



11800 Town Center Drive NE
St. Michael, MN 55376
763-497-5306

INDIVIDUAL MASSAGE THERAPIST/ SOLE PROPRIETOR LICENSE APPLICATION

These items must be submitted before staff will send to City Council for approval.

- Fee \$150 (*includes fee for background check*). Fees may be prorated. The full fee amount must be paid. The massage therapist license expires on June 30th of each year and Council approval is required. The renewal fee each year is \$50.
- Color copy of Driver's License, and prove of citizenship (or residential alien or visa paperwork).
___ Certified Birth Certificate ___ U.S. Passport ___ Naturalization Certificate ___ Certificate of citizenship
- Submit a Certificate of Insurance as proof of liability insurance. The policy of insurance shall be in limits of not less than \$1,000,000. Failure to keep in full force and effect, the insurance required herein, is grounds for revocation.

EDUCATIONAL REQUIREMENTS:

Each applicant shall furnish the following at the time of application:

- A diploma or certification of graduation from a school approved by the American Massage Therapist Association or other similar reputable massage association **or** a diploma or certificate of graduation from a school which is either accredited by a recognized educational accrediting association or agency, or is licensed by the State or local government agency having jurisdiction over the school.

AND

- Proof of a minimum of 500 hours of successfully completed course work in the following areas:
 - The theory and practice of massage, including but not limited to, Swedish, Esalen, Shiatsu and/or Foot Reflexology techniques; and
 - Anatomy, including, but not limited to Skeletal and Muscular structure and Organ placement; and
 - Hygiene



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Incomplete applications will not be processed. If a question does not apply, please write "N/A".

1. Name: _____
FirstFull MiddleMaiden NameLast
2. Home address: _____
StreetCityStateZip
3. Home Phone: _____ Alternate Phone: _____
4. Place of Birth _____ Date of Birth: _____
5. Name of establishment where massage will take place: _____
6. Establishment Address: _____
7. Establishment Phone: _____
8. Owner of establishment where massage will take place: _____
9. Establishment manager: _____
10. Are you licensed in any other community? Yes No If yes, where? _____
11. Have you been denied a massage license by any licensing authority? Yes No
If yes, indicate licensing authority: _____
12. If you have ever used or been known by a name other than the true name given above, list such name(s) and information concerning dates and places used: _____

13. **Addresses at which you have lived** during preceding five years. Begin with present address. Attach additional sheets if necessary.

Number and Street

City and State

Dates

14. **Names and addresses of previous employers**, if any, for the preceding five years, including self-employment. Begin with present or last occupation. Attach additional sheets if necessary.

Employer Street Address City and State Dates

15. Have you ever been convicted of any felony, crime or violation of any ordinance, other than traffic?
If yes, give the date, place and offense for which convictions were had: Yes No

16. List the names, resident addresses and business addresses of three residents of Minnesota of good moral character, not related to the applicant or financially interested in the premises or business, which may be referred to as the applicant's character.

Full Name: _____

Residence Address: _____

Business Address: _____

Full Name: _____

Residence Address: _____

Business Address: _____

Full Name: _____

Residence Address: _____

Business Address: _____

I declare that the information I have provided is truthful and I understand that falsification of answers on this application may result in denial of this application. I authorize the City of St. Michael to investigate and make whatever inquiries are necessary to verify the information provided.

Applicant Signature

Date

OFFICE USE ONLY

Application complete _____ License Fee paid _____

Proof of graduation attached? Yes No

Proof of 500 hours attached? Yes No

Proof of Citizenship Status? Yes No

Licensing period _____

Council approval granted on _____



**TENNESSEN WARNING
APPLICATION FOR BUSINESS LICENSE**

In connection with your request for a license, the City of St. Michael has asked that you provide information about yourself, which is classified as either *private* or *confidential* by the Minnesota Government Data Practices Act (M.S.A. 13.04). Accordingly, the City is required to inform you of the following:

1. The private or confidential information requested includes, but may not necessarily be limited to, the following: *Your social security number or Minnesota business identification number.*
2. The purpose and intended use of the information requested is: *To comply with Minnesota Statutes, Section 270.72.*
3. You are requested to supply the requested information.
4. The known consequences of supplying the requested information is as follows: *Loss or denial of the requested license if you owe the State of Minnesota delinquent taxes, penalties or interest.*
5. The known consequences of refusing to supply the requested information is: *Your request for a license cannot be processed.*
6. The following persons and entities are authorized by law to receive the information if provided: *State of Minnesota – Department of Revenue and other government agencies as provided by law.*

The undersigned, by signing this notice, acknowledges that he/she has read and understood the contents of this notice.

Date

Signature of Applicant

Print Name

**CITY OF SAINT MICHAEL
BACKGROUND INVESTIGATOIN CONSENT RELEASE
INFORMATION TO BE USE FOR BUSINESS LICENSE PROCESSING**

*As a license applicant, I hereby give my consent for a personal background investigation, to include a criminal history check, to be used in the determination of whether my application is to be approved. The results of such investigation shall be made public pursuant to appropriate City Council approval or denial of the license application. I understand that I am under no legal obligation to consent to such investigation, but that if I refuse to so consent, my application cannot be processed.
I release the City of St. Michael and the Wright County Sheriff's Office, and any of its agents or employees, from any and all liability for its receipt and use of information and records received pursuant to this consent. I further acknowledge that I have carefully read this release, fully understand its terms and legal significance, and execute it voluntarily.*

Business Name: _____ **Type of License Applied for:** _____

Applicant: _____
(First Name) (Full Middle Name) (Last Name)

Address: _____
(Address) (City) (State) (Zip)

Home Phone: (____) _____ **Business Phone:** (____) _____

Date of Birth: _____ **Place of Birth:** _____
(City) (State)

Are you (the applicant) a U.S. citizen? *If yes, but birthplace was not in the U.S, please provide a Certificate of Naturalization, Certificate of Citizenship, current or previously issued passport, or birth certificate. If no, present proof of immigration or employment status.* Yes No

Driver's License or State ID #: _____ **State Issued:** _____
A color copy of the driver's license or state ID must be attached (front and back)

Physical:
Sex _____ **Race** _____ **Height** _____ **Weight** _____ **Eyes** _____ **Hair** _____

List All Aliases/Previous Last Names: _____

List Complete Addresses of Any Prior Residence(s) in the Last 5 Years: *(attach additional sheets if necessary)*

Have you ever been convicted of a felony, gross misdemeanor, or misdemeanor? Yes No
 If yes, state jurisdiction, type of violation and disposition: _____

Applicant Signature: _____ **Date:** _____

These statements are true, correct and are made with the knowledge that this information may be made public. False disclosures are subject to perjury proceedings and forfeiture of the license application.

OFFICE USE ONLY	
Background Check/Investigation:	<input type="checkbox"/> Approved <input type="checkbox"/> Denied
Comments:	_____
Staff Signature:	_____ Date: _____

