

License Application: Sauna

A privately owned place where sauna is offered or provided to members of the public. Sauna is a small room or bathhouse that is heated to a high temperature and used as a hot-air or steam bath for cleaning and refreshing the body and inducing perspiration often with steam that is provided by water thrown on hot stones, either mobile or permanent. Separate applications and licenses are required for each location.

Mobile sauna means a sauna that is intended to be moveable and operated at multiple locations. The hours are limited to 6:00am to 10:00pm. No visual or amplified sounds can be used, including radios, lights or TVs. Mobile sauna may operate within three hundred (300) feet of residential area but not more than three (3) consecutive days and no more than twelve (12) days in one (1) calendar year.

Permanent sauna means a sauna that is built in place and is not intended to be moved to other locations. They must be heated with an electric stove and may not be powered by a generator.

Saunas that are located inside a facility such as a gym, health club, hotel, or spa are excluded from the licensing requirements.

If you have questions, send an email to businesslicenses@minneapolismn.gov or call 612-673-2080

1. Application requirements	
1.	Complete the application and include all the requirements listed below. Incomplete applications may be returned.
2.	There is a fee , plus a new license processing charge, for this application. You can pay by <input type="checkbox"/> Cash: Do not mail cash, drop off in person. <input type="checkbox"/> Check: Make checks payable to- Minneapolis Finance Department <input type="checkbox"/> 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.	Detailed diagram- Attach a detailed diagram of the location area of the saunas including all measurements <input type="checkbox"/> Mobile- also include all furnishings and storage <input type="checkbox"/> Permanent- also include power source, toilet facilities, dressing rooms, hand washing sinks, towels
4.	<input type="checkbox"/> Business plan- attach a business plan describing the sauna business and operations
5.	<input type="checkbox"/> Sauna equipment- attach paperwork and photos with specifications of equipment for each sauna
6.	Letter of Consent (Form #1) attach the required signed form if mobile sauna is- <input type="checkbox"/> located within 200 feet of Minneapolis Park Board property. Minneapolis Park Board may also require additional permits, agreements, or other written authorization. <input type="checkbox"/> Not needed, saunas are not mobile Note: Keep a copy of this consent while operating the sauna.
6.	<input type="checkbox"/> Certificate of liability insurance You are required to have liability and property damage insurance in the amount of at least \$1,000,000 per occurrence.

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	Suite	City	State	Zip code
Location address where sauna will be located				
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 <i>(Required)</i>		Social Security number or Individual tax ID (ITIN) <i>(Required)</i>		
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 starting date:		

3. Business information

<input type="checkbox"/> Starting a new business in a new building. <input type="checkbox"/> Changing equipment <input type="checkbox"/> Remodeling	<input type="checkbox"/> Adding a new license to an existing business. Name of business: _____ <input type="checkbox"/> Taking over an existing business. Name of existing business: _____
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.

4. Owners

List all owners, partners or shareholders. Ownership must add up to 100%, use additional sheets if needed.				
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. Manager

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

6. Company operations

Address and description of location where saunas will be located.

List days and hours of operation.	Total square footage for business use:
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Is the sauna mobile? No Yes
 Is the business in a permanent building? No Yes

Give us a description of the primary use of the business where the saunas will be located.

Detailed description of all services offered.

Will you operate your sauna business in compliance with all ordinances, rules and regulations? No Yes

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? No Yes
 If Yes, list the date of denial/revocation, city of state, and reason for denial or revocation.

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 the only employee, and I have no other employees.
 I have no employees who are covered by workers compensation law. Specifically exempted by statute and are not covered by the workers compensation law 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 City of Minneapolis. 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. If you need additional licenses, you will need to complete the applications and will be charged additional licensing fees.
4. Visit the City's website- www.minneapolismn.gov/business-services/licenses-permits-inspections/business-licenses/

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. Para ayuda, llame al 311. Rau kev pab hu 311. Hadii aad caawimaad u baahantahay wac 311.



Sauna Letter of Consent

This letter hereby authorizes _____ to operate a Sauna on or near
(sauna owner)

Park Board Property located at _____
(address of property)

Dates _____

Hours of operation _____

This consent is only valid for the dates, hours and location listed above.
The owner and operator of the mobile Sauna must follow all applicable sections of the Minneapolis Code of Ordinances (MCO) and State of Minnesota statutes. Failure to do so will cause the license for this location to be revoked.

The sauna owner agrees to hold harmless the Park Board for damage claims to property or injury claims to persons which may be caused by activity associated with the sauna license.

**Owner of property
or
Park Board
representative**

Name _____
(please print)

Signature _____

Title _____

Telephone number _____

Date _____

Sauna owner

Name _____
(please print)

Signature _____
(owner or legal representative)

Telephone number _____

Date _____