



City of Maplewood
 Office of the City Clerk
 1830 County Road B East | Maplewood, MN 55109
 651-249-2005 | 651-249-2957 (fax)
www.MaplewoodMN.gov
Licensing@MaplewoodMN.gov

Approved By:
 City Manager
 Police
 BI Fee Paid: _____
 Receipt #: _____
 Lic. Fee Paid: _____
 Receipt #: _____

MESSAGE THERAPIST

SEPTEMBER 1ST THROUGH AUGUST 31ST, ANNUALLY

*Guidance relating to Massage Therapists is contained in the Maplewood City Code, Chapter 14, Article XX.
 All license holders are required to be familiar with the provisions of this Chapter and with applicable Minnesota Statutes and federal regulations.*

LICENSE APPLICATION CHECKLIST:

**To prevent delay, please ensure the following information is submitted.
 Incomplete applications are not accepted and will be returned immediately**

- Massage Therapist license application
- Fees:
 - License Fee of \$224
 - One-Time Background Investigation Fee of \$135
- One front-face photograph of the applicant, taken within 30 days of the date of application, at least 2½ inches square
- Proof of school accreditation
 - Certified degree, diploma or certificate of graduation from an accredited institution
 - Certified transcript from accredited institution where applicant received massage training
 - This document must be mailed to the City **from the institution**; transcripts brought in **by the applicant** will not be accepted.
- Informed Consent Form (include copy of government issued ID)

Business Information (Massage Center for which supplement is being submitted)

Business Name _____

Business Address _____

Applicant (Therapist) Information

Name of Applicant _____

Address _____

Phone Number (_____) _____ E-Mail Address _____

Are you a citizen, legal resident or able to legally be employed in the United States? Yes No

If **not a US Citizen**, please provide proof of immigration/employment status such as a permanent resident Green Card or Work Authorization card.



List each residential address you have LIVED AT within the past five (5) years.
 Include any seasonal, part-time and short-term locations
 (use additional page provided, if needed):

From (Mo/Yr) – To (Mo/Yr)	Street Address	City/Township	State	Zipcode

List each place of employment you have WORKED AT within the past five (5) years.
 Include any non-massage related positions, and seasonal, part-time and short-term locations
 (use additional page provided, if needed):

1	Business Name	Your Job Title		Employment Dates (Mo/Yr) – To (Mo/Yr)
	Address	City	State	Phone Number
2	Business Name	Your Job Title		Employment Dates (Mo/Yr) – To (Mo/Yr)
	Address	City	State	Phone Number
3	Business Name	Your Job Title		Employment Dates (Mo/Yr) – To (Mo/Yr)
	Address	City	State	Phone Number
4	Business Name	Your Job Title		Employment Dates (Mo/Yr) – To (Mo/Yr)
	Address	City	State	Phone Number

List each community (City/State) where you have HELD A MASSAGE THERAPY LICENSE
 within the past five (5) years.

City/State Name	Mo/Yr Applied	Do you currently hold a license here? (Y/N)

In the past five (5) years, have you had a massage license:

Revoked? Yes No

Denied? Yes No

Suspended? Yes No

If yes, indicate where and the reason(s) for revocation/denial/suspension(s) _____

In the past five (5) years, have you been **arrested, charged** or **convicted** of any felony or misdemeanor? Yes No

If yes, provide the date, place and type of offense _____

In the past five (5) years, have you been **charged** or **convicted** of a violation of any ordinance other than a minor traffic offense? Yes No

If yes, provide the date, place and type of violation _____

Educational Institute Information

Name of educational institute where massage training was received: _____

Address: _____

City: _____ State: _____ Zip: _____

Number of hours of certified therapeutic massage training completed (min. of 500hrs required) : _____

Does this institute hold accredited status with the US Department of Education or MN Office of Higher Education?

Yes No

License Renewal Information

Renewal notice should be mailed to: _____

Attn: _____



The data in this application will be used to approve your license and shall be deemed public unless private by State Statute. 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 not legally required to provide this data, but the City may not be able to approve your license if you do not provide it.

I will familiarize myself with the provisions of the Maplewood City Code, and with applicable Minnesota Statutes and federal regulations. This business will be conducted in compliance with the above regulations, statutes and ordinances, and it is understood that failure to do so may constitute grounds for denial, suspension or revocation of this license.

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

Applicant Signature _____ Date _____

Please submit a completed
Business License Background Check Consent Form
with this application



Please use this page if you need to provide additional information regarding places of residence, employment or communities you have held a license in within the past five (5) years.

Residential Address List (continued from page 2)

From (Mo/Yr) – To (Mo/Yr)	Street Address	City/Township	State	Zipcode

Place of Employment List (continued from page 2)

1	Business Name	Your Job Title		Employment Dates (Mo/Yr) – To (Mo/Yr)
	Address	City	State	Phone Number
2	Business Name	Your Job Title		Employment Dates (Mo/Yr) – To (Mo/Yr)
	Address	City	State	Phone Number
3	Business Name	Your Job Title		Employment Dates (Mo/Yr) – To (Mo/Yr)
	Address	City	State	Phone Number
4	Business Name	Your Job Title		Employment Dates (Mo/Yr) – To (Mo/Yr)
	Address	City	State	Phone Number

Communities Held a License With (continued from page 3)

City/State Name	Mo/Yr Applied	Do you currently hold a license here? (Y/N)

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BUSINESS LICENSE BACKGROUND CHECK CONSENT FORM

Please PRINT the following Applicant information:

Last Name: _____

First Name: _____ Middle Name (full): _____

Maiden/Former/Alias: _____

Date of Birth: _____ Place of Birth: _____

Sex: Male _____ Female _____ Social Security Number: _____

Government Issued ID Number: _____ State: _____

**submit a copy of ID with this form*

I authorize the Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information to the City of Maplewood for the purpose of determining my eligibility for obtaining a business license by the City of Maplewood, pursuant to Minnesota State Statute 299C.72.

I understand that I am under no obligation to consent to such investigation, but that if I refuse to do so, my application cannot be processed.

The expiration of this authorization shall be for a period no longer than one year from the date of my signature.

Applicant Signature _____ Date _____