



**MASSAGE THERAPIST or SIMILAR ORIENTED SERVICES
INDIVIDUAL THERAPIST LICENSE APPLICATION**

CITY CODE CHAPTER 115

INITIAL INVESTIGATION FEE: \$25.00 (new applicants only)

NEW OR ANNUAL LICENSE FEE: \$50.00

NEW _____ RENEW _____ YEAR _____

Applicant/Owner Name: _____ DOB: _____

Home/Personal Address: _____

Phone Number(s): _____

Contact Email: _____

Business Name (where you will work): _____

Business Address: _____

Hours/Days of Operation (when you will work): _____

You must be eighteen (18) years of age or older to apply for a massage therapist license. Applicant MUST provide the following information. **Failure to do so will result in application being returned.**

- A. A color copy of valid MN driver’s license or MN state issued identification card
- B. Educational Transcripts (a minimum of 600 hours of certified massage training with state or national recognition is required)
- C. Relevant certificates of massage or additional training
- D. Character references (see below)

School attended and degree received: _____

List two (2) character references:

Name: _____ Home Address: _____

Name: _____ Home Address: _____

Has applicant ever been convicted of a crime other than a traffic violation? _____ YES _____ NO

If yes, please give an explanation including time, place, and nature of each crime/offense and disposition thereof. Include a separate sheet if necessary. _____

Tax information is required by the IRS and MN Department of Revenue on all license applications

FEDERAL TAX ID # _____ STATE TAX ID # _____

If you do not have a state or federal tax ID, you must provide your SOCIAL SECURITY # _____

Applicants must also complete an authorization for consent to release information.

I hereby certify that I have read the foregoing questions and the the answers to said questions are true to the best of my knowledge. I further understand that an investigation for a new license will be charged by the City. If convicted of any crime other than a traffic offense, I will report such conviction to the City of Forest Lake immediately. I have read and understand the state laws regulating complimentary and alternative health care practices of which massage therapy is currently included.

Applicant Signature _____ Date _____

Police Signature _____ Date _____

Council Signature _____ Date _____

**AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION FOR
CITY OF FOREST LAKE BACKGROUND CHECK**

\$25.00 FEE

YOU MUST ATTACH A COPY OF YOUR DRIVERS LICENSE

License you are applying for: _____

Full Name: _____
First Middle Last

Home Address: _____
House # Street City State & Zip

Home Phone Number: _____ Email: _____

If applicable, complete the following:

Business Name _____

Business Address: _____
Building # Street City State & Zip

Business Phone Number: _____

Date of Birth: _____ Drivers License Number (attach copy): _____

I understand that the above-mentioned information about me may be protected under state and /or federal privacy laws or city policy and may not be disclosed without my prior written consent unless otherwise required by law.

I also release the City of Forest Lake 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.

Signature of Individual Authorizing Release Date

Police Department Approval Signature Date

**Minnesota Government Data Practices Act – Chapter 13
“Tennessee Warning”**

Data is requested from the applicant on various forms. The purpose and intended use of the requested data is to verify the applicant meets all state statute and city code provisions and, if the license or permit is approved, to verify that all required data remains current.

The following data collected, created, or maintained is classified under the Minnesota Government Data Practices Act as Private data **until license approval** when the data becomes **Public**: (13.41, Subd. 4).

1. Data submitted by applicants (other than names and designated addresses).
2. Orders for hearing and findings of fact.
3. Conclusions of law and specification of the final disciplinary action contained in the record of the disciplinary action.
4. Entire record concerning the disciplinary proceeding.
5. License numbers.
6. License status.

The following data collected, created, or maintained is classified as Private: (13.41, Subd. 2).

1. The identity of complainants who have made reports concerning licenses or applicants which appear in inactive complaint data unless the complainant consents to the disclosure.
2. The nature or content of unsubstantiated complaints when the information is not maintained in anticipation of legal action.
3. Inactive investigative data relating to violations of statutes or rules.
4. The record of any disciplinary proceeding except as limited by Subd. 4.

The following data collected, created, or maintained is classified as Confidential: (13.41, Subd. 3).

1. Active investigative data relating to the investigation of complaints against any license.

Under law, private data may be shared with licensing and inspection employees, approval authorities, insurance providers, law enforcement employees, contracted inspection officials, as required by court order and City officials who have a bona fide need for it. The City of Forest Lake may make any data classified as private or confidential accessible to an appropriate person or agency if the licensing agency determines that failure to make the data accessible is likely to create a clear and present danger to public health or safety.

We ask that you complete or provide all data requested on the application form(s) unless we have noted that it is not required. Refusal to supply required information may mean that your application cannot be processed.

**I READ AND UNDERSTAND THE ABOVE INFORMATION REGARDING
MY RIGHTS AS A SUBJECT OF GOVERNMENT DATA.**

Date

Signature of Applicant