

MASSAGE THERAPIST LICENSE APPLICATION

Annual License Fee: \$25
Non-Refundable Background Investigation Fee: \$100
License Term: July 1 to June 30



3830 Pilot Knob Road
Eagan, MN 55122
Licensing: (651) 675-5031
Fax: (651) 675-5012

Name (first, middle, maiden/last): _____			
Residence Address: _____	Home Phone: ()		
	Alternate Phone: ()		
Email Address: _____			
Name of Licensed Massage Therapy Establishment where you will be employed: _____			
Are you licensed as a massage therapist in another community? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where? _____			
Have you been denied a massage therapist license by any licensing authority? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe: _____			
If you have ever used or been known by a name or names other than the true name given above, list such name(s) and information concerning the dates and places used: _____ _____ _____			
Are you presently employed as a Massage Therapist? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where? _____			
Address(es) at which you have lived during the preceding five years, beginning with the most recent:			
Street	City and State	Dates	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
Occupation history for the preceding five years, beginning with the most recent:			
Occupation	Employer	City and State	Dates
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

List the names, addresses and phone numbers of three 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. _____	_____	_____

You may subscribe to receive an electronic notification from the City of proposed ordinances by signing up for an email update on the City's website at www.cityofeagan.com/subscribe.

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

- a. An official diploma or certificate of graduation from a school approved by the American Massage Therapist Association or other similar reputable massage association; or
- b. 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
- c. 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 Eagan. Additionally, the school must send the City of Eagan a letter detailing the school's accreditation.

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

TENNESSEN WARNING

Minnesota law requires that you be informed of the purposes and intended uses of the information you provide to the City of Eagan (the 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.

Signature _____
Date

Executed this _____ day of _____, 20____.

Notary Public

FOR OFFICE USE ONLY

Amount paid: _____
Date background check completed: _____ Investigating officer: _____
Conclusion: _____



EAGAN

**CITY OF EAGAN
3830 Pilot Knob Road
Eagan, MN 55122**

AUTHORIZATION FOR RELEASE OF INFORMATION FOR BACKGROUND CHECKS

A photocopy/email of this authorization is valid as original. Must include Color copy of the Front & Back of ID.

Name:

Other names used (if any)

First

Middle

Last

Date of Birth:

Day/Month/Year

Drivers' License Number

State Issued

The Eagan City Code addresses the requirements for background investigations as follows:

- Chapter 5.02 - liquor license applications.
- Chapter 6.02 - solicitor/peddler/transient merchant applications.
- Chapter 6.34 - tobacco license applications.
- Chapter 6.39 - massage therapy establishments and massage therapists.
- Chapter 6.35 - premise permits for pull-tabs

With my permission, the Eagan Police Department may disclose to the Eagan City Administrator, City Clerk, Deputy City Clerk, and City Council all information collected as a result of the background investigation done for the purpose of evaluating the attached license application.

I understand that my records are subject to the State of Minnesota's Data Practices Act and become public documents unless otherwise provided for by State or Federal Law. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it.

Signature must be notarized.

Signature of person authorizing release (Applicant)

Executed this _____ day of _____, 20____.

Notary Public

(Seal)