10625 Railroad Avenue
Chisago City, MN 55013

651-257-4162
www.ci.chisago.mn.us

THERAPUTIC MASSAGE LICENSE APPLICATION

TYPE OF LICENSE: ☐ Business ☐ Individual	☐ Initial ☐ Renewal

BUSINESS INFORMATION	
Business Name	Owner Name
Physical Business Address	
Mailing Business Address	
Business Email	
Business Phone	Cell Phone

CONTACT INFORMATION	
Applicant Name	Applicant's Title
Email	
Phone Number	
Home Address	

YOUR APPLICATION WILL BE CONSIDERED <u>INCOMPLETE</u> IF YOU DO NOT PROVIDE THE FOLLOWING WITH YOUR APPLICATION:

Federal ID #	*Required if Business Type is 'Partnership' or 'Corporation'*	
MN State ID #		

ANSWER ALL THE QUESTIONS BELOW

*IF A QUESTION DOES NOT PERTAIN, **WRITE N/A** TO ACKNOWLEDGE YOU HAVE READ THE QUESTION*

1. Yes / No Is the applicant a Citizen of the United States?
   Yes / No A resident alien?

2. Yes / No If the applicant has ever been known by another name, other than that listed above, please list the name, date, places and circumstances.

   _____

   _____

3. All real estate and personal property taxes that are due and payable for the premises must be paid before a license will be issued. List any and all taxes that are unpaid at this time along with the amount and year.

   _____

   _____

4. List the amount of the investment that the applicant has in the business, buildings, premises, fixtures, furniture, and equipment, and proof of the source of such investment. The identity of all other persons investing in the business, building, premises, fixture, furniture and equipment, the amount of their investment and proof of the source of such investment.

   _____

   _____

5. List the identity of all other persons investing in the business, building, premises, fixture, furniture and equipment, the amount of their investment and proof of the source of such investment.

   _____

   _____

6. If the applicant is applying for an individual license, attach a copy of the independent contractor or employment agreement, or an executed statement from the business owner that the applicant is authorized to conduct business at the business premises.

NOTE: License holders must comply with all conditions placed on the property pursuant to any zoning approval.

FEES		
Business License Initial Fee: $100	Date Paid: _____	Receipt #: _____
Business Initial Background Invest. Fee: $50	Date Paid: _____	Receipt #: _____
Business License Renewal Fee: $50	Date Paid: _____	Receipt #: _____
Business Renewal Background Invest. Fee: $50	Date Paid: _____	Receipt #: _____
Individual License Initial Fee: $100	Date Paid: _____	Receipt #: _____
Individual Initial Background Invest. Fee: $50	Date Paid: _____	Receipt #: _____
Individual License Renewal Fee: $50	Date Paid: _____	Receipt #: _____
Individual Renewal Background Invest. Fee: $25	Date Paid: _____	Receipt #: _____

Applicant Signature: _____ Date: _____

(For Office Use Only)

FINAL DETERMINATION ☐ Approved ☐ Denied

LICENSE NUMBER _____

LICESNE EXPIRES _____

Supplements to applications

Please provide the following with ALL massage related license applications:

☐ Proof of citizenship of the United States or a resident alien or document showing applicant has the legal authority to work in the United States.

☐ Color photocopy of the applicant's driver's license or state-issued I.D. front and back, or any other government-issued I.D.

☐ Proof of local residency required. In the case of a therapeutic massage business, the licensee, managing partner, or manager of the licensed premise must show proof of residency in one of the following counties: Anoka, Carver, Chisago, Dakota, Hennepin, Isanti, Ramsey, Pine, Kanabec, Sherburne, and Washington in Minnesota, and St. Croix, Burnett and Pierce in Wisconsin. In the case of therapeutic massage therapists, the licensee must show proof of residing in one of the following counties: Anoka, Carver, Chisago, Dakota, Hennepin, Isanti, Ramsey, Pine, Kanabec, Sherburne, and Washington in Minnesota, and St. Croix, Burnett and Pierce in Wisconsin.

☐ Certificate of Insurance

☐ Certificate of Compliance: MN Workers Compensation

☐ Business Registration: Confirmation from the Secretary of State showing your business is properly registered is required.

☐ Massage Therapist Personal Business License: Copy of the independent contractor or employment agreement, or an executed statement from the business owner that the applicant is authorized to conduct business at the business premises.

☐ **NEW APPLICANTS ONLY:** A certified copy of a transcript of academic record from an accredited institution that has been approved by the issuing authority, sent directly from the program or institution to the issuing authority:
City of Chisago City
PO Box 611
Chisago City, MN 55013

☐ A copy of the diploma or certificate from an accredited program or accredited institution that has been approved by the issuing authority, sent directly from the accredited program or institution to the authority. The accredited program or accredited institution must confirm that the applicant has successfully completed at least 500 hours of certified massage training with content that includes the subjects of anatomy, physiology, hygiene, ethics, massage theory and research, and massage practices from the same accredited program or accredited institution.

☐ **NEW BUSINESS APPLICANTS ONLY:** An inspection by the Police Department is required. Licenses shall only be recommended for approval if they pass these inspections.

-- INDIVIDUAL APPLICANTS STOP HERE --

Supplement for (Select One):

Partnership *Corporation* *LLC*

1. List names and addresses of all general and limited partners or corporate officers and all information concerning each general partner pursuant to questions 1 – 3 on the business license application. **Attach additional sheets if necessary.**

2. List the names of the managing partners and the interest of each partner in the licensed business.

3. If the applicant does not manage the business, list the name of the managers or other persons in charge of the business and all information concerning each of them pursuant to questions 1 – 3 on the business license application. **Attach additional sheets if necessary.**

4. List all persons who control or own an interest in excess of 5% in applicant's organization or business as well as all officers of the corporation or business and all information concerning the persons pursuant to questions 1 – 3 on the business license application. This provision, however, does not apply to a corporation whose stock is publicly traded on a stock exchange when the corporation is applying for a license to be owned and operated by itself. **Attach additional sheets if necessary**

City of Chisago City

BACKGROUND INVESTIGATION FORM

Name of Applicant/Business: _____

Date Due: _____

INSTRUCTIONS

1. When completing this form, please type or print clearly. Provide complete information in your responses.

2. If a question does not apply to you, please write N/A in response

3. If there is insufficient space to complete and answer, continue your response on the back of that page. Include the number of the question you are answering and maintain the same format.

4. A set of releases is included. Please sign your name to each release and return them with the background investigation form. ***You will need to complete a release for each employer, creditor and landlord.*** Make additional copies as needed. These releases will be used to collect private data from sources that include, but are not limited to, those listed by your in this form. You may not photocopy your signature.

5. Read and sign the Data Practices Advisory on page three. The information requested in the non-shaded area is required. The information requested in the shaded area is voluntary.

6. Complete the document checklist on page four.

7. Be sure to sign the completed background investigation form at the end of page twelve.

8. If you have any questions, contact the Lakes Area Police Department Background Unit at (651) 257-0622 during business hours.

DATA PRACTICES ADVISORY

The information you are being asked to provide will be used for the purpose of conducting a thorough and comprehensive background investigation to determine your suitability and qualifications for license with the City of Chisago City.

Minnesota Statues 13.01 through 13.99 (1983) on data privacy require that you be informed that the following information which you are asked to provide in the license application process is considered private data: Home Address, Home Phone Number, and Social Security Number.

This means that it is available only to you, the Lakes Area Police Department, and those who have bona fide need for it. This data will be used to identify you within the registration process.

Any false statement of any information or the intention omission of information may result in your elimination from consideration and may be considered grounds for registration termination if discovered after being registered.

Your name will become public data when your application is reviewed by City Council, and if approved, the additional data specified in Minnesota Statues.

CONSENT

As an applicant for a license with the City of Chisago City, I consent to the conduct of a background investigation upon me. I understand that the information I am providing is classified as Private under the Minnesota Data Practices Act. I consent to the release of the information I am providing in the City of Chisago City Background Investigation Form and any other information obtained as a result of this background investigation, as deemed necessary and appropriate by the Lakes Area Police Department, to conduct a thorough and comprehensive background investigation.

Signature: _____ Date: _____

DOCUMENT CHECK LIST

Below is a list of documents that must be returned with the background investigation form. Please evaluate each item to determine if it is relevant to your particular background. Be sure, however, to mark each as attached or not applicable.

Insurance

Worker's Compensation	❑ Attached	❑ N/A

Corporate Documents

Incorporation Application / certificate	❑ Attached	❑ N/A

Employment releases

Release for each place of employment, BCA, DPS	❑ Attached	❑ N/A

Residence releases

Release for each rental property lived in	❑ Attached	❑ N/A

Credit releases

Credit Report Release	❑ Attached	❑ N/A

Please be aware providing false or inaccurate information on an application is grounds for licenses revocation.

PERSONAL INFORMATION

Last Name	First Name	Middle Name	DOB

Street Address	Home Phone	Work Phone

City	State	Zip	Social Security Number

Are you a U.S. Citizen? ❑ Yes ❑ No If not, county of birth? Driver's license number and State

PRACTICE HISTORY

List all massage related businesses or prior businesses you have managed or worked at. Use additional sheets if necessary.

Name of Business	Phone	Date Started

Street Address	City	State	Zip	Date Finished

Name of Business	Phone	Date Started

Street Address	City	State	Zip	Date Finished

Name of Business	Phone	Date Started

Street Address	City	State	Zip	Date Finished

Name of Business	Phone	Date Started

Street Address	City	State	Zip	Date Finished

RESIDENCE

In chronological order, list every place you have lived during the past ten (10) years. Start with your current address.

Street Address | From:

City | State | Zip | To:

Street Address | From:

City | State | Zip | To:

Street Address | From:

City | State | Zip | To:

Street Address | From:

City | State | Zip | To:

BUSINESS RELATIONSHIPS

List your former partners, corporate officers, or other persons you have been in business with (including family).

Last Name | First | Middle | relationship

Street Address | City | State | Zip | Home Phone | Work Phone

Last Name | First | Middle | relationship

Street Address | City | State | Zip | Home Phone | Work Phone

Last Name | First | Middle | relationship

Street Address | City | State | Zip. | Home Phone | Work Phone

Last Name | First | Middle | relationship

Street Address | City | State | Zip | Home Phone | Work Phone

REFERENCES

List three personal references.

Last Name | First | Middle | relationship

Street Address | City | State | Zip | Home Phone | Work Phone

Last Name | First | Middle | relationship

Street Address | City | State | Zip | Home Phone | Work Phone

Last Name | First | Middle | relationship

Street Address | City | State | Zip | Home Phone | Work Phone

EMPLOYMENT

Present Employer | Company Name | Your Position

Street Address | City | State | Zip | Phone

Can your current employer be contact regarding you application? ❑ Yes ❑ No

Have you ever possessed a professional registration, license, permit, or certificate? ❑ Yes ❑ No

Type of Registration/License, use additional sheets as needed:

Were you ever subjected to disciplinary action in connection with registration/licensure or employment?

❑ Yes ❑ No

If yes, disciplining authority and reason use additional sheets as needed:

Were you ever discharged or asked to resign from employment? ❑ Yes ❑ No

List below, earliest dates first, each and every place you have worked for the last 5 years. Include periods of unemployment.

Name of Employer | Phone | From:

Street Address | City | State | Zip | To:

Immediate Supervisor | Reason for leaving:

Name of Employer | Phone | From:

Street Address | City | State | Zip | To:

Immediate Supervisor | Reason for leaving:

Name of Employer | Phone | From:

Street Address | City | State | Zip | To:

Immediate Supervisor | Reason for leaving:

EMPLOYMENT (CONTINUED)

Name of Employer Phone From:

Street Address City State Zip To:

Immediate Supervisor Reason for leaving:

Name of Employer Phone From:

Street Address City State Zip To:

Immediate Supervisor Reason for leaving:

Name of Employer Phone From:

Street Address City State Zip To:

Immediate Supervisor Reason for leaving:

Name of Employer Phone From:

Street Address City State Zip To:

Immediate Supervisor Reason for leaving:

List all government entities you have applied to for registration and/or licensure: (use additional sheets if necessary)

Agency Date Current Status Background Investigation? ❑ Yes ❑ No

Agency Date Current Status Background Investigation? ❑ Yes ❑ No

Agency Date Current Status Background Investigation? ❑ Yes ❑ No

Agency Date Current Status Background Investigation? ❑ Yes ❑ No

MOTOR VEHICLE AND DRIVER LICENSE HISTORY

List all driver's licenses you have now, or have had in the past.

State | Type | Driver's license number | Status

State | Type | Driver's license number | Status

State | Type | Driver's license number | Status

Have you at any time had your driver's license restricted? ❑ Yes ❑ No

❑ Corrective lenses ❑ Any Alcohol Use (B-card) ❑ Work Only

❑ Time of Day ❑ Special Vehicle Equipment ❑ Other

Have you ever had a driver's license revoked, suspended, or cancelled? ❑ Yes ❑ No

Which license | When | Why

FINANCIAL HISTORY

Checking Account:

Institution | Account Number | Balance

Street Address | City | State | Zip | Phone

Checking Account:

Institution | Account Number | Balance

Street Address | City | State | Zip | Phone

Savings Account:

Institution | Account Number | Balance

Street Address | City | State | Zip | Phone

What is your present monthly salary or wage? $_____

Do you have any other income? Source:_____

Do you own your own home? ❑ Yes ❑ No How Long?_____ Value $_____

Have you now or ever had any garnishment, wage assignment, judgement, lien or other action imposed against your wage, salary, or possessions? ❑ Yes ❑ No

List all financial obligations for which you are responsible. Use additional sheets if necessary.

Creditor Name | Account Number | Balance | Mo. Payment

Street Address | City | State | Zip | Phone

Creditor Name	Account Number	Balance	Mo. Payment

Street Address	City	State	Zip	Phone

Creditor Name	Account Number	Balance	Mo. Payment

Street Address	City	State	Zip	Phone

LITIGATION

Have you ever been charged with any non-traffic criminal violation? ❑ Yes ❑ No

Date	Charge	Investigative Agency	Status
Date	Charge	Investigative Agency	Status

Have you ever been named as a defendant in any civil actions? ❑ Yes ❑ No

Date	Type of Action	County of record	Dispositon
Date	Type of Action	County of record	Dispositon
Date	Type of Action	County of record	Dispositon

Have you ever been named as a respondent or petitioner in any court order? ❑ Yes ❑ No

Date	Type of Action	County of record	Dispositon
Date	Type of Action	County of record	Dispositon

RELEASE AND WAIVER TYPE I
GENERAL AUTHORIZATION AND RELEASE
PURSUANT TO MINNESOTA STATUTE 13.05, sub. 4 MINNESOTA DATA ACT

TO: Name:_____ Phone (___)_____

Address:_____ City/St./zip:_____

I, _____,am an applicant for a massage business and/or individual license with the City of Chisago City. The Department needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the license for which I applied. It is in the public's interest that all relevant information concerning my personal history be disclosed to the above Department. I hereby authorize any representative of the Lakes Area Police Department bearing this release to obtain any information in your files pertaining to my employment records and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the Lakes Area Police Department, whether said records are of public, private, or confidential nature. The intent of this authorization is to give my informed consent for full and complete disclosure. I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for the Lakes Area Police Department to consider in determining my suitability for a massage business and/or individual license in that city. It is my specific intent to provide access to personnel information, however personal or confidential it may appear to be. I consent to your release of any and all public and private information that you may have concerning me, my work record, my background and reputation, my military service records, education and training records, my financial status, my criminal history record, including any arrest records, any information contained in investigatory files, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys at law, or other counsel, whether representing me or another person in my case, either criminal or civil, in which I presently have, or have had an interest, attendance records, polygraph examinations, and any internal affairs investigations and discipline, including any files which are deemed to be confidential, and/or sealed. I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release you, as the custodian of such records of the above organization, including its officers, employees or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I direct you to release such information upon request of the duly accredited representative of the Lakes Area Police Department regardless of any agreement I may have made with you previously to the contrary. The law enforcement agency requesting the information pursuant to this release will discontinue processing my application if you refuse to disclose the information requested. For and in consideration of the Lakes Area Police Department's acceptance and processing of my application licensure, I agree to hold the City of Chisago City, its agents and employees harmless from any and all claims and liability associated with my application for registration or in any way connected with the decision whether or not to register me within the City of Chisago City. I understand that should information of a serious criminal nature surface as a result of this investigation, such information may be turned over to the proper authorities. I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974 and Minnesota Statute 13.05, sub. 4, Minnesota Data Practices Act, with regard to access and to disclosure of records, and I waive those rights with the understanding that information furnished will be used by the Lakes Area Police Department in conjunction with licensing procedures. Should there be any questions as to the validity of this release, you may contact me at the address listed on this form.

I hereby authorize and grant my informed consent to permit you to release and make photo copies of any Polygraph Reports, Recording Tapes or Written Reports which concern me and is in your possession. This authorization shall be valid for a period of one year from the date of my signature, but I reserve the right to, at any time prior to that expiration, cancel this written authorization by providing written notice to the Department or to you of that fact. I agree to indemnify and hold harmless the person to whom this request in presented and his/her agents and employees, from and against all claims, damages losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request.

Date:

Full Name: (signature)

Current Address: State: Zip:

Phone Number: Day ( ) Evening ( )

CREDIT REPORT RELEASE

To:	From: (Applicant's name / address / **Date of Birth**)
	Social Security Number:

I HAVE APPLIED FOR A LICENSE WITH THE CITY OF CHISAGO CITY. AS A PART OF THE CITY'S EVALUATION OF MY SUITABILITY FOR LICESNSE, A BACKGROUND INVESTIGATION IS BEING CONDUCTED BY THE CHISAGO CITY POLICE DEPARTMENT.

I REQUEST AND AUTHORIZE YOU TO RELEASE ANY AN ALL INFORMATION CONCERNING MY CREDIT, CREDIT RATING, AND CREDIT BUREAU REPORT TO THE CHISAGO CITY POLICE DEPARTMENT. PLEASE SEND THIS INFORMATION TO:

Lakes Area Police Department
Background Investigations
13292 Sylvan Avenue
Lindstrom, MN 55045
(651) 257-0622 FAX: (651) 257-8531

THIS AUTHORIZATION SHALL BE VALID FOR A PERIOD OF ONE YEAR, BUT I RESERVE THE RIGHT TO CANCEL THE AUTHORIZATION AT ANY TIME PRIOR TO THAT EXPIRATION BY PROVIDING WRITTEN NOTICE TO THE DEPARTMENT OR YOU.

SIGNATURE DATE

☐ I would like to receive a free copy of my credit report generated by TransUnion.
(If checked, fax to 714-680-7212)

Lakes Area Police Department

Massage License Applicant,

Your recent application for a massage business and/or individual license with Chisago City has been received at the Lakes Area Police Department for completion of a background investigation. In accordance with Chisago City Municipal Code 210, prior to being issued a massage business and/or individual license, you must pass a mandatory background investigation. This investigation is to determine if the issuance of the massage business and/or individual license would be in the "public interest". The check consists of a financial background and a criminal background.

After you have completed and returned the enclosed background, an investigator may be contacting you to follow up. Please be as through and accurate as possible in your answers, as an incomplete packet cannot be processed, and inaccurate responses may result in disqualification from licensure.

If you have any questions, please feel free to contact me at the number listed below.

William Schlumbohm
Chief of Police

13292 Sylvan Avenue• PO Box 703 • Lindstrom, MN 55045
Phone: (651) 257-0622 • Fax: (651) 257-8531