



CITY OF CHASKA
APPLICATION FOR
INDIVIDUAL RENEWAL MASSAGE THERAPIST LICENSE

Each November, the City Council reviews and acts on license applications. Applicants should refer to City Code [Chapter 5 Article 5.12](#) for ordinance details. Incomplete applications will not be accepted. Approved licenses are valid through December 31st and renewed annually. **Fees are nonrefundable.**

Enclosed with completed notarized application:

License Year: _____

- License renewal fee \$150
- Color copy of driver's license or government-issued ID
- Proof of professional massage liability insurance (coverage \$1,000,000)

1) Applicant's **Full** Name: _____
Last First Middle

2) Phone Number: _____ ☐ Cell ☐ Business ☐ Other: _____

3) Email Address: _____

4) Applicant's Home Address: _____

5) Applicant's Date of Birth: _____

6) Premise where therapeutic massage services will be provided: ☐ Residential Home ☐ Business

Name of Business & Address: _____

7) Applicant is: ☐ Owner ☐ Manager ☐ Employee ☐ Other: _____

8) Number of years of experience as a Massage Therapist: _____

9) List Name, Location & Dates of training institutions attended:

10) List Name, Location & Dates of previous employment as a Massage Therapist:

11) List other communities where applicant has been licensed or has applied to be licensed & status:

12) Has applicant previously been denied a license to perform massage services, or had a license revoked or suspended?

☐ Yes ☐ No

If Yes, list Date & Location of such denial, revocation, or suspension.

13) Describe the services you will be providing, including specific techniques and equipment you will be using.

14) Has applicant been convicted of a crime (other than a traffic violation) within the last five (5) years?

☐ Yes ☐ No

If Yes, list Offense(s) with Dates & Location(s):

DATA PRACTICES ADVISORY: The data supplied in this application will be used to assess the qualifications for a license. This data is not legally required but the City will not be able to grant the license without it. If a license is granted, the data will constitute a public record.

I hereby certify that the foregoing statements are true and correct to the best of my knowledge and that the giving of false information or the failure to give pertinent information constitutes cause for revocation of this permit. Further, I agree to comply with all the provisions of the ordinance under which this license is granted.

Applicant's Signature: _____ Date: _____

Subscribed and sworn to before me, a notary public, on this _____ day of _____, 20 _____

NOTARY PUBLIC

My Commission expires: _____

Return completed application and requested information along with the fee to:

***City of Chaska
Attn: Business Licenses
1 City Hall Plaza
Chaska, MN 55318***

*Make check or money order payable to "City of Chaska".
VISA, MasterCard, Discover accepted.
(3% service charge on credit cards)*

----This license will expire on December 31st----

CITY OF CHASKA
TENNESSEN WARNING

The City of Chaska 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 license from the City of Ramsey.
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 known consequences of refusing to supply the requested information is that your request for a license cannot be processed.
5. A criminal charge, arrest, or conviction will not necessarily bar you from obtaining a license with the City, unless the conviction is related to the matter for which the license is sought, according to Minnesota Statute 364.03, or subject to such other exceptions as are provided by law. 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 the application.
6. Other governmental agencies necessary to process your application are authorized by law to receive the information provided.
7. The City may be required to furnish some of this information to the Minnesota Department of Revenue or other governmental agencies.

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

Date

Signature

Print Name

Findings by Chaska Police Department:

- ☐ Recommend Approval
- ☐ Recommend Denial
- ☐ See Attached

Additional Comments:

Police Chief Signature: _____