



To be completed by the massage therapist.

Business Information

Message therapy business in which you are employed by, affiliated with, or own:

<u>Business Name</u>	<u>Address</u>	<u>Phone</u>
What percentage (%) of financial interest do you have in this massage therapy business?		%

Applicant Information

First Name	Middle Name	Last Name	Maiden Name
Home Address		City	State Zip
Phone	Email		
Date of Birth	Place of Birth (City, State, Country)		
Minnesota Business Tax ID Number (7-digits)		Social Security Number	
Have you ever used or been known by a name(s) other than name given above? If yes, list such name(s) and information concerning dates and places used.			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a U.S. citizen or legally permitted to be in the U.S.? If yes, but birthplace was not in U.S., provide Certificate of Naturalization, Certificate of Citizenship, or Valid Passport. If no, present proof of immigration/employment status.			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a resident of the State of Minnesota or a resident of one of these Wisconsin counties: Pierce, St. Croix, Pepin, Dunn, Polk?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Address(es) at which you have resided during the preceding 10 years.			
Employers for the preceding 10 years. Include name, address, and dates of employment.			
Have you ever been criminally convicted of any federal, state, county, or local law regulation other than a minor traffic violation? If yes, provide the date, place, and nature of offense.			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been engaged in the operation of massage services in another city? If yes, provide name, place, and length of time of involvement in establishment.			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you individually, or with others, made an application for a massage therapy license which was denied? If yes, provide place and explanation.			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had a massage therapy license suspended or revoked within the last 10 years? If yes, provide date, place, and explanation.			<input type="checkbox"/> Yes <input type="checkbox"/> No

Documentation Required

Provide legible photocopy of one of the following means of identification at time of filing this application:

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

Provide proof of training and/or experience. Check one 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 years full-time work experience as a massage therapist in the United States.

Provide photocopy of Certificate of Liability Insurance showing general liability insurance coverage with a minimum of \$300,000 combined single limit per occurrence.

Massage Therapy License Verification Release Form.

Verification

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.

The data you furnish on this application will be used by the City of Apple Valley in the issuance of your license. Disclosure of this information is voluntary. You are not legally required to provide this data; however, if you fail to do so, the City of Apple Valley may be unable to process this application. Disclosure of your Minnesota Business Tax ID Number and Social Security Number is required by Minnesota Statutes 270C.72, and your Minnesota Tax ID Number and/or Social Security Number may be requested by and released to the Minnesota Commissioner of Revenue. After submission, all information contained in this application except your Social Security Number will be public information pursuant to Minnesota Statutes, Chapter 13.

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

Your signature and photocopy of ID is required in order to process this application.

I, (print name) _____, certify or declare under penalty of perjury under the laws of the State of Minnesota that the foregoing is true and correct. All information given is subject to verification by the State of Minnesota. I understand that false information may result in the denial, suspension, or revocation of this license.

I authorize the City to conduct a background investigation pursuant to City Code § 114.03 (E).

Signature of Applicant _____ Date _____

Licenses run July 1 - June 30 annually.

Initial application fee prorated quarterly:

- July 1-Sept. 30 \$112
 Oct. 1-Dec. 31 \$84
 Jan. 1-March 31 \$56
 April 1-June 30 \$28 + \$82 renewal fee

06/20	Office use only	Code 1001.4038
Date rec'd/paid	Amount \$	Receipt #
Date to Police	Approve/Deny	License #