

CITY OF SHAKOPEE
129 Holmes Street South
Shakopee, MN 55379
952-233-9300

MASSAGE THERAPIST LICENSE APPLICATION

This form must be completed by any individual desiring to obtain a Massage Therapist license within the City of Shakopee.

Name of applicant _____
First Middle Maiden Last

Address _____ () _____
Street City State Zip Phone Number

Length of time at this address _____

Place of Birth _____ Date of Birth _____
City, State

Social Security Number _____ MN Tax ID _____ Fed Tax ID # _____

Height _____ Weight _____ Color of Hair _____ Color of Eyes _____

Are you a U.S. Citizen or legally permitted to be in the U.S.? Yes _____ No _____
If yes, but birthplace was not in the U.S., please provide a Certificate of Naturalization, Certificate of Citizenship, or current passport. If no, present proof of immigration/employment status.

Have you ever been known by a name other than the name given above? Yes _____ No _____

If so, list name(s) and information concerning dates and places used _____

Name of business where you will work _____

Address of business where you will work _____

Are you licensed in any other community? Yes _____ No _____

If yes, where? _____

Have you had a massage therapist license suspended or revoked within the last 10 years? Yes _____ No _____

If so, list location and date _____

Have you been denied a massage therapist license within the last 10 years? Yes _____ No _____

If so, list location and date _____

Have you ever been convicted of any crime or violation of any ordinance? Yes _____ No _____

If yes, give information as to the date, place and nature of offense for such investigation_____

Are you currently under investigation for any crime? Yes _____ No _____

If yes, give information as to the date, place and nature of offense for such investigation_____

Address at which you have lived during the preceding ten years. (Begin with present address and work back). Attach additional sheets if necessary.

ADDRESS

CITY AND STATE

DATES

Names, addresses and phone numbers of your employers for the preceding ten years. (Begin with present and work back). Attach additional sheets if necessary.

EMPLOYER

STREET ADDRESS

CITY / STATE

PHONE NO.

DATES

DATA PRIVACY NOTICE:

The data you supply on this form will be used to assess your qualifications for the license. You are not legally required to provide this data, but the city will not be able to grant the license without it. The data requested is considered to be public data pursuant to the Minnesota Government Data Practices Act. The data you supply will constitute a public record, and copies may be obtained by anyone.

I have read the Data Privacy Notice above and understand that the data is necessary to process the application. I declare that the information I have provided on the application is truthful and I understand that falsification of answers on this application will result in denial of the application. I authorize the City of Shakopee to investigate and make whatever inquiries that are necessary to verify the information provided.

Applicant Signature

Date

Subscribed and sworn to before me this _____ day of _____ 20_____

Notary Signature

Please provide (with application) evidence of one of the following:

Check
Items
Submitted

- _____ Diploma or certificate of graduation from an accredited institution for a comprehensive massage therapy program that includes subjects of anatomy, physiology, hygiene, ethics, massage theory and research, and massage practice; OR
- _____ Proof of completion of at least 500 credit hours of certified therapeutic massage training/course work that includes subjects of anatomy, physiology, hygiene, ethics, massage theory and research, and massage practice from an accredited institution or program; OR
- _____ Proof of having passed either i) the National Certification Exam offered by the National Certification Board for Therapeutic Massage & Bodywork; or ii) the Massage and Bodywork Licensing Examination offered through the Federation of State Massage Therapy Boards and have a minimum of seven years of full-time work experience as a massage therapist in the United States

Please provide (with application) a copy of one of the following:

- _____ A valid driver's license or identification card issued by a state of the United States or a province of Canada that includes the photograph and date of birth of the applicant; OR
- _____ A valid military identification card issued by the United States Department of Defense; OR
- _____ A valid passport issued by the United States or another country if the applicant is a foreign national

Please provide (with application):

- _____ \$50.00 Background Investigation fee

Staff will notify when the background investigation has been completed and approved. At that time we will require the following:

- _____ \$50.00 License Fee
- _____ Proof of General Liability Insurance Coverage
- _____ Completed MN Department of Revenue Form

**Pursuant to Minn. Stat. 13.05, Subd. 4
Minnesota Data Practices Act**

I, _____, birth date _____, hereby authorize and grant my informed consent to allow the City of Shakopee Police Department to conduct a criminal history check in conjunction with my Massage Therapist license application. Minnesota Statutes Section 299C.72 authorizes the City to conduct criminal history checks in these situations, provided to City receives the informed consent of the individual.

I understand that the Shakopee Police Department will be conducting a criminal history check on me, and that this information (data), in addition to the information in my application, will be considered by the City in determining whether or not to grant approval of my license application. A criminal history check is authorized to be performed by the City relating to this type of license application by Section 6.46, subdivision 5 (B) of the City Code.

I understand the criminal history data consists of private data on individuals, as defined by Minnesota Statutes Section 13.02, subdivision 12 and Minnesota Statutes Section 13.87. The City of Shakopee Police Department will not disseminate my criminal history data and will maintain it securely within the department. However, the City of Shakopee Police Department will inform the appropriate City personnel involved in the processing of the license application whether I have a criminal history that would prevent issuance of the license.

I understand that the purpose of permitting the City of Shakopee to have access to this information is to determine my suitability to engage in a Massage Therapy business and that I am not legally required to provide this information, however the City will not license persons who refuse to submit to this investigation.

This authorization shall be valid for a period of one year, but I reserve the right to, at any time prior to that expiration, cancel the written authorization by providing written notice to the City.

Signature

Date