



MASSAGE THERAPIST LICENSE APPLICATION

The application form(s) 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.

APPLICATION DATE: _____

BACKGROUND INVESTIGATION FEE (NON-REFUNDABLE): **\$60.00**

APPLICANT INFORMATION

Applicant Legal Name (first, middle, maiden/last): _____

Applicant Street Address: _____

Applicant Mailing Address (if different from above): _____

City: _____ State: _____ Zip Code: _____

Home Phone Number: _____ Alternate Phone Number: _____

Email Address: _____

Yes No **Are you presently employed as a Massage Therapist?**
If yes, where? _____

Yes No **Are you licensed as a massage therapist in another community:**
If yes, where? _____

Yes No **Have you been denied a massage therapist license by any licensing authority?**
If yes, describe: _____

Yes No **Have you ever been convicted of any felony, crime or violation of any ordinance, other than traffic?**
If yes, explain: _____

If you have ever used or been known by a name or names other than the legal name given above, list such name(s) and information concerning the dates and places used:

Name(s)	Date(s)	Place(s)

Address(es) at which you have lived during the preceding five (5) years, beginning with the most recent:

Street	City and State	Start & End Dates

Occupation history for the preceding five (5) years, beginning with the most recent:

Occupation	Employer	City and State	Start & End Dates

List the names, addresses, and phone numbers of three (3) people of good moral character, not related to the applicant or financially interested in the premises, who may be contacted as to the applicant's character:

Name	Address	Phone Number
1.		
2.		
3.		

Each applicant for a massage therapist license shall furnish the following with the application:

- An official diploma or certificate of graduation from a school approved by the American Massage Therapist Association or other similar reputable massage association; or
- An official 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; or
- An official certificate of National Certification for Therapeutic Massage Body Work by the National Certification Board of Therapeutic Massage and Body Work, an affiliate of the American Massage Therapy Association.

If the applicant's diploma or certificate is from a school outside of Minnesota, the certificate or diploma must be a certified copy sent directly from the school to the City of Winsted. Additionally, the school must send the City of Winsted a letter detailing the school's accreditation.

- Each applicant shall also submit a copy of their Driver's License or State-Issued Identification Card.

ESTABLISHMENT INFORMATION

Name of Massage Therapy Establishment within the City of Winsted: _____

Street Address: _____

Mailing Address (if different from above): _____

City: _____ State: _____ Zip Code: _____

Establishment Phone Number: _____ Tax ID or Social Security #: _____

Name of Direct Supervisor/Manager/Owner: _____

Phone Number for Direct Supervisor/Manager/Owner: _____

Email for Direct Supervisor/Manager/Owner: _____

Number of Massage Therapists that practice at this location: _____

Note: Each massage therapist is required to complete a Massage Therapist License Application with required documentation

TENNESSEN WARNING

Minnesota law requires that you be informed of the purposes and intended uses of the information you provide to the City of Winsted (City) during the license application process. Any information about yourself that you provide to the City during the license application process will be used to identify you as an applicant and to assess your eligibility to receive the license for which you applied. If you wish to be considered for a license, you are required to provide the information requested on the license application. If you refuse to supply information requested by the City, it may mean that your application will not be considered.

I have read and agree to all ordinances associated with this Massage Therapist License. I certify that I have read the above questions and that the answers are true and correct to the best of my knowledge. 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 further acknowledge that my application and background check fees are non-refundable.

A SIGNATURE IS REQUIRED TO COMPLETE THIS APPLICATION.
Signature must be notarized. A Notary is available at Winsted City Hall.

Signature of Applicant

Date

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

Signature of Notary

Date Commission Expires

FOR OFFICE USE ONLY

Date Application Received: _____ Date Paid: _____

Amount Paid: _____ Method of Payment: _____

Date Background Check Completed: _____ Investigating Officer: _____

License Approved/Denied: Approved Date License Issued: _____

Denied Reason for Denial: _____

Decision by: _____ Signature: _____