



City Clerk's Office  
651-747-3900  
3800 Laverne Avenue North  
Lake Elmo, MN 55042

## **APPLICATION FOR LICENSE PRACTICE OF MASSAGE THERAPY**

In submitting a license application, the applicant declares that he or she meets the requirements for issue of the License and that he or she will comply with applicable regulations, statutes and ordinances. Knowingly submitting an incomplete or inaccurate application constitutes fraudulent application.

Fraudulent application; failure to comply with the aforesaid regulations, statutes and ordinances; or conviction for related felony or misdemeanor violations constitutes grounds for the denial, suspension, or revocation of license.

### **License Application Checklist:**

- Complete the attached license application in full. Unsigned or improperly completed applications will be rejected.
- Attach additional sheets, as needed, to complete each section of the application.
- Massage Therapist attach **one** of the following:
  - a) Proof of successful completion of a minimum of 500 hours of therapeutic massage training/coursework that includes subjects of anatomy, physiology, hygiene, ethics, massage theory and research, and massage practice from an accredited institution or program; or
  - b) A diploma or certificate of graduation from a comprehensive massage therapy program consisting of the course work stated above in subclause a. issued to the applicant from an accredited institution or an accredited program; or
  - c) Proof of passing the National Certification Exam offered by the National Certification Board for Therapeutic Massage and Bodywork or proof of passing the Federation of State Massage Therapy Boards (FSMTB) Massage and Bodywork Licensing Examination (MBLEx); or;
  - d) Proof of having completed at least 100 hours of 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, as defined in section 114.015, Definitions, of this chapter, and has practiced massage therapy in the City of Lake Elmo, for compensation for at least five years immediately preceding the date of the application. This form of eligibility will be accepted until January 1, 2014;
- Include payment of fees specified on the attached fee schedule.
- Attach the following exhibits to the application:
  - Notarized copies of any current licenses issued to the applicant to perform similar service in other communities.
  - One front face passport style photograph of the applicant, measuring not less than 2 1/2" by 2 1/2", taken within the past 30 days. Also a photocopy of a driver's license with a current address must be included.
  - A copy of a current professional liability insurance policy.
  - A copy of proof of current CPR certification.
- The names and resident and business street addresses of three (3) residents of the seven-county metropolitan area. They must be persons of good moral character and who are not related to the applicant or holding any ownership in the premises or business, who may be contacted with regard to the applicant's and/or manager's character.



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**Identifying Information**

Date of Application \_\_\_\_\_

Applicants Name \_\_\_\_\_ DOB \_\_\_\_\_  
First Middle Last

Home Address \_\_\_\_\_  
Street Address Apt # City State Zip

Home Telephone (\_\_\_\_) \_\_\_\_\_ Citizenship \_\_\_\_\_ or Resident Alien \_\_\_\_\_

Sex \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_

Name of Business (where license will be used) \_\_\_\_\_

Business Address \_\_\_\_\_

Business Telephone (\_\_\_\_) \_\_\_\_\_ Type of Business \_\_\_\_\_

**Personal History**

List any additional residence addresses in the past five (5) years. Start with most recent. Attach additional sheets if necessary.

Street Address	Apt #	City	State	Zip	Dates

List full or part-time employers for the past five (5) years. Start with current or most recent. Attach additional sheets if necessary.

Employer	City	State	Employment Period (Mo/Yr)	Position/Title



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Business History

List all other Personal Service or business licenses you presently hold, or which you have held under your present name or any other name during the past five (5) years. Attach additional sheets if necessary.

Table with 5 columns: Type of License, License #, Issuing Agency, City/State of Issue, Date of Issue. Contains four empty rows for data entry.

Have you ever provided similar service under a license or permit? NO YES

If you check YES, attach a separate page giving the name, type, and address of each such business.

Have you ever previously been denied a license for a similar purpose? NO YES

If you checked YES, attach a separate sheet giving the following information for each application that was so denied: 1. Date and place of application. 2. Type of business. 3. Reason application was denied.

Criminal History

Have you ever been convicted of a felony or misdemeanor violation of any federal or state statute or local ordinance, other than traffic offenses? NO YES

If you checked YES, attach a separate page, giving the following information for each conviction:

- 1. Charge or offense. 2. Date of arrest. 3. Arresting agency. 4. Date of conviction
5. Court name and location. 6. Sentence.

Are you currently on probation or parole for any violation listed above? NO YES

In the last ten (10) years, have you been known by another name? NO YES

If you check YES, attach a separate page giving the following information for each such name:

- 1. Full name. 2. Period during which you used this name. 3. Places used.

Any falsification of answers given or accompanying material submitted will result in denial or revocation of this license.

I hereby state that I have answered all of the preceding questions, and that the information contained herein is true and correct to the best of my knowledge and belief. I hereby further state that I have received no money or other consideration by way of loan, gift, contribution, or otherwise.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Typed or Printed Name \_\_\_\_\_



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### TENNESSEN WARNING

Pursuant to Minn. Statutes, 13.04, Subd. 2, 13.05, Subd. 8., and other applicable divisions of the Minnesota Government Data Practices Act, license applicants must be informed of their rights concerning the provision of private or confidential data requested in this application.

Private and confidential data requested in this application is required for the following purposes:

1. To confirm the applicant's identity and qualifications to perform the functions regulated under this license.
2. To allow the city to perform necessary investigation of applicants for the protection of public health and safety.
3. To limit city liability arising from failure to exercise due care with respect to the regulation of commerce or public conduct.

Private information requested, including identification, medical and criminal history data, will be used by law enforcement personnel in investigating the qualifications, moral conduct, and suitability of applicants to provide service to the public.

Applicants can decline to provide the information requested in this application form, however, if an applicant fails to provide the requested information or supplies incomplete or inaccurate information, the license may be denied, suspended, or revoked. If information supplied in this application is subsequently used in a criminal prosecution of the applicant, the result may include a fine, imprisonment, or other penalty order by the court subsequent to conviction.

Individuals authorized access to the private or confidential data contained in this application includes city employees whose duties require such access; local, state, and federal public safety personnel conducting related investigations; state and federal revenue authorities; and lawfully mandated reporting agencies.

A specific exception to the confidentiality of data supplied in this application exists as follows:

Minn. Statute 13.41, Subd. 5.

Any licensing agency may make any data classified as private or confidential, pursuant to this section, 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.

Questions concerning this warning, or the effect of providing or failing to provide requested information should be directed to the City Clerk, Lake Elmo, Minnesota 55042, telephone (651) 747-3900.

Signature \_\_\_\_\_ Date \_\_\_\_\_



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## **MASSAGE LICENSE FEE SCHEDULE**

### *Background Investigation Fee*

\$100.00 premises

\$ 50.00 therapist

### *License Fee*

\$100.00 premises

\$ 50.00 therapist

### *Annual Renewal Fee*

\$50.00 premises

\$ 25.00 therapist

### *Any Amendments or Changes*

\$50.00

**Please make checks payable to "City of Lake Elmo"**