

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			

MASSAGE AND BODYWORK PLAN REVIEW APPLICATION

NAME OF PROPOSED BUSINESS (PLEASE PRINT) STREET ADDRESS OF PROPOSED BUSINESS		ER INFORMATION	TELEPHO	DNE	
STREET ADDRESS OF PROPOSED BUSINESS				TELEPHONE	
		CITY	STATE	ZIPCODE	
NAME OF OWNER	E-MAIL ADDRESS		TELEPHO	TELEPHONE	
MAILING ADDRESS OF OWNER		CITY	STATE	ZIPCODE	
	APPLICANT IN	FORMATION			
NAME OF APPLICANT			TELEPHO	DNE	
MAILING ADDRESS OF APPLICANT		CITY	STATE	ZIPCODE	
APPLICANT TITLE E-MAIL ADDRESS					
CONSTRUCTION CATEGORY (check one)					
NEW CONSTRUCTION	C 🗌 C	CHANGE OF LOCATION			
REMODEL (NEW OWNER, SAME BUSINESS)	R	REMODEL (NEW OWNER, DIFFERENT BUSINESS)			
REMODEL (SAME OWNER, SAME BUSINESS)	R	REMODEL (SAME OWNER, DIFFERENT BUSINESS)			
PROPOSED HOURS OF OPERATION					
SUNDAY	THUI	THURSDAY			
MONDAY	FRID	FRIDAY			
TUESDAY	SATL	SATURDAY			
WEDNESDAY					
PROJECT INFORMATION					
DESCRIPTON OF PROJECT					
PROJECTED START DATE	PROJECT	ED COMPLETION DATE			
	OTHER INFC	ORMATION			
TOTAL SQUARE FOOTAGE OF FACILITY NUMBER OF SEATS NUMBER OF EMPLOYEES (MAX. PER SHIFT) NUMBER OF FLOORS					
NUMBER OF EMPLOYEES (MAX. PER SHIFT)	NUM	IBER OF FLOORS			
YOU MUST SUBMIT A SCALED DIAGRAM OF THE CE	ENTER CLEARLY SH	OWING COMMON ARE	AS, MASSAGE ROOM	IS, BATHROOMS, ETC.	
ARE ALL MASSAGE ROOMS LOCATED IN ROOMS WITH FINISHED WALLS, FLOORS, AND CEILINGS? 🗌 YES 🗌 NO					
SIGNATURE OF APPLICANT			DA	ſĔ	

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