



City of Mahtomedi

Massage Therapist License Application

For office use only

Date received in office ____/____/____ License Fee: \$ **75.00** Background Fee: \$ **275.00**

Approval Date ____/____/____ License No. _____

Business Only _____ Business/Individual _____

DIRECTIONS: PLEASE PRINT. This form must be filled out in ink or it must be typed. If the applicant is an individual, by that person; if a corporation, by an officer thereof; if a partnership, by one of the partners; if an unincorporated association, by the manager or managing officer thereof.

The City of Mahtomedi has an electronic notification system where all proposed ordinances are posted for Council consideration. Go to <https://www.mahtomedimn.gov> and click on Notifications to receive Mahtomedi updates or click on Agendas & Minutes for more information.

Section 1: Personal Applicant Information

1. Date ____/____/____
2. Applicant's name _____ Home (____) _____

*Last**First**Middle*

Cell (____) _____
3. Height _____ Weight _____ Color of hair _____ Color of eyes _____

Attach a color photocopy of your driver's license or state-issued I.D., front and back, or any other government-issued I.D.

4. Have you ever been arrested, charged or convicted of any felony, crime or violation of any ordinance, other than a petty traffic? Yes ☐ No ☐

If yes, give date, time, place and nature of conviction _____

5. Have you had any interest in any other previous therapeutic massage license that was denied, revoked, or suspended or not renewed? Yes ☐ No ☐

If yes, explain in detail providing dates of such revocation _____

6. Names, addresses and phone numbers for three residents within the metropolitan area who may be referred to attest to your character.

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CITY CLERK OFFICE

Licensing Division
600 Stillwater Road
Mahtomedi, MN 55115

PH 651-426-3344
FAX 651-747-3703

<https://www.mahtomedimn.gov>

7. Have you completed higher education for therapeutic massage? Yes ☐ No ☐

If yes, attach the following:

1. Certified copy of a transcript of academic record from an Accredited Program or Accredited Institution.
2. Copy of the diploma or certificate of graduation from an Accredited Program or Accredited Institution. *(Must confirm that you have successfully completed at least 500 hours of certified therapeutic Massage training.)*

8. Are you currently licensed in other communities to perform Massage services? Yes ☐ No ☐

If yes, state where _____

9. Have you ever been engaged as an employee or operated a spa, salon or other business which offered massage?

Yes ☐ No ☐

If yes, list all dates, places contact information including phone numbers _____

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Section 2: Tennessean Warning and Notarized Signature

The data on this form will be used to process your license application. Some requested data is private. Private data is available to you and the City or State staff who need this information to perform their duties, but is not available to the public.

You are being asked to answer questions and provide information pursuant to the application process that is required by Minnesota State Law and the City of Mahtomedi ordinance. The information you provide is government data in accordance with Chapter 13 of State law known as the "Minnesota Government Data Practices Act". You are not required by law or ordinance to answer questions or provide the information requested. A refusal to answer questions or provide information being requested will prevent the City of Mahtomedi from processing the application for which you are applying.

As a consequence of that action, no license application will be forwarded to the Mahtomedi City Council for their consideration unless the application is complete and contains all required information. The information you provide may be classified as "public", "private" or "confidential" pursuant to the "Government Data Practices Act". Access to this information can be obtained by persons who are deemed eligible pursuant to the "act". This access can include the subject(s) of the license application, anyone they give their informed consent to consistent with Minnesota State law, or by court order.

I acknowledge that I have reviewed the City's Massage Business Regulations found in City Code Section 7, and will familiarize myself with its provisions. I understand that a criminal conviction will not bar me from obtaining a license unless the conviction is directly related to the occupation for which the license is sought and there is no showing of sufficient rehabilitation and present fitness to perform the duties of the occupation (*Minnesota Statute 364.03*). I understand that falsification of the application, including failure to reveal a criminal conviction, constitutes grounds for denial of the license.

The information I have provided on this application is truthful. I authorize the City of Mahtomedi 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 licensing and zoning ordinances.

I authorize the Washington County Sheriff's Department to receive the information provided in this application for the purpose of completing a criminal background investigation. ***My signature constitutes agreement of the Tennessean Warning and this application.***

X

Applicant's signature

STATE OF _____)
) ss
COUNTY OF _____)

_____, says that they are the person who has executed this application and that the statements made therein are true of their own knowledge and belief.

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

Notary Signature

My Commission Expires:

_____, 20 _____