



## MASSAGE THERAPIST LICENSE APPLICATION CHECKLIST

22350 S. Diamond Lake Rd.  
Rogers, MN 55374  
(763) 428-2253

**These items must be submitted before staff will send to City Council for approval.**

- Fee \$145 (*includes fee for background check*). Fees may be prorated. The full fee amount must be paid. The massage therapist license expires on December 31<sup>st</sup> of each year and Council approval is required. The renewal fee each year is \$70.
- Color copy of Driver's License, and prove of citizenship (or residential alien or visa paperwork).  
\_\_\_Certified Birth Certificate \_\_\_U.S. Passport \_\_\_Naturalization Certificate \_\_\_Certificate of citizenship
- Submit a Certificate of Insurance as proof of liability insurance. The policy of insurance shall be in limits of not less than \$1,000,000. Failure to keep in full force and effect, the insurance required herein, is grounds for revocation.

### EDUCATIONAL REQUIREMENTS:

Each applicant shall furnish the following at the time of application:

- A diploma or certification of graduation from a school approved by the American Massage Therapist Association or other similar reputable massage association **or** a diploma or certificate of graduation from a school which is either accredited by a recognized educational accrediting association or agency, or is licensed by the State or local government agency having jurisdiction over the school.

### AND

- Proof of a minimum of 500 hours of successfully completed course work in the following areas:
  - The theory and practice of massage, including but not limited to, Swedish, Esalen, Shiatsu and/or Foot Reflexology techniques; and
  - Anatomy, including, but not limited to Skeletal and Muscular structure and Organ placement; and
  - Hygiene



## MESSAGE THERAPIST LICENSE APPLICATION

Incomplete applications will not be processed. If a question does not apply, please write "N/A".

1. Name: \_\_\_\_\_  
FirstFull MiddleMaiden NameLast
2. Home address: \_\_\_\_\_  
StreetCityStateZip
3. Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_
4. Place of Birth \_\_\_\_\_ Date of Birth: \_\_\_\_\_
5. Name of establishment where massage will take place: \_\_\_\_\_
6. Establishment Address: \_\_\_\_\_
7. Establishment Phone: \_\_\_\_\_
8. Owner of establishment where massage will take place: \_\_\_\_\_
9. Establishment manager: \_\_\_\_\_
10. Are you licensed in any other community?  Yes  No If yes, where? \_\_\_\_\_
11. Have you been denied a massage license by any licensing authority?  Yes  No  
If yes, indicate licensing authority: \_\_\_\_\_
12. If you have ever used or been known by a name other than the true name given above, list such name(s) and information concerning dates and places used: \_\_\_\_\_  
\_\_\_\_\_
13. **Addresses at which you have lived** during preceding five years. Begin with present address. Attach additional sheets if necessary.

Number and Street

City and State

Dates

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14. **Names and addresses of previous employers**, if any, for the preceding five years, including self-employment. Begin with present or last occupation. Attach additional sheets if necessary.

Employer                      Street Address                      City and State                      Dates

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15. Have you ever been convicted of any felony, crime or violation of any ordinance, other than traffic?  
*If yes, give the date, place and offense for which convictions were had:*               Yes       No

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16. List the names, resident addresses and business addresses of three residents of Minnesota of good moral character, not related to the applicant or financially interested in the premises or business, which may be referred to as the applicant's character.

Full Name: \_\_\_\_\_

Residence Address: \_\_\_\_\_

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

Full Name: \_\_\_\_\_

Residence Address: \_\_\_\_\_

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

Full Name: \_\_\_\_\_

Residence Address: \_\_\_\_\_

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

I declare that the information I have provided is truthful and I understand that falsification of answers on this application may result in denial of this application. I authorize the City of Rogers to investigate and make whatever inquiries are necessary to verify the information provided.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**OFFICE USE ONLY**

Application complete \_\_\_\_\_ License Fee paid \_\_\_\_\_

Proof of graduation attached? Yes  No

Proof of 500 hours attached? Yes  No

Proof of Citizenship Status? Yes  No

Licensing period \_\_\_\_\_

Council approval granted on \_\_\_\_\_



**TENNESSEN WARNING  
APPLICATION FOR BUSINESS LICENSE**

In connection with your request for a license, the City of Rogers has asked that you provide information about yourself, which is classified as either *private* or *confidential* by the Minnesota Government Data Practices Act (M.S.A. 13.04). Accordingly, the City is required to inform you of the following:

1. The private or confidential information requested includes, but may not necessarily be limited to, the following: *Your social security number or Minnesota business identification number.*
2. The purpose and intended use of the information requested is: *To comply with Minnesota Statutes, Section 270.72.*
3. You are requested to supply the requested information.
4. The known consequences of supplying the requested information is as follows: *Loss or denial of the requested license if you owe the State of Minnesota delinquent taxes, penalties or interest.*
5. The known consequences of refusing to supply the requested information is: *Your request for a license cannot be processed.*
6. The following persons and entities are authorized by law to receive the information if provided: *State of Minnesota – Department of Revenue and other government agencies as provided by law.*

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

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Applicant

\_\_\_\_\_

Print Name

**CITY OF ROGERS**  
**BACKGROUND INVESTIGATION CONSENT RELEASE**  
**INFORMATION TO BE USE FOR BUSINESS LICENSE PROCESSING**

*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 Council approval or denial of the license application. I understand that I am under no legal obligation to consent to such investigation, but that if I refuse to so consent, my application cannot be processed.*

*I release the City of Rogers and the Rogers Police Department, and any of its agents or employees, from any and all liability for its receipt and use of information and records received pursuant to this consent. I further acknowledge that I have carefully read this release, fully understand its terms and legal significance, and execute it voluntarily.*

**Business Name:** \_\_\_\_\_ **Type of License Applied for:** \_\_\_\_\_

**Applicant:** \_\_\_\_\_  
 (First Name) (Full Middle Name) (Last Name)

**Address:** \_\_\_\_\_  
 (Address) (City) (State) (Zip)

**Home Phone:** (\_\_\_\_) \_\_\_\_\_ **Business Phone:** (\_\_\_\_) \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Place of Birth:** \_\_\_\_\_  
 (City) (State)

**Are you (the applicant) a U.S. citizen?** *If yes, but birthplace was not in the U.S, please provide a Certificate of Naturalization, Certificate of Citizenship, current or previously issued passport, or birth certificate. If no, present proof of immigration or employment status.*  Yes  No

**Driver's License or State ID #:** \_\_\_\_\_ **State Issued:** \_\_\_\_\_  
 A color copy of the driver's license or state ID must be attached (front and back)

**Physical:**  
**Sex** \_\_\_\_\_ **Race** \_\_\_\_\_ **Height** \_\_\_\_\_ **Weight** \_\_\_\_\_ **Eyes** \_\_\_\_\_ **Hair** \_\_\_\_\_

**List All Aliases/Previous Last Names:** \_\_\_\_\_

**List Complete Addresses of Any Prior Residence(s) in the Last 5 Years:** *(attach additional sheets if necessary)*

\_\_\_\_\_  
 \_\_\_\_\_

**Have you ever been convicted of a felony, gross misdemeanor, or misdemeanor?**  Yes  No  
 If yes, state jurisdiction, type of violation and disposition: \_\_\_\_\_

**Applicant 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.*

\_\_\_\_\_

**OFFICE USE ONLY**

Background Check/Investigation:  Approved  Denied

Comments: \_\_\_\_\_

Police Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**State of Minnesota  
License Applicant Information**

Under Minnesota law (M.S. 270C.72, subd. 4), the agency issuing you this license is required to provide to the Minnesota Commissioner of Revenue your **Minnesota business tax identification number** and the **Social Security number of each license applicant (person signing the application)**.

Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we must advise you that:

- This information may be used to deny the issuance, renewal or transfer of your license if you owe the Minnesota Department of Revenue delinquent taxes, penalties, or interest.
- The licensing agency will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Act, the Department of Revenue is allowed to supply this information to the Internal Revenue Service.
- Failing to supply this information may jeopardize or delay the issuance of your license or processing your renewal application.

Please fill in the following information and return this form along with your application to the agency issuing the license. Do **not** return this form to the Department of Revenue.

**TYPE OF LICENSE BEING APPLIED FOR OR RENEWED:** \_\_\_\_\_

**LICENSING AUTHORITY:** City of Rogers

**Personal Information (required):**

\_\_\_\_\_  
Applicant's Last Name    First Name and Initial    Social Security Number

\_\_\_\_\_  
Applicant's Address    City    State    Zip Code

**Business Information (if applicable):**

\_\_\_\_\_  
Business Name    Business Number

\_\_\_\_\_  
Business Address    City    State    Zip Code

Minnesota tax identification number: \_\_\_\_\_

If a Minnesota tax identification number is not required, please explain on the reverse side of this form.

Federal tax identification number: \_\_\_\_\_

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Date**