CITY OF CHASKA
APPLICATION FOR
INDIVIDUAL MASSAGE THERAPIST LICENSE

License application review and approval process may take up to ***60 days***. Licenses are issued after approval by City Council and once background investigation is complete. 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 non-refundable.**

Enclosed with completed notarized application: License Year: _____

- License fee $150
- Background check fee $50
- Completed and signed Request for Background Check Information form
- Color copy of driver's license or government-issued ID
- Certified copy of Therapeutic Massage Training certificate or transcript from U.S. accredited school with minimum of 400 hours of completed training
- 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? Y

☐ 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

BACKGROUND INVESTIGATION CONSENT RELEASE

1 City Hall Plasa, Chaska MN 55318 (952) 448-9200

As a license applicant, 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. The results of such investigation shall be made public pursuant to appropriate City approval or denial of the license application. I understand that I am under no legal obligation to consent to such investigation, but that my refusal to consent may be the basis for denying my application.

Type of License: **Massage**

Owner Information

First Name Middle Name Last Name

Home Address:

City/State/Zip:

Home Phone:	Business Phone:
Date of Birth:	Place of Birth:
Driver's License Number State	Social Security Number:

Physical Attributes

Sex Race Height Weight Eye Color Hair Color

Other Known Names:

Have you ever been convicted of a crime relating to this type of license? ☐ YES ☐ NO

If yes, state jurisdiction, type of violation and disposition:

TENNESSEN WARNING: In connection with your request for a 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 license from the City of Chaska.
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. 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 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

Signature:	Date:

These statements are true, correct and are made with the knowledge that this information may be made public. False disclosures are subject to perjury proceedings and forfeiture of the license application.

Findings by Chaska Police Department:

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

Additional Comments:

_____

_____

_____

Police Chief Signature: _____