

CITY OF WOODBURY
DEPARTMENT OF ADMINISTRATION
CLERK DIVISION
8301 VALLEY CREEK ROAD, WOODBURY, MN 55125
Telephone: 651-714-3524

**MESSAGE THERAPIST
LICENSE APPLICATION**

To be completed by the massage therapist.

Section 1: Business

1. Complete the following for the massage therapy business you are employed by, affiliated with, or own:

Business name _____ Phone (____) _____

Business address _____ Woodbury MN 55125
Street City State Zip

2. What percentage (%) of financial interest do you have in this massage therapy business? _____ %

Section 2: Applicant

3. Complete the following personal information:

Legal name _____
Last First Full Middle Maiden Name

Address _____
Street City County State Zip

Phone (____) _____ MN Tax ID No. or
Social Security No. _____

Driver License No. _____ State of issue _____

Weight _____ Height _____ Eye color _____

Date of birth _____ Place of birth _____
mm/dd/yyyy City/State/Country

Email address _____

4. **Have you ever used or been known by a name(s) other than the legal name given above?** Yes No
If yes, list such name(s) and information concerning dates and places used.

5. **Are you a U.S. citizen or legally permitted to be in the U.S.?** Yes No
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.

6. **Are you a resident of the State of Minnesota or a resident of one of the following Wisconsin counties: Pierce, St. Croix, Pepin, Dunn, Polk?** Yes No

7. Address(es) at which you have lived during the preceding ten (10) years.

Street	City	State	Zip	Dates

8. Employers for the preceding ten (10) years. Include name, address, and dates of employment.

Employer	Address	Dates

9. Have you ever been convicted of or charged with a felony, crime, or violation of any ordinance other than a minor traffic violation? If yes, provide the date, place, and nature of offense. Yes No

10. Have you individually, or with others, made an application for a massage therapy license which was denied? If yes, provide date, place and explanation. Yes No

11. **Have you had a massage therapy license suspended or revoked within the last 10 years?** Yes No
If yes, provide date, place, and explanation.

12. **Are you currently licensed as a massage therapist in another jurisdiction (state or municipality)? If so, please provide jurisdiction names and dates when license (s) was obtained. Provide copy of license (s).**

13. **Have you been licensed as a massage therapist in another jurisdiction (state or municipality)? If so, please provide jurisdiction names and dates . Provide copy of license (s).**

Section 3: Identification and Documentation Required

14. **You are required to produce one of the following means of identification at time of filing this application:**

(The City will make a copy of this document and attach it to your application.)

- Valid Driver's License or Identification Card
- Valid Passport
- Valid Military ID Card

14. **You are required to provide proof of training and/or experience by one of the following:**

- Completion of a minimum 500 hours of therapeutic massage training/course work
- Diploma or certificate of graduation from an accredited institution/program in massage therapy
- Proof of passing the National Certification Exam offered by the National Certification Board for Therapeutic Massage & Bodywork or proof of passing the Federation of State Massage Therapy Boards (FSMTB) Massage

15. **Attach:**
1. *Certificate of Liability Insurance* showing General Liability insurance and Professional Liability Insurance coverage with a minimum of \$300,000 combined single limit per occurrence. The requirement to provide general liability insurance coverage shall not apply to a Massage Therapist who is an employee of a Massage Therapy Business and covered by the Massage Therapy Business General Liability Insurance policy.
 2. Completed *Massage Therapy License Verification Release Form*, which will be used to verify education/training credentials and work experience, if necessary.
 3. Completed *Authorization to Release Information Form*, which will be used to conduct criminal history investigation.

Notice and Notarized Signature

I hereby acknowledge that I have received and/or reviewed Chapter 11, Licenses, Permits and Miscellaneous Business Regulations, Article XIV Massage Therapy Business and Massage Therapist Licenses of the City Code, and am familiar with the provisions thereof.

The information requested on this form will be used by the City of Woodbury to approve or deny the applicant's license. The information I have provided on this application is truthful. I understand that the falsification or misrepresentation of information submitted with my application constitutes grounds for denial of the license. I authorize the City of Woodbury 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.

The information supplied on this form will become public information when received by the City of Woodbury. Under Minnesota law (Minn. Stat. § 270.72), the City may be required to provide the business tax identification number and/or social security number of each applicant to the Minnesota Commissioner of Revenue.

X _____
Applicant Signature

Print Name

Date

Subscribed and sworn to before me this

_____ day of _____, 20____

(Notary Public/City Clerk)

For office use only

Date Appl. Rec'd _____ Date Fee Paid _____ Amount _____ Receipt No. _____

Name of Entity Paying License Fee: _____



AUTHORIZATION TO RELEASE INFORMATION

Name (first, middle, last)	
Current Address (street address, city, state, zip code, and county)	Telephone Number
Alias Name(s)	Former Name(s)
	Date of Birth

I, _____, authorize all requested agencies to release criminal history (Print Name) data, as defined by Minnesota Statute 13.87, subd. 1 and driver's license data to the Police Department and authorized personnel of the City of Woodbury. 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 authorized agency to the City of Woodbury Police Department and its consultants. This consent for the release of data is for the purpose of determining my suitability for obtaining a Massage Therapist license in the City of Woodbury. 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. Copies of this release shall be as effective as the original.

Signature

Date Signed

Notary:

State of _____

County of _____

On this _____ day of _____, 20____, _____ personally appeared before me,
 _____ who is personally known to me,
 _____ whose identity I verified on the basis of _____,
 _____ whose identity I verified on the oath/affirmation of _____, a credible witness,
 to be the signer of the foregoing document and he/she acknowledged that he/she signed it.

Seal

Notary Public

My Commission Expires

City of Woodbury
8301 Valley Creek Road
Woodbury, MN 55125
(651) 714-3524

MESSAGE THERAPY LICENSE VERIFICATION RELEASE FORM

GENERAL AUTHORIZATION AND RELEASE BACKGROUND REFERENCE AND VERIFICATION *Pursuant to Minnesota Statute 13.05, Subd. 4, Minnesota Data Practices Act*

To _____
Name of accredited massage institution/program (i.e. school, college)

Phone _____

I, _____, hereby authorize and grant my informed consent to
Print Name of Applicant

permit you to release and make available to the City of Woodbury and/or its agents and/or representatives, data classified as private which concerns me and which may be in your possession.

The data which I authorize to be released consists of private data, as defined by Minnesota Statute 13.02, Subd. 4, and has been collected by you as a result of my contacts and associations with you and/or your agents and representatives. The information for which release is authorized is any information that has been retained or disseminated in whatever form which in any way relates to my dealings with you or your agency.

I understand that the purpose of permitting the City of Woodbury to have access to this information is to determine my eligibility for a massage therapy business and/or massage therapist license with the City, including verification of my records and analysis by personnel of the City who may review my license application.

This authorization shall be valid for a period of forty-five (45) days from the date of signature indicated below; however, I reserve the right, at any time prior to that expiration, to cancel the written authorization by providing written notice to the City of Woodbury or to you of that fact.

X _____
Applicant Signature *Date*

On this _____ day of _____, 20____, _____ personally appeared before me,
_____ who is personally known to me,
_____ whose identity I verified on the basis of _____,
_____ whose identity I verified on the oath/affirmation of _____, a
credible witness, to be the signer of the foregoing document, and he/she acknowledged
that he/she signed it.

Seal

Notary Public

My Commission Expires

**CITY OF WOODBURY
DEPARTMENT OF ADMINISTRATION
CLERK'S DIVISION
APPLICATION FOR LICENSE
DATA PRACTICES ADVISORY**

In accordance with the Minnesota Government Data Practices Act, the City of Woodbury is required to inform you of your rights as they pertain to the private information collected from you. Private data is that information which is available to you, but not to the public. Public data is available to anyone. All data pertaining to the application for a license is classified as private data on individuals while the application is being processed. Once the application has been acted on, all data on it becomes public.

The information collected from you or from other agencies or individuals authorized by you is used to determine your eligibility to obtain a license. You are not required to provide the information requested on the application forms, however, this information is vital to determine your eligibility to obtain a license. Failure to provide this information could result in denial of your application.

The dissemination and use of private data collected is limited to what is necessary to determine your eligibility to obtain a license. Persons or agencies to which this information may be disseminated include but is not limited to:

1. Woodbury Police Department Personnel
2. Washington County Sheriff's Department
3. Minnesota Bureau of Criminal Apprehension
4. The National Crime Information Center
5. Other agencies or individuals that may provide Information relevant to determining your suitability to obtain a license.

Unless otherwise authorized by state statute or federal law, other governmental agencies utilizing the private data must also treat the information as private.

I HAVE READ AND UNDERSTAND THAT INFORMATION ABOVE REGARDING MY RIGHTS AS A SUBJECT OF GOVERNMENT DATA.

Date

Signature of Applicant



8301 Valley Creek Road • Woodbury, Minnesota 55125-3330 • www.ci.woodbury.mn.us
(651) 714-3500 • TDD (651) 714-3568 • FAX (651) 714-3501

Thank you for your interest in obtaining a massage therapy business and/or therapist license from the City of Woodbury. Below are step by step instructions for completing the application. **All application materials must be received before your application will be processed.**

License Fees:

Massage Therapy Business License:

- | | |
|----------------------|-------|
| 1. Application Fee | \$100 |
| 2. Investigation Fee | \$100 |

Once a business license has been approved, it is the owner's responsibility to contact the City Clerk with any changes in new owners, officers and/or on-site manager. All new owners, officers and on-site managers are required to complete a Part II application packet with the required documents. Fees for changes to massage therapy business license are:

Massage therapy business license changes:

- | | |
|---------------------------------|-------|
| 1. Additional owner/new officer | \$ 50 |
| 2. Change in on-site manager | \$ 50 |
| 3. Amendment to license | \$ 50 |

Note: In the case of a massage therapy business that is wholly owned and operated by the massage therapist, as defined in city code, and does not have any employee or contracted person other than the massage therapist licensed owner providing massage therapy services for or through the massage therapy business, the massage therapy business license fees shall not be required and only the massage therapist license fees shall be required.

Massage therapist license:

- | | |
|----------------------|------|
| 1. Application Fee | \$50 |
| 2. Investigation Fee | \$25 |

All applicants (on-site manager, agent for a massage therapy business, natural person signing the application, massage therapist) shall produce at the time of filing the business and/or therapist license application proof of identification (photo copies will be made and attached to the license application materials):

1. A valid driver's license or identification card issue by Minnesota, another state, or a province of Canada, and including the photograph and date of birth of the license;
2. A valid military identification card issued by the United States Department of Defense;
3. A valid passport issued by the United States; or
4. In the case of a foreign national, by a valid passport

The City Clerk and Woodbury Police Department will review the materials submitted and conduct a background investigation. You will be notified if additional information is needed.

If the City Clerk approves the license, the license will be mailed to your place of business. As required by City Code, the license of Massage Therapy Business and of every Massage Therapist employed thereby shall be displayed in an open and conspicuous place on the premises and shown to law enforcement officer upon request.

Note: If you need a notary public, there are several available at Woodbury City Hall. Business hours are Monday through Friday, 8:00 a.m. to 4:30 p.m.

Questions regarding Massage Therapy business and/or therapist licenses may be directed to Kim Blaeser, City Clerk, at 651-714-3524 or email at kblaeser@ci.woodbury.mn.us.

Instructions for Applying for a Massage Therapy Business and/or Therapist License

Massage Therapy Business:

Complete City of Woodbury Application Part I - General Information

This form must be completed and signed in the presence of a notary public by the following person:

Individual App.:	by such individual
Partnership App.:	by one of the partners
Corporation App.:	by an officer of the corporation
Other organization:	by the manager or managing officer

- If business is to be operated under a name or designation other than name of applicant, attach a certified copy of the certificate required by Minnesota Statute 333.01 and 333.02.
- If applicant does not own premises, attach copy of lease.

Complete Certificate of Compliance – Minnesota Workers' Compensation Law Form

Complete State of Minnesota License Applicant Information Form

Complete City of Woodbury Application Part II - Personal History Information

This form must be completed and signed in the presence of a notary public by:

- Sole owner
- Each partner
- Each officer or director
- Proprietor
- Manager or any other individual or agent in charge of the business or premises and by all person or entities that have a five percent (5%) or more financial interest in the massage therapy business.

Each person required to complete the Part II application must also submit:

- Authorization to Release Information Form
- Data Practices Advisory Form

Massage Therapist License Applicant Must Submit:

- **Massage Therapist License Application - This form must be completed and signed in the presence of a notary public**
- **General Authorization and Release Background Reference and Verification Form**
- **Authorization to Release Information Form**
- **Data Practices Advisory**