8301 Valley Creek Road • Woodbury, MN 55125-3330 • woodburymn.gov
651-714-3500 • TDD 651-714-3568 • FAX 651-714-3501

Thank you for your interest in obtaining a massage therapy business and/or therapist license from the City of Woodbury. Below are step by step instructions for completing the application. **All application materials must be received before your application will be processed.**

License Fees:

Massage Therapy Business License:

1. Application Fee	$100
2. Investigation Fee	$100

Once a business license has been approved, it is the owner's responsibility to contact the City Clerk with any changes in new owners, officers and/or on-site manager. All new owners, officers and on-site managers are required to complete a Part II application packet with the required documents. Fees for changes to massage therapy business license are:

Massage therapy business license changes:

1. Additional owner/new officer	$ 50
2. Change in on-site manager	$ 50
3. Amendment to license	$ 50

Note: In the case of a massage therapy business that is wholly owned and operated by the massage therapist, as defined in city code, and does not have any employee or contracted person other than the massage therapist licensed owner providing massage therapy services for or through the massage therapy business, the massage therapy business license fees shall not be required and only the massage therapist license fees shall be required.

Massage therapist license:

1. Application Fee	$50
2. Investigation Fee	$25

All applicants (on-site manager, agent for a massage therapy business, natural person signing the application, massage therapist) shall produce at the time of filing the business and/or therapist license application proof of identification (photo copies will be made and attached to the license application materials):

1. A valid driver's license or identification card issue by Minnesota, another state, or a province of Canada, and including the photograph and date of birth of the license;
2. A valid military identification card issued by the United States Department of Defense;
3. A valid passport issued by the United States; or
4. In the case of a foreign national, by a valid passport

The City Clerk and Woodbury Police Department will review the materials submitted and conduct a background investigation. You will be notified if additional information is needed.

If the City Clerk approves the license, the license will be mailed to your place of business. As required by City Code, the license of Massage Therapy Business and of every Massage Therapist employed thereby shall be displayed in an open and conspicuous place on the premises and shown to law enforcement officer upon request.

Note: If you need a notary public, there are several available at Woodbury City Hall. Business hours are Monday through Friday, 8:00 a.m. to 4:30 p.m.

Questions regarding Massage Therapy business and/or therapist licenses may be directed to Jennifer Torning, Administrative Technician II, at 651-414-3471 or email at jennifer.torning@woodburymn.gov

Massage Therapist License Application

To be completed by the massage therapist.

Section 1: Business

1. Complete the following for the massage therapy business you are employed by, affiliated with, or own:

   Business name _____ Phone (_____) _____

   Business address _____ Woodbury MN 55125
   Street *City* *State* *Zip*

2. What percentage (%) of financial interest do you have in this massage therapy business? _____ %

Section 2: Applicant

3. Complete the following personal information:

   Legal name _____
   Last *First* *Full Middle* *Maiden Name*

   Address _____
   Street *City* *County* *State* *Zip*

   Phone (_____) _____ MN Tax ID No. or Social Security No. _____

   Driver License No. _____ State of issue _____

   Weight _____ Height _____ Eye color _____

   Date of birth _____ Place of birth _____
   mm/dd/yyyy *City/State/Country*

   Email address _____

4. **Have you ever used or been known by a name(s) other than the legal name given above?** ☐ **Yes** ☐ **No**
   If yes, list such name(s) and information concerning dates and places used.

   _____

5. **Are you a U.S. citizen or legally permitted to be in the U.S?** *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.* ☐ **Yes** ☐ **No**

6. **Are you a resident of the State of Minnesota or a resident of one of the following Wisconsin counties: Pierce, St. Croix, Pepin, Dunn, Polk?** ☐ **Yes** ☐ **No**

7. **Address(es) at which you have lived during the preceding ten (10) years**. *Attach additional sheets if necessary.*

Street	*City*	*State*	*Zip*	*Dates*
Street	*City*	*State*	*Zip*	*Dates*
Street	*City*	*State*	*Zip*	*Dates*
Street	*City*	*State*	*Zip*	*Dates*

8. **Employers for the preceding ten (10) years.** *Include name, address, and dates of employment.*

Employer	*Address*	*Dates*
Employer	*Address*	*Dates*
Employer	*Address*	*Dates*
Employer	*Address*	*Dates*

9. **Have you been convicted as an adult within the last five years of any felony, gross misdemeanor, or misdemeanor violations of any state or federal statute or any local ordinance other than non-moving vehicle minor traffic offenses?** Please exclude any juvenile or expunged cases. ☐ **Yes** ☐ **No**
If yes, please list below.

10. **Have you individually, or with others, made an application for a massage therapy license which was denied?** ☐ **Yes** ☐ **No** *If yes, provide date, place and explanation.*

11. **Have you had a massage therapy license suspended or revoked within the last 10 years?** ☐ **Yes** ☐ **No**
If yes, provide date, place, and explanation.

12. **Do you currently have a massage therapist license in any jurisdiction (state or municipality)?** ☐ **Yes** ☐ **No**
If yes, please provide jurisdiction names and dates when license (s) was obtained and provide copy of license(s).

13. **Have you ever been licensed as a massage therapist in any jurisdiction (state or municipality)?** ☐ **Yes** ☐ **No**
If yes, please provide jurisdiction names and dates and provide copy of license(s).

Section 3: Identification and Documentation Required

14. **You are required to produce one of the following means of identification at time of filing this application:**
(The City will make a copy of this document and attach it to your application.)
- ☐ Valid Driver's License or Identification Card
- ☐ Valid Passport
- ☐ Valid Military ID Card

14. **You are required to provide proof of training and/or experience by one of the following:**
- ☐ Completion of a minimum 500 hours of therapeutic massage training/course work from an accredited institution/program in massage therapy
- ☐ Diploma or certificate of graduation from an accredited institution/program in massage therapy
- ☐ Proof of passing the National Certification Exam offered by the National Certification Board for Therapeutic Massage & Bodywork or proof of passing the Federation of State Massage Therapy Boards (FSMTB). (Certified copies required)

15. **Attach**:
1. ***Certificate of Liability Insurance*** showing General Liability insurance and Professional Liability Insurance coverage with a minimum of $300,000 combined single limit per occurrence. The requirement to provide general liability insurance coverage shall not apply to a Massage Therapist who is an employee of a Massage Therapy Business and covered by the Massage Therapy Business General Liability Insurance policy.
2. Completed ***Massage Therapy License Verification Release Form,*** which will be used to verify education/training credentials and work experience, if necessary.
3. Completed **Authorization to Release Information Form**, which will be used to conduct criminal history investigation.

Notice and Notarized Signature

I hereby acknowledge that I have received and/or reviewed Chapter 11, Licenses, Permits and Miscellaneous Business Regulations, Article XIV Massage Therapy Business and Massage Therapist Licenses of the City Code, and am familiar with the provisions thereof.

The information requested on this form will be used by the City of Woodbury to approve or deny the applicant's license. The information I have provided on this application is truthful. I understand that the falsification or misrepresentation of information submitted with my application constitutes grounds for denial of the license. I authorize the City of Woodbury to verify any and all of the information requested on this application, including the ordering of criminal background checks, and to conduct any necessary investigation to assure this application complies with the City's licensing and zoning ordinances.

The information supplied on this form will become public information when received by the City of Woodbury. Under Minnesota law (Minn. Stat. § 270.72), the City may be required to provide the business tax identification number and/or social security number of each applicant to the Minnesota Commissioner of Revenue.

X_____

Applicant Signature

_____

Print Name

_____

Date

Subscribed and sworn to before me this

_____ day of _____, 20_____

_____

(Notary Public/City Clerk)

For office use only

Date Appl. Rec'd _____ Date Fee Paid _____ Amount _____ Receipt No. _____

Name of Entity Paying Fee_____

Appl. to Police _____ Approve/Deny_____ License No. _____

Department of Administration – Clerk Division – Licensing
8301 Valley Creek Road, Woodbury, MN 55125 - 651-414-3471
Jennifer.Torning@woodburymn.gov

Background Investigation Consent Release and Tennessen Warning to be completed by Massage Therapist

As a Massage Therapist License applicant for a Massage Therapist License, 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. Some information attained in such an investigation may be considered public data under the Minnesota Government Data Practices Act before the City acts to approve or deny the license application. I understand that I am under no legal obligation to consent to such investigation, but that my refusal to so consent may be the basis for denying my application.

Personal Information – Please Print

First Name:	Middle Name:	Last Name:
Current Address (street address, city, state, zip code, and county)		Telephone Number
Alias Name(s)	Former Name(s)	
Driver's License Number and State of Issuance	Date of Birth	

Tennessen Warning: In connection with your request for a Massage Therapist license, the City has asked that you provide information about yourself which may be classified as private, confidential, nonpublic, or protected nonpublic under the Minnesota Government Data Practices Act. This means that this data is not ordinarily available to the general public. Accordingly, the City is required to inform you of the following:

1. The purpose and intended use of the information requested is to determine if you are eligible for a Massage Therapist License within the City of Woodbury.
2. You are not legally obligated to supply the requested information.
3. The known consequences of supplying the requested information is that the information or further investigation could disclose information which could cause your application to be denied.
4. The consequences of refusing to supply the requested information is that your request for a Massage Therapist License cannot be processed.
5. A criminal charge, arrest, or conviction will not necessarily bar you from a Massage Therapist License within the City, unless the conviction is related to the matter for which the license is sought, according to Minnesota Statute 364.03. However, failure to reveal the requested criminal information will be considered falsification of the application and may be used as grounds for the denial of your application.
6. Other governmental agencies necessary to process your application are authorized by law to receive the information provided.
7. The City is required by law to furnish some of this information to the Department of Labor and Industry and the Minnesota Commissioner of Revenue.

The undersigned, by signing this notice, acknowledges that he/she has read and understood the contents of this notice and has received a copy of this notice. I may revoke this authorization in writing at any time and in no event will it be valid for more than one year from the date below. Copies of this release shall be as effective as the original.

_____ _____

Signature Date Signed

City of Woodbury
8301 Valley Creek Road
Woodbury, MN 55125
(651) 414-3471

MASSAGE THERAPY LICENSE VERIFICATION RELEASE FORM

GENERAL AUTHORIZATION AND RELEASE BACKGROUND REFERENCE AND VERIFICATION
Pursuant to Minnesota Statute 13.05, Subd. 4, Minnesota Data Practices Act

To _____
Name of accredited massage institution/program (i.e. school, college)
_____

_____

Phone _____

I, _____, hereby authorize and grant my informed consent to
Print Name of Applicant

permit you to release and make available to the City of Woodbury and/or its agents and/or representatives, data classified as private which concerns me and which may be in your possession.

The data which I authorize to be released consists of private data, as defined by Minnesota Statute 13.02, Subd. 4, and has been collected by you as a result of my contacts and associations with you and/or your agents and representatives. The information for which release is authorized is any information that has been retained or disseminated in whatever form which in any way relates to my dealings with you or your agency.

I understand that the purpose of permitting the City of Woodbury to have access to this information is to determine my eligibility for a massage therapy business and/or massage therapist license with the City, including verification of my records and analysis by personnel of the City who may review my license application.

This authorization shall be valid for a period of forty-five (45) days from the date of signature indicated below; however, I reserve the right, at any time prior to that expiration, to cancel the written authorization by providing written notice to the City of Woodbury or to you of that fact.

X_____ _____
Applicant Signature *Date*

On this _____ day of _____, 20____, _____personally appeared before me,
_____ who is personally known to me,
_____ whose identity I verified on the basis of _____,
_____ whose identity I verified on the oath/affirmation of _____, a credible witness, to be the signer of the foregoing document, and he/she acknowledged that he/she signed it.

_____ *Seal*

Notary Public

_____
My Commission Expires

AVEDA INSTITUTE
MINNEAPOLIS

Release of Information Form to be completed by graduates from the **Aveda Institute**. This form is to be completed in addition to the required City of Woodbury release forms.

Release of Information

I understand that I have the right to gain access to my records according to the Department of Education's Family Educational Rights and Privacy Act (FERPA) by making an appointment with the Registrar's Office.

I also understand that I have the right to authorize certain individuals, organizations or class of parties (such as potential employers) to gain access to certain information in my student file. I also understand that I have the right to rescind the authorization in writing at any time.

I hereby authorize_____ to have access to the following

information:_____,

On the following date: _____. The purpose of the

disclosure is as follows:_____.

_____ _____

Student Signature Date

<form revised 08/08/13>