City of Apple Valley
7100 147th Street W.
Apple Valley, MN 55124
(952) 953-2500

MASSAGE 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 _____ Apple Valley MN 55124
   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 information:

   Legal name _____
   First Middle Last Maiden Name

   Home address _____
   Street City County State Zip

   Phone _____ Email address _____

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

   Social Security Number (required per MN Stat. § 270C.72) ☐☐☐ - ☐☐ - ☐☐☐☐

   Minnesota Business Tax ID Number (required per MN Stat. § 270C.72) ☐☐☐☐☐☐☐
   7-digit no.

4. Have you ever used or been known by a name(s) other than the legal name given above? ☐ No ☐ Yes
   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? ☐ No ☐ Yes
   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? ☐ No ☐ Yes

7. Address(es) at which you have resided during the preceding ten (10) years, include seasonal or part-time locations.

   _____
   Street City State Dates

   _____
   Street City State Dates

   _____
   Street City State Dates

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

Employer	Street	City	State	Dates
Employer	Street	City	State	Dates
Employer	Street	City	State	Dates

9. Have you ever been criminally convicted of any federal, state, county, or local law or regulation other than a minor traffic violation? *If yes, provide the date, place, and nature of offense.* ☐ No ☐ Yes

10. Have you ever been engaged in the operation of massage services? ☐ No ☐ Yes
If yes, provide name, place, and length of time of involvement in such establishment.

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

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

Section 3: Identification and Documentation Required

13. You are required to produce an original or legible photocopy of identification at the time of filing this application. Check one (1) of the following:
    - ☐ 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. Check one (1) of the following:
    - ☐ Completion of a minimum 500 credit hours of certified 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 and a minimum of seven (7) years full-time work experience as a massage therapist in the United States.

15. **ATTACH:**

- ☐ Proof of general liability insurance coverage with a minimum of $300,000 combined single limit per occurrence.
- ☐ Completed *Massage Therapy License Verification Release Form*, which provides authorization to conduct a background investigation and to verify education/training credentials and work experience.

Section 4: Notice and Notarized Signature

Applicant may subscribe to receive an electronic notification from the City of proposed ordinances by signing up for *Email Updates* on the City's website at www.cityofapplevalley.org.

I hereby certify that the information supplied on this application form and all attachments is true and correct. The information requested on this form will be used by the City of Apple Valley to approve or deny the applicant's license. I understand that the falsification or misrepresentation of information submitted on or with my application constitutes grounds for denial of the license. I authorize the City of Apple Valley 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 Apple Valley. 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.

I also acknowledge that I have received and/or reviewed Chapter 123 of the City Code, regarding Massage Therapy Business and Massage Therapist Licenses, and am familiar with the provisions thereof.

Subscribed and sworn to before me this

X_____ _____ day of _____, 20_____

Applicant Signature

_____ _____

Printed Name Notary Public

Fees:

New Application Fee	$110.00
Renewal Application Fee	$ 82.00

All licenses expire June 30th.

07/19	*Office use only*	*Code 1001.4038*
Date rec'd/paid	Amount $	Receipt #
App. to Police	Approve/Deny	License #