200 Civic Heights Circle
Circle Pines, MN 55014
Phone: 763-784-5898
Fax: 763-785-2859
kmanson@ci.circle-pines.mn.us
www.ci.circle-pines.mn.us

FOR OFFICE USE ONLY			
	Amt. Pd.	Date Pd.	Rec'd. by
License fee	_____	_____	_____
Investigation fee	_____	_____	_____
License No. _____		Date Issued _____	

Massage Therapist License Application

Fees: Renewal $50, Initial Application $100, Initial Background Investigation $50

TO BE COMPLETED BY 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 _____
Street City State Zip

2. What percent 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 _____ Email _____

Minnesota Tax ID No. or Social Security No. _____

Driver's License No. _____ State of Issue _____

Date of Birth _____ Place of Birth _____
mm/dd/yyyy City, State, Country

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 names and information concerning dates and places used.

_____

5. Are you a US citizen or legally permitted to be in the US? _____ Yes ____No
If yes, but birthplace was not in the US, please provide 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? _____ Yes ____ No

7. References (Please provide 3.)

_____
Name

_____
Street City State Zip Phone

_____
Name

_____
Street City State Zip Phone

_____
Name

_____
Street City State Zip Phone

8. Have you ever been convicted of or charged with a felony, crime, or violation of any ordinance other than a minor traffic violation? _____Yes _____No If yes, provide the date, place, and nature of the offense.

_____

_____

9. Have you individually, or with others, made an application for massage therapy license which was denied? _____Yes _____No If yes, provide date, place and explanation.

_____

10. Have you had a massage therapy license suspended or revoked within the last 10 years?
_____Yes _____No If yes, provide date, place, and explanation.

_____

11. Are you currently licensed as a massage therapist in another jurisdiction (state or municipality)? If so, please provide jurisdiction names and dates when licenses were obtained._____

_____

12. Have you been licensed as a massage therapist in another jurisdiction (state or municipality)? If so, please provide jurisdiction names and dates._____

_____

_____

_____

Section 3: Documentation Required

13. You are required to produce one of the following means of identification at the time of filling this application: (The city will make copy of this document and attach it to your application).

_____Valid Driver License or Identification Card
_____ Valid Passport
_____ Valid Military ID card

Notice and Notarized Signature

I hereby acknowledge that I have received and/or reviewed section 308 of the city code regulating commercial sauna and massage services, and I am familiar with the provisions thereof.

The information requested on this form will be used by the City of Circle Pines 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 Circle Pines to verify any and all of the information requested on this application, including the ordering of, background checks, and to conduct any necessary investigation to assure this application complies with cities licensing and zoning ordinances.

The information supplied on this form will become public information when received by the City of Circle Pines. Under Minnesota law (Minnesota Statute 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.

_____ _____
Applicant Signature Print Name

_____
Date

Subscribed and sworn to before me this _____day of_____, 20_____

_____
Notary Public/City Clerk (seal in box)

City of Circle Pines
Application for License
Data Practices Advisory

In accordance with the Minnesota government data practices act, the City of Circle Pines is required to inform you of your rights as they pertain to the private information collected from you. Private data is 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 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. Centennial Lakes Police Department
2. Anoka 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 information as private.

I have read and understood the information above regarding my rights as a subject of government data.

_____ _____

Signature of Applicant Date

City Circle Pines
Massage Therapy License
Verification Release Form

General Authorization and Release Background Reference and Verification

I, _____, hereby authorize and grant my informed consents to permit you to release and make available to the City of Circle Pines 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 Circle Pines to have access to this information is to determine my eligibility for a massage therapy business and/or massage therapists 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 45 days from the date of signature indicated below; however, I reserve the right, at any time prior to the expiration, to cancel the written authorization by providing written notice to the city of Circle Pines or to you of that fact.

_____ _____
Applicant Signature Print Name

_____
Date

Subscribed and sworn to before me this _____day of_____, 20_____

_____
Notary Public/City Clerk (seal in box)

FOR OFFICE USE ONLY		
Application to Investigator_____	Approve/Deny_____	License No._____