



# MASSAGE THERAPIST INDIVIDUAL LICENSE APPLICATION

City of Savage | 6000 McColl Drive, Savage, MN 55378 | Office: 952-882-2660 | Fax: 952-882-2656

## OFFICE USE ONLY

Application Date	Mailed	Called
Photo Date	Photo Number	Picked Up

## SECTION 1: APPLICANT

The application forms shall be answered fully and completely by the applicant. No massage therapist license shall be issued to a person who does not provide all information requested by the license application or such other information as the Issuing Authority or City Council may require.

### APPLICANT INFORMATION

Applicants Full Name		Maiden Name	
Address		City	State      Zip
County		State Driver's License No.	
Phone No.		Date of Birth	Place of Birth
Height	Weight	Hair Color	Eye Color
<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Are you a U.S. Citizen?</b> 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.		
<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Have you ever used or been known by a name or names other than the name given above?</b> If yes, list such name(s) and information concerning dates and places used:		
	Name(s)		Date(s)
	Place(s) Used		
<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Have you ever been convicted of any felony, crime or violation of any ordinance other than a minor traffic offense?</b> If yes, provide the time, place and offense:		
	Time	Place	Offense
<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Have you ever had an interest in, as an individual or as part of a corporation, partnership, association, enterprise, business or firm, a massage license that was revoked or suspended within the last five (5) years?</b> If yes, explain:		
	Explain:		
<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Have you made an application for a massage therapist license which was denied?</b> If yes, state the circumstances:		
	Explain:		

### ADDRESS(ES) AT WHICH YOU HAVE LIVED DURING THE PRECEDING FIVE (5) YEARS

Address	City	State	Zip
Address	City	State	Zip
Address	City	State	Zip
Address	City	State	Zip
Address	City	State	Zip

**CURRENT/PAST EMPLOYERS (PRECEDING 5 YEARS)** *Attach additional sheet if necessary.*

Employer	Employer Phone No.		
Position	Start Date	End Date	
Address	City	State	Zip
Employer	Employer Phone No.		
Position	Start Date	End Date	
Address	City	State	Zip
Employer	Employer Phone No.		
Position	Start Date	End Date	
Address	City	State	Zip
Employer	Employer Phone No.		
Position	Start Date	End Date	
Address	City	State	Zip
Employer	Employer Phone No.		
Position	Start Date	End Date	
Address	City	State	Zip

**REQUIRED INFORMATION** *Must be included with application to be considered for approval.*

- Proof of insurance coverage of one million dollars (\$1,000,000) for professional liability in the practice of massage.
- Letter from a Savage licensed therapeutic massage enterprise stating that you are affiliated with or employed by them. If you own a Savage licensed therapeutic massage enterprise, no such letter is needed.
- Proof of at least six hundred (600) hours of certified therapeutic massage training with content that includes subjects of anatomy, physiology, hygiene, ethics, massage theory and research, and massage practice from an Accredited Program approved by the Issuing Authority, or have at least two (2) years of full-time experience working as a licensed massage therapist at a licensed therapeutic massage enterprise or other licensed business.

**PLACE OF EMPLOYMENT**

Please provide the name, address, and phone number of the therapeutic massage enterprise you are employed by.

Business	Phone No.		
Address	City	State	Zip

**How can the applicant help expedite the application approval process?**

- Include previous and current employer phone numbers.
- Provide a copy of the Liability Insurance Certificate.
- Provide letters from a Savage licensed therapeutic massage enterprises on business letterhead.
- Provide official school transcripts along with a phone number for the school.
- If the applicant's qualifications are based upon two years of full-time experience, please include letters on business letterhead from the business or businesses from which the applicant obtained an equivalent of two years full time experience. It is helpful if the letters include the following:
  - Business Name
  - Owner/Manager name and phone number
  - Explanation of hours worked by applicant

**NOTICE**

The data on this form will be used to approve or deny your license application. Some requested data is private pursuant to the Minnesota Government Data Practices Act. Private data is available to you and City staff or officials who require the information to perform their duties, but is not available to the public. You are not legally required to provide this data, but the City may not be able to approve your application if you do not provide it.

I hereby acknowledge that I have reviewed Chapter 114 of the City Code, Therapeutic Massage Enterprises and Therapists Regulation, and the City zoning requirements for said businesses, as provided in Chapter 152.171 of the City Code, and are familiar with the provisions thereof.

The information I have provided on this application is truthful. I understand that the falsification or misrepresentation of information submitted with my application, including failure to reveal a criminal conviction, constitutes grounds for denial of the license. I authorize the City of Savage 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.

**Subscribed and sworn to before me, a Notary Public, on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.**

**Commission expires on \_\_\_\_\_.**

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**Applicant Signature**

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**Notary Signature**



# CONSENT FOR RELEASE OF INFORMATION IN ACCORDANCE WITH MSA 13.05, SUBD. 4(D)

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I, \_\_\_\_\_, authorize the City of Savage Police Department to release criminal history data, as defined by Minnesota Statute 13.87, subd. 1 and driver's license and traffic record data to the City Clerk for the City of Savage. I understand that some of this data may be classified as private data under Minnesota statutes and I hereby give my informed consent to the release of that private data by the City of Savage Police Department to the City Clerk for the City of Savage.

This consent for the release of data is for the purpose of determining my eligibility to obtain a license/permit with the City of Savage. This information cannot be used for any other purposes.

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.

\_\_\_\_\_  
**Signature of Individual Authorizing Release**

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

PLEASE COMPLETE THE FOLLOWING INFORMATION			
First	Middle		
Last			
Sex	Date of Birth		
Address			
City	State	Zip	
Drivers License No.			State Issued
Please list any other names you are or have been known by:			
Employer			

I certify that all statements by me on this form are true and complete. I understand that any false statements or omissions on this form shall be sufficient cause for rejection of my application for a license/permit.

I hereby authorize the City of Savage to use this information to determine my eligibility to obtain a license/permit.

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

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



# BACKGROUND INVESTIGATION

## DATA PRACTICES ADVISORY FOR PROTECTED INFORMATION

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**Read this Advisory before completing the consent for release information and providing the protected information on the reverse side.**

As an applicant for a license/permit with the City of Savage, you are being asked to provide information about yourself that will be used to evaluate your eligibility to obtain a license/permit.

The purpose and intended use of the data requested on the reverse side is to conduct the background inquiries that this City uses to establish your eligibility to obtain a license/permit. A complete criminal history and driver's license check is conducted to determine whether there are any factors that affect your suitability for a license/permit.

DATA WE HAVE REQUESTED	INTENDED USE
All names you are known by, or have been known by	To conduct a complete criminal history and background check
Date of birth	To access driver's license and criminal history data
Gender	To access driver's license and criminal history data
Driver's license number	To access driver's license data

This data will be used solely for the above-mentioned purposes. This data will be forwarded to the appropriate City staff as determined necessary for completion for the background investigation.

You are not legally required to provide the requested information. However, if you do not, the City of Savage will be unable to conduct the required background inquiries and will not be able to issue a license/permit.

**I have read and understand the information stated above.**

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

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