



Re: Massage Therapist License Application

ATTENTION MASSAGE THERAPISTS:

Enclosed is an application for a Massage Therapist License Application with the City of St. Cloud. Completed applications, required documents and payment must be submitted to the Health and Inspections Department and approved prior to you providing any massage services in St. Cloud.

Please note that City Ordinance Section 447 was recently updated, requiring all massage therapists to be licensed individually by the city. Additional copies for new massage therapists can be found at <http://www.ci.stcloud.mn.us/989/Forms-Applications> or at the Health & Inspections Department.

BY MAIL OR IN PERSON AT CITY HALL, SUBMIT THE FOLLOWING:

- Completed *2020 Massage Therapist Establishment License Application* (*incomplete applications will not be accepted*)
- Complete *Consent to Release Private Data* form and attach photocopy of a state issued id
- Attach copy of public liability insurance policy or certificate of insurance with limits not less than \$1,000,000
- Proof of completion of a therapeutic massage certification with content that includes subjects of anatomy, physiology, hygiene, ethics, massage theory and research, and massage practice from an Accredited Institutions or Accredited Program
- Payment of \$50.00 license fee- Check or money order payable to City of St. Cloud. All payments are accepted in person at City Hall.

MAIL OR DELIVER THE ABOVE ITEMS TO: City Hall - Cashier
400 2nd St S.
St. Cloud, MN 56301

Approved licenses will be mailed in January. Please call the Health & Inspections Department at 320-255-7214 or email becky.luberts@ci.stcloud.mn.us for questions.

Government data practices act-Tennessee warning: The data you supply on this form will be used to process the license you are applying for. You are not legally required to provide this data, but we will not be able to process the license without it. The data will constitute a public record if and when the license is granted.

COMPLETE THE INFORMATION CONTAINED ON THIS PAGE. ILLEGIBLE AND INCOMPLETE INFORMATION MAY BE RETURNED.

MASSAGE ESTABLISHMENT INFORMATION:

Business Name: _____

Business Address: _____

APPLICANT PERSONAL INFORMATION:

Name: _____

Residence Address: _____
Street City State Zip Code

Mailing Address: _____
Street City State Zip Code

Phone number: _____ Email: _____

Height: _____ Weight: _____ Color of hair: _____ Color of eyes: _____

Place of birth: _____ Date of birth: _____

Minnesota Tax ID, Federal Tax ID OR Social Security Number: _____

Proof of Identification (COPY MUST BE ATTACHED):

____ Driver's License ____ Military ID ____ Passport ____ Other

Have you ever used/been known by a name other than your true name? ____ Yes

____ No If yes, list the name(s) and any information concerning the date(s) and place(s) where used. This includes commonly used nicknames.

Are you a U.S Citizen? *If yes, but birthplace was not in the U.S., please provide a Certificate of Naturalization, Certificate of citizenship or current passport.* ____ Yes ____ No
If no, present proof of immigration/employment status.

Do you have legal work status in the United States? ____ Yes ____ No

List the addresses and dates at which you have lived during the preceding 5 years.

Attach additional sheets or details as needed:

Address	Dates
Address	Dates
Address	Dates
Address	Dates
Address	Dates

List the names, addresses, phone numbers, & dates of the employers you've worked for in the last 5 years.

Attach additional sheets or details as needed:

Name	Address	Phone Number	Dates
Name	Address	Phone Number	Dates
Name	Address	Phone Number	Dates
Name	Address	Phone Number	Dates
Name	Address	Phone Number	Dates

Have you ever been arrested, charged or convicted of any crime, or violation of any ordinance other than a minor traffic offense? _____ Yes _____ No

Attach additional sheets or details as needed:

Date(s)	Time	Location	Offense
Date(s)	Time	Location	Offense
Date(s)	Time	Location	Offense
Date(s)	Time	Location	Offense

Have you had an interest in, as an individual or as part of a corporation, partnership, association, establishment, business or firm, a massage license that was denied, revoked or suspended within the last 10 years of the date the license application is submitted to the issuing authority? ____Yes ____No

Attach additional sheets or details as needed:

License number	City	State	Duration
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License number	City	State	Duration
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License number	City	State	Duration
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Have you ever been the subject of an investigation, public or private, criminal or non-criminal, regarding massage therapy? ____Yes ____No If yes, please provide details.

Please list residential references of the St. Cloud area, of good moral character, not related to you or financially interested in the premises of the business.

Name	Address	Phone number	Email
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Name	Address	Phone number	Email
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Name	Address	Phone number	Email
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******ENCLOSE LICENSE FEE PAYMENT OF \$50.00******

Applicant agrees to comply with all laws, ordinances or regulations applicable whether they are federal, state, county or municipal. The undersigned declares that the information provided in this license application is truthful and authorizes the City of St. Cloud to investigate the information provided.

Applicant Signature: _____ **Date:** _____

Printed Name : _____

Office use only

Date: _____ **Receipt:** _____ **Amount Received:** \$50.00

Received by: _____ **Method:** Check Credit/Debit Card Cash

TRAKIT Code: _____

Massage License Applicants and Renewal Applicants

Every Owner, Manager, and Massage Supervisor must complete this form.

In accordance with the Minnesota Government Data Practices Act, the City of St. Cloud is required to inform you of your rights as they relate to the private information collected from you. Private data is information, which is available to you, but not to the public; the personal information we collect about you is private governed by Minnesota Statute 13.04, subdivision 2.

The purpose and intended use of this information is to perform background investigations of the applicant, manager and/or others appearing on the application. This information will be used to determine if it is appropriate for the applicant to be issued a license or permit from the City of St Cloud. This information will be used by various City departments in the course of their investigations. In addition, various State and Federal law enforcement agencies may be furnished portions of the information you provide.

You are not legally required to provide this information. However, failure to furnish the requested information may result in your application being denied. If you have any questions in this regard, please contact the Health and Inspections Department at (320) 255-7214.

PLEASE PRINT

I am (check all that apply) Owner Manager Massage supervisor Massage therapist

For the following massage facility: _____

I, _____
 First name Full middle name Last name

authorize the City of St. Cloud to release the following private data about me to all agencies, departments and individuals involved in the investigation for issuance of a massage facility license. The person(s) receiving the private data may use it only for the purpose of evaluating my application for, or renewal of, a massage facility license.

1. Any other name(s) or nicknames you have been known by: _____

2. Date of birth (mm/dd/yyyy): _____

3. Home address: _____
 Street City State Zip

4. Phone number: _____

5. Race: _____ 6. Sex: _____

6. **ENCLOSE A PHOTOCOPY OF A STATE ISSUED ID**

To the following person(s): All agencies, departments and individuals involved in the investigation for and/or issuance of a massage license. The person(s) receiving the private data may use it only for the purpose of evaluating my application for or renewal of a massage license.

I agree to give up and waive all claims that I might have against the City, its agents and employees for releasing data pursuant to this request. **This authorization expires one year from date submitted.**

Signature

Date