will strictly comply with all the laws of the State of Minnesota governing the taxation of business and all ordinances of the City of Minneapolis. I hereby certify that I have read and understand every question in this application and that the answer to every question is true to my knowledge, information and belief. I further understand that the giving of false information in this application, regardless of when it is discovered, and/or failure to give required pertinent information constitutes cause for the immediate revocation of any and all licenses and/or permits issued hereunder and may be ground for prosecution for perjury.

SIGNATURE OF APPLICANT _____ DATE _____

Zoning Addendum

Applicants requesting a business license must be in compliance with all zoning regulations before a license can be approved. Bring this form to the **Development Review Customer Service Center at the above address, or call (612) 673-3000 or 311 to schedule an appointment** for a City Planner to complete the remainder of this application. Approval from the Development Services Division and/or City Planning Commission may be required *before* the Business Licensing Division will accept your application.

===== **THIS SECTION IS TO BE COMPLETED BY THE APPLICANT** =====

1. Legal Corporate Name of Business _____ Trade Name (DBA) _____
2. Proposed Business Address _____
3. Contact Person _____ Telephone _____
4. Entertainment: Check and describe all categories of entertainment you are planning to provide on your premises.
 - No entertainment.**
 - Limited Entertainment:** Limited to literary readings, storytelling, live solo comedians, electronically reproduced music (TV radio), karaoke, jukebox, amplified or non-amplified music by five or fewer musicians, and group singing participated in by patrons of the establishment. No patron dancing. Describe below.
 - General Entertainment:** Other forms of entertainment which do not meet the definition above. Examples include two or more comedians, bands with amplified musical instruments, patrons dancing, plays, shows, contests, etc. Describe below.
 - Adult Entertainment:** Persons who are unclothed or in attire/costume which exposes any portion of female breasts and/or male or female genitals (nude or semi-nude). Describe below.

===== **THIS SECTION IS TO BE COMPLETED BY CITY PLANNER** =====

5. Zoning district: _____ Proposed land use(s): _____
6. Are there any existing land use approvals for this address which affect this license application? YES NO
If Yes, provide a brief description of any land use history relevant to the proposed licensure.

7. Comments: _____

8. Is an inspection by Zoning Enforcement Staff required? YES NO

===== **THIS SECTION IS TO BE COMPLETED BY ZONING INSPECTOR** =====

9. Is the site in compliance with all existing Conditions of Approval? YES NO If No, List requirements for compliance:

 10. Comments: _____

- CPED Planning Staff Signature _____ DATE _____ EXT _____

===== **AUTHORIZED HOURS TO BE COMPLETED BY LICENSE INSPECTOR** =====

- R, OR, C1, C2, C3S, C4, and I: Sun - Thurs, 6:00 am to 10:00 pm; Fri - Sat, 6:00 am to 11:00 pm.
- Downtown and C3A: Sun - Thurs, 6:00 am - 1:00 am; Fri - Sat, 6:00 am - 2:00 am.

HEALTH ADDENDUM

PART 1 – TO BE FILLED OUT BY APPLICANT	
1. BACKGROUND INFORMATION	
Name of Business _____	Address _____
Proposed Date of Opening _____	Number of Customer Seats _____ <input type="checkbox"/> N/A
Gross Square Footage _____	Net Square Footage of the Retail Area _____ <input type="checkbox"/> N/A
License(s) Requested: _____	
As the Licensee, I am: <input type="checkbox"/> Starting a new business in a new building. (New business)	
<input type="checkbox"/> Starting a new business in an existing building. Name of previous tenant _____	
<input type="checkbox"/> Taking over an existing business. (New owner) Name of existing business _____	
<input type="checkbox"/> Remodeling.	
<input type="checkbox"/> Equipment changes. Provide equipment information and photos.	
<input type="checkbox"/> Adding new license to an existing business.	
2. FOOD PROCESSES – CHECK ALL THAT APPLY	
<input type="checkbox"/> Canning and pickling	<input type="checkbox"/> Raw and undercooked proteins (eggs, meats, poultry, fish, seafood)
<input type="checkbox"/> Curing and smoking using nitrates or nitrites (pink salt)	<input type="checkbox"/> Vacuum packaging
<input type="checkbox"/> Juice pressing or bottling	
Provide additional documentation and/or descriptions for any box checked.	
3. CERTIFIED FOOD MANAGER	
Name of Certified Food Manager _____	<input type="checkbox"/> Attach a copy of current MN Dept of Health certificate .
4. FOOD CATERING, DISTRIBUTION AND TRANSPORTATION	
If your business caters, distributes, or transports food from one location to another, please provide the following information in	
<input type="checkbox"/> Name and location of commissary kitchen	<input type="checkbox"/> How food will be protected during transport
<input type="checkbox"/> Who and where food is distributed	<input type="checkbox"/> Who and where food is distributed/transported to
<input type="checkbox"/> Description and method of distribution (hot vs cold)	<input type="checkbox"/> List and spec sheets of equipment for storing and transporting foods (must be NSF or equivalent)
<input type="checkbox"/> Description and method of transportation	
5. CONSTRUCTION/REMODELING	
Is there any construction/remodeling in progress? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What type of work will you be doing? <input type="checkbox"/> General Building <input type="checkbox"/> Plumbing <input type="checkbox"/> Mechanical <input type="checkbox"/> Electrical <input type="checkbox"/> Other(Explain) _____	
Have plans been submitted to: Minneapolis Development Review <input type="checkbox"/> Yes <input type="checkbox"/> No Environmental Health Plan Review <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you obtained the necessary permits? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Signature of Applicant _____	Date _____
PART II – TO BE FILLED OUT BY ENVIRONMENTAL HEALTH CODE COMPLIANCE OFFICER	
Is a Plan Review required? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there outstanding upgrades or compliance issues? <input type="checkbox"/> Yes (Explain) _____ <input type="checkbox"/> No <input type="checkbox"/> See attached report.	
Final Inspection Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes. I recommend to License Department to proceed.	
<input type="checkbox"/> No. This application is not recommended to License Department to proceed. Reason for Hold: _____	
RISK LEVEL: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	
Signature of EH Official _____	Printed Name: _____ Date: _____



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License Application Guidelines and Checklist

Application Type: Massage and Bodywork Establishment	
	License Inspector Checklist: Part One Application Forms Completed and Signed <input type="checkbox"/> 1. License Application (#1) <input type="checkbox"/> 2. Zoning Addendum (#2) <input type="checkbox"/> 3. Health Addendum (#3)
Staff Initials	<h1 style="color: red; margin: 0;">PART TWO</h1> <p style="color: red; margin: 0;">APPLICANTS COMPLETE AND SUBMIT FOR LICENSE STAFF REVIEW</p> <p style="margin: 0;">Licenses and Consumer Services 350 South 5th Street – Room 1, Minneapolis, MN 55415–1391</p> <p style="color: blue; margin: 0;">Attach all documentation. Incomplete applications will be returned.</p>
	<input type="checkbox"/> 4. Source of Funds – Complete (Form #4) 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.).
	<input type="checkbox"/> 5. Business Plan for Massage and Bodywork Establishments (Form #5)
	<input type="checkbox"/> 6. Attach the following from the applicant and each owner, partner, officer, shareholder & on-site manager. <input type="checkbox"/> A copy of a driver's license or state identification card <input type="checkbox"/> Data Privacy (Form #6) <input type="checkbox"/> Residential and Employment History (Form #7) <input type="checkbox"/> Criminal History Report which may be obtained from https://www.cch.state.mn.us/ /New Criminal History Search or the State of Minnesota, Bureau of Criminal Apprehension, 1430 Maryland Ave E. St. Paul, MN, 651-793-2400. <i>This report must be dated within 30 days of receipt of this application.</i> Anyone who is not a resident of Minnesota must contact the state in which they reside to obtain a criminal history. <input type="checkbox"/> N/A – Criminal history and Residential/Employment history are not required because company is publicly traded.
	<input type="checkbox"/> 7. Ownership Information <input type="checkbox"/> Sole Proprietorship: Provide a copy of certificate of assumed trade name. <input type="checkbox"/> Partnership or Shareholder: Provide a copy of the signed and executed partnership agreement. <input type="checkbox"/> Corporation: Provide a copy of the Certificate of Incorporation, Articles of Incorporation, by-laws and Certificate of Authority if a foreign corporation. <input type="checkbox"/> N/A – Ownership information is required because company is publicly traded.
	<input type="checkbox"/> 8. 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.
	<input type="checkbox"/> 9. SAC Determination Letter – attach copy. This is required for new build outs and remodels.
	<input type="checkbox"/> 10. \$ _____ License Fee plus new license surcharge

Your License Application

- a. Incomplete applications will be returned.
 - b. All applications must be signed by an owner, partner or principal.
 - c. No license will be issued for a period longer than one year.
 - d. Licenses are not transferable.
 - e. Make a duplicate copy of this packet for your personal records before submitting.
 - f. [Minnesota Sales Tax ID Number](#) or 651-296-6181.
 - g. If you are applying for multiple licenses, applications may be combined. Talk to License Staff at 300 Public Service Center.
- Information in Other Languages:** Yog xav paub tshaj nos ntxiv, hu 612-673-2800. Macluumaad dheeri ah, kala soo xiriir 612-673-3500. Para mas información llame al 612-673-2700.



SOURCE OF FUNDS STATEMENT - APPLICANT'S INFORMATION SHEET

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/revenues as well as any unlisted expenses/revenues they feel is related to this application.

3. Funds from Savings/Investments/Corporate Holdings - REQUIRED

Attach bank/portfolio statements that verify that the necessary funds have been on deposit. This can include savings accounts, retirement accounts, or stock accounts, etc.

Attach a minimum of three months of bank/portfolio statements.

Alcohol Establishments: Attach at least three months of bank/portfolio statements that include the first time money was withdrawn for this project and three months of bank/portfolio statements from one year prior to that.

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

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.

Signature Title Date



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An applicant must report all costs and fund sources associated with pursuing this license in order 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** of 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. Sample listed below.

APPLICANT’S NAME: _____		BUSINESS NAME (DBA): _____	
Total Cost to Start the Business (As listed above.)			
	Fund Source	Amount	Documentation Attached
<input type="checkbox"/>			
<input type="checkbox"/>			
	TOTAL:		
APPLICANT’S NAME: A. A. Smith		BUSINESS NAME (DBA): The Company Business	
Total Cost to Start the Business (As 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

The Minneapolis Code of Ordinances (MCO), Chapter 286.60, require applicants to provide a business plan that sets forth, in detail, the manner in which the licensed business will be operated. Attach a typed report that includes all of the following items. Additional and/or separate documents may be attached to this report.

A. Services

- Provide a detailed description of the services offered.
- Include a list of services and costs.

B. Staff Training Plan

- Describe staff training.
- Attach your policy for
 - Preventing and/or reporting illicit activity.
 - Properly identifying that employees and customers are 18 years of age or older.
 - Staff who have to have violated the prohibited acts section of MCO 286.100.

C. Hours of Operation

- Specify the hours for every day of the week.

D. Applicant’s Experience and Background with Massage and/or Bodywork

- Include a resume or summary of work experience.
- 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 and any staff member of your establishment has 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.

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 Minneapolis City Council before implementation; violation of this business plan may result in suspension, revocation, or refusal to renew the license or in a civil fine as determined by the Minneapolis City Council.

Signature _____ Title _____ Date _____

Minneapolis Police Department

DATA PRIVACY ADVISORY

The Minnesota Data Practices Act requires that you be advised of the following information:

As an applicant for a Minneapolis business license, 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.**

**AUTHORIZATION FOR RELEASE OF INFORMATION
(ONLY PRINT OR TYPE LEGIBLY)**

This AUTHORIZATION FOR RELEASE OF INFORMATION will expire two years from the date you signed it.

Applicant _____
Last Name First Name Middle Name

Also Known As _____ Date of Birth: _____

Driver's License Number _____ Expiration Date _____

I HAVE READ AND UNDERSTAND THE ABOVE DATA PRACTICES ADVISORY.

Signature _____ Date _____

Residential And Employment History

#

Provide the following information for each Partner, Owner and Corporate Member
 Check here if your company is publicly traded. You do not have to complete this form.
 Attach additional sheets if necessary.

Name				
Ten (10) Year Residence History				
Home Address	City	State	Zip Code	Dates
Home Address	City	State	Zip Code	Dates
Home Address	City	State	Zip Code	Dates
Ten (10) Year Employment History				
Business Name	Type of Business		Title	
Address	City	State	Zip Code	Dates
Business Name	Type of Business		Title	
Address	City	State	Zip Code	Dates
Business Name	Type of Business		Title	
Address	City	State	Zip Code	Dates
Name				
Ten (10) Year Residence History				
Home Address	City	State	Zip Code	Dates
Home Address	City	State	Zip Code	Dates
Home Address	City	State	Zip Code	Dates
Ten (10) Year Employment History				
Business Name	Type of Business		Title	
Address	City	State	Zip Code	Dates
Business Name	Type of Business		Title	
Address	City	State	Zip Code	Dates
Business Name	Type of Business		Title	
Address	City	State	Zip Code	Dates
Name				
Ten (10) Year Residence History				
Home Address	City	State	Zip Code	Dates
Home Address	City	State	Zip Code	Dates
Home Address	City	State	Zip Code	Dates
Ten (10) Year Employment History				
Business Name	Type of Business		Title	
Address	City	State	Zip Code	Dates
Business Name	Type of Business		Title	
Address	City	State	Zip Code	Dates
Business Name	Type of Business		Title	
Address	City	State	Zip Code	Dates