



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 AP: BLGeneral/BLMessageE MCO: 286 Adm Issuance: Yes

License Application Guidelines and Checklist

Application Type: Massage and Bodywork Establishment, Commercial

DEFINITION: A privately owned place wherein massage is offered or provided to members of the public. **Massage and Bodywork Establishment, Commercial** employs one or more employees, including one or more massage therapists. Example: A spa or salon that employs one or more massage therapists, and/or other service providers.

Zoning approval is required for all Massage and Bodywork Establishment, Commercial applications. This will be requested by your License Inspector.

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.

Related Licenses:

Massage and Bodywork Establishment, Home Based or Single Operators are individuals who work by themselves, pay their own taxes, provide their own insurance, have no employees and are not employed by anyone else in their massage practice (independent contractor or operator). Example One: A massage therapist working in a studio/office space by him/herself. Example Two: A spa/salon that has multiple single operators in one business location who are not employed by the spa/salon owner. The single operators rent space from the owner.

Staff Initials	<p>Step 1: Call 612-673-2080 and make an appointment with a License Inspector.</p> <p>Step 2: Complete and submit items 1 – 4 in person at: Minneapolis Development Review 250 South 4th Street, Room 300 - Minneapolis, MN 55415 Applications will not be accepted by mail. Free Parking.</p>
	<p><input type="checkbox"/> 1. License Application (Form #1)</p> <p><input type="checkbox"/> 2. 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.</p> <p><input type="checkbox"/> 3. Massage and Bodywork Establishment Plan Review Form (Form #2)</p> <p><input type="checkbox"/> 4. Plan Review Fee \$ _____</p> <p>Step 3: Submit the following items to your License Inspector. Attach all documentation. Incomplete applications will not be accepted.</p> <p><input type="checkbox"/> 5. Source of Funds – Complete (Form #3) 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.).</p> <p><input type="checkbox"/> 6. Business Plan for Massage and Bodywork Establishment (Center) (Form #4)</p> <p><input type="checkbox"/> 7. Attach the following from the applicant and each owner, partner, officer, shareholder & on-site manager.</p> <ul style="list-style-type: none"> <input type="checkbox"/> A copy of a driver's license or state identification card <input type="checkbox"/> Data Privacy (Form #5) <input type="checkbox"/> Residential and Employment History (Form #6) <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> <input type="checkbox"/> If you are not a resident of Minnesota, you must contact the state in which you reside to obtain a criminal history.
<p align="center">Page 1 of 14 - February 2019</p>	

	<input type="checkbox"/> 8. 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"/> 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.
	<input type="checkbox"/> 10. SAC Determination Letter – Complete the Sewer Availability Charge (SAC) application and Affidavit of Business Use (Form #6) and submit to SACprogram@metc.state.mn.us . Attach a copy of your SAC Determination Letter. <input type="checkbox"/> Not Required if the attached floor plan is not a new buildout or remodel.
	<input type="checkbox"/> 11. \$ _____ License Fee plus new license surcharge

Additional Information

- a. Incomplete applications will be returned. All applications must be signed by an owner, partner or principal.
- b. No license will be issued for a period longer than one year. Licenses are not transferable.
- c. Make a duplicate copy of this packet for your personal records before submitting.
- d. [Minnesota Sales Tax ID Number](#) or 651-296-6181.
- e. If you are applying for multiple licenses, applications may be combined. Talk to License Staff at 300 Public Service Center.
- f. 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.



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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? YES 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

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 _____

MASSAGE AND BODYWORK ESTABLISHMENT PLAN REVIEW GUIDE

This document is a guide for Massage and Bodywork Establishment requirements to open a business. A business license, construction permits, and other approvals are needed.

A. Contact

If you plan to start a new business or want to remodel, alter, expand or upgrade an existing business in the City of Minneapolis, contact [Minneapolis Development Review](#) by calling 311 or visiting the office located in the Public Service Center, 250 South 4th Street, Room 300. At [Minneapolis Development Review](#) you will discuss your plans and other requirements with a Development Review Coordinator. For questions about the Massage and Bodywork Establishment Health review, please contact **Mohamed Yusuf** at **612-673-2612**.

B. Requirements

1. Submit completed Plan Review Application and Plan Review Fees

Submit payment when plans and specifications are submitted. Make checks payable to the City of Minneapolis Finance Department. The [fee schedule](#) is on the city's website.

2. Plans

Plans must be complete and legible to be reviewed. Plans and revisions will be reviewed on a first-come, first-served basis.

The following items must be submitted for plan review to Minneapolis Development Review – Food Review, Public Service Center Building, 250 South 4th Street Room 300, Minneapolis, MN 55415:

- a. Massage and Bodywork Establishment [Plan Review Application Form](#)
- b. Massage and Bodywork Establishment Plan Review Fee. Find the amount on the [fee schedule](#) using **Food Establishment Plan Review Fees, Risk 3, New Business, Under 1000 square feet**
- c. Two sets of floor plans (blue prints of facility or a drawing to scale indicating facility layout, restrooms, mop sinks, location of all equipment)
- d. Room Finish Schedule including walls and floors of shower rooms, if applicable.

3. Plan Revisions

Any revisions after plans have been approved must be submitted for re-evaluation. Approved plans are valid for one year.

4. Plans at construction Site

A set of the stamped approved health review plans must be available on location. Starting construction prior to approval may result in costly corrections and delayed openings.

5. Final Health inspection

Call at least 72 hours in advance for an appointment for a final inspection.

C. Permission to open

The Food, Lodging & Pools Program does **not** grant final permission to open. [Minneapolis Business Licensing](#) gives final permission. Contact Business Licensing at 612-673-2080 or by calling 311.

Your license application must be approved and final inspections must be conducted before you open for business.



Environmental Health Division
 250 South 4th Street, Room 300
 Minneapolis, MN 55415
 Phone: 311 or 612-673-3000
 Fax: 612-673-5819

FOR OFFICE USE ONLY	
CHECK #	AMOUNT
DATE	RISK 3
REVIEWED BY	

MESSAGE AND BODYWORK PLAN REVIEW APPLICATION

BUSINESS & OWNER INFORMATION

NAME OF PROPOSED BUSINESS (PLEASE PRINT)			TELEPHONE	
STREET ADDRESS OF PROPOSED BUSINESS		CITY	STATE	ZIPCODE
NAME OF OWNER		E-MAIL ADDRESS		TELEPHONE
MAILING ADDRESS OF OWNER		CITY	STATE	ZIPCODE

APPLICANT INFORMATION

NAME OF APPLICANT			TELEPHONE	
MAILING ADDRESS OF APPLICANT		CITY	STATE	ZIPCODE
APPLICANT TITLE		E-MAIL ADDRESS		

CONSTRUCTION CATEGORY (check one)

- | | |
|--|---|
| <input type="checkbox"/> NEW CONSTRUCTION | <input type="checkbox"/> CHANGE OF LOCATION |
| <input type="checkbox"/> REMODEL (NEW OWNER, SAME BUSINESS) | <input type="checkbox"/> REMODEL (NEW OWNER, DIFFERENT BUSINESS) |
| <input type="checkbox"/> REMODEL (SAME OWNER, SAME BUSINESS) | <input type="checkbox"/> REMODEL (SAME OWNER, DIFFERENT BUSINESS) |

PROPOSED HOURS OF OPERATION

SUNDAY _____	THURSDAY _____
MONDAY _____	FRIDAY _____
TUESDAY _____	SATURDAY _____
WEDNESDAY _____	

PROJECT INFORMATION

DESCRIPTION OF PROJECT	
PROJECTED START DATE _____	PROJECTED COMPLETION DATE _____

OTHER INFORMATION

TOTAL SQUARE FOOTAGE OF FACILITY _____	NUMBER OF SEATS _____
NUMBER OF EMPLOYEES (MAX. PER SHIFT) _____	NUMBER OF FLOORS _____

YOU MUST SUBMIT A SCALED DIAGRAM OF THE CENTER CLEARLY SHOWING COMMON AREAS, MASSAGE ROOMS, BATHROOMS, ETC.
 ARE ALL MASSAGE ROOMS LOCATED IN ROOMS WITH FINISHED WALLS, FLOORS, AND CEILINGS? YES NO

SIGNATURE OF APPLICANT	DATE
------------------------	------

Fees must be paid when plans are submitted. MAKE CHECK OR MONEY ORDER PAYABLE TO MINNEAPOLIS FINANCE DEPARTMENT.



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	



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#4

Massage and Bodywork Establishment, Commercial 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.

1. Services

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

2. 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.

3. Hours of Operation

- Specify the hours for every day of the week.

4. 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.

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 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



Sewer Availability Charge (SAC) 2017 DETERMINATION APPLICATION

Return to: SACprogram@metc.state.mn.us

If filling form out by hand, you must print clearly. We will reject incomplete or illegible forms.

CURRENT PROJECT INFORMATION (You must fill in all answers)

Business Name: _____
Type of Business: _____
Estimated Year of Occupancy: _____
Site Address (if address not assigned, need street intersections): _____
Suite Number: _____
City Name: _____
Site Location / Campus (e.g. Mall of America; etc.): _____
Parcel Identification Number (PID): _____
Original Building Construction Year: _____
Project Description: _____

PREVIOUS SITE/BUSINESS INFORMATION (You must fill in all answers if there was a different business previously in this suite/building)

Previous Business Name in same space as current project: _____
Previous Type of Business: _____
Estimated Year(s) of Occupancy: _____
Previous Site Address (if different than current project): _____
Previous Suite Number (if different than current project): _____
Entire Building Has Been or Will Be Demolished? (Check no or yes) ____ No or ____ Yes, Year _____

CONTACT INFORMATION (You must fill in all answers)

Contact Name for Questions and Copy of Determination: _____
Company Name: _____
Contact Phone Number (xxx-xxx-xxxx): _____
Contact Email Address: _____



Sewer Availability Charge (SAC) 2017 DETERMINATION APPLICATION INSTRUCTIONS & CHECKLIST

APPLICATION INSTRUCTIONS

1. **Business Name and Type of Business** – Name of the business that the SAC determination calculation is for and the type of business it is. (e.g. office, apartment, learning center, retail, clinic, etc.)
2. **Estimated Year of Occupancy** – What year did (or will) this business move into this space?
3. **Site Location/Campus** – The name of the building, such as Mall of America, Centennial Lakes, City Centre, etc.
4. **Parcel Identification Number** – This is a unique number assigned by the County for the specific property where the building is located. If you don't know this information, you will need to contact the County, County website, City or property owner to get it. This helps us identify exactly where the property is located on a map.
5. **Original Construction Year** – When the building was originally built. If you don't know this information, you will need to contact the County, County website, City or property owner to get it.
6. **Project Description** – Describe the specific work you are doing at the property so that the SAC charges are assessed correctly.
7. **Previous Site/Business** – This section helps identify potential SAC credits that could lower your SAC charges. Enter the previous business name, type of business, and estimated years of occupancy that the new business will be taking over. If the previous address and/or suite number is different than the current address and/or suite number, enter this information.
8. **Contact Information** - This is the person the SAC Technician will contact if there are any questions. A copy of the determination letter will also be sent to this person.
9. **Save this form and email with the other items from the list below.**

ITEMS YOU ARE REQUIRED TO SUBMIT

1. SAC Determination Application (Transmittal-A)
2. Site Plan – If not available, an aerial photo pinpointing the location of the building will be accepted
3. Architectural Floor Plans – must be:
 - a. Same plan that you sent to your City for their review
 - b. Scalable, or with individual dimensions shown on the plan for every room and every space
 - c. All rooms labeled on the plan for the intended use of the space, or room schedule
 - d. Furniture plan (for restaurant, salon, bar, theater, stadium/arena seats) – include indoor and outdoor
 - e. Plumbing fixture layout (for clinic, hospital, parking garage)
4. Additional Transmittal or Affidavit forms – Please review Transmittal-B, Affidavit-A, Affidavit-B or Reclaim forms to see if they apply to your specific project. Fill out all those that apply.

ADDITIONAL ITEMS THAT MAY BE REQUESTED FOR REVIEW

1. Building Tenant Layout – Plan or drawing showing the location of the current business in the whole building
2. Demolition Floor Plans – This helps identify the previous use to determine potential credits. Must be:
 - a. Scalable, or with individual dimensions shown on the plan for every room and every space
 - b. All rooms labeled on the plan for the previous use of the space, or room schedule



Sewer Availability Charge (SAC) 2017 AFFIDAVIT OF BUSINESS USE FOOD AND DRINK ESTABLISHMENTS

YOU MUST ANSWER ALL QUESTIONS OR WE WILL REJECT THE APPLICATION.

Business Name: _____

Business Site Address: _____

City Name: _____

PLEASE MARK ALL BOXES THAT ARE TRUE ABOUT YOUR BUSINESS WITH AN X.

Type of Service Provided

We Handle and Prepare Food, and Have Customer Seating:

- Yes No

We Serve Drinks Only (We Don't Handle Food) and We Have Customer Seating:

- Yes No

We Serve Take Out Food Only and Have No Customer Seating

- Yes No

Type of Seating Provided

What Type of Seating Will the Establishment Have:

- Indoor Seating Outdoor Seating No Seating

If your business has any restrictions on consuming food or drink in any area of the property, you must submit a copy of the City-approved ordinance or City-issued business license stating the restriction(s) with this form.

I certify that I have read and understood all questions in this affidavit and that my answers are true to my knowledge and belief. I also understand that giving false answers in this affidavit is fraudulent, that my SAC fees will be recalculated, and I will be held responsible for any additional SAC fees.

Print Name of Business Owner: _____

Signature of Business Owner: _____

Date: _____