

MAPLE PLAIN

EST.1868 INC.1912

5050 INDEPENDENCE ST. | P.O. BOX 97 | MAPLE PLAIN, MN 55359 (763) 479-0515
Ph: (763) 479-0515 | Fax: (763) 479-0519 | www.mapleplain.com

MASSAGE THERAPIST LICENSE APPLICATION

Name (first middle last):

Other Name Applicant may be known as:

Date of birth:	SSN: MN Tax ID: FEIN:	Phone:
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Place of birth:

Current address:

City:	State:	ZIP Code:
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Phone:	Mobile:
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Driver's License (Provide photo copy of license and license number):

Previous address (list all in the past five years):

City:	State:	Zip:
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Dates of Residence:

City:	State:	Zip:
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Dates of Residence:

City:	State:	Zip:
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Dates of Residence:

City:	State:	Zip:
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Dates of Residence:

ESTABLISHMENT INFORMATION

MASSAGE THERAPY MAY ONLY BE PRACTICED IN AN ESTABLISHMENT LICENSED BY THE CITY OF MAPLE PLAIN.

Name of Establishment:

Address of New Establishment

City:	State:	ZIP Code:
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Phone:

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I swear that all information provided above is true to the best of my knowledge, and that I am at least 18 years of age as of the date of this application. I also swear that I hold a comprehensive certificate of massage (**completing 500 hours of certified therapeutic massage training**) from a school recognized by the Minnesota Higher Education Board and I am a member of good standing of the Minnesota Therapeutic Massage Network of the American Therapy Association or other organization processing the same or similar standards and having an enforceable code of ethics. I have received a copy of the Municipal Code of the City of Maple Plain and understand the conditions set forth for the holders of a massage therapist license. **The application is incomplete without proof of insurance(\$1,000,000 for professional liability) and an application fee of \$50. In addition, an investigative fee of \$200 is required for individuals for a first time background check or those that complaints .**

Signature of applicant

Date

Name of School Attended that is recognized by the Minnesota Higher Education Board:

City:

State:

Zip:

Dates of Attendance:

Are you a member of the Minnesota Touch Movement Network and in good standing? (Include a copy of your membership) YES No

If not, list similar organizations and standards that have enforceable code of ethics. (Provide name, address and website).

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Provide the following on a separate sheet of paper:

- A. Indicate which you are applying for: individual, corporation, partnership or other form of organization.**
- B. Legal description of the premises to be licensed together with a plan of the area showing dimensions, location of buildings, street access and parking facilities.**
- C. Provide floor number, street number and rooms where massage services will be conducted.**
- D. List real estate and personal property taxes that are due and payable for the premises to be licensed.**
- E. Include any planned construction details and conceptual plans.**
- F. The name and street of the business if it is to be conducted under a designation, name or style other than the applicant, a certified copy of the certificate is required by Minn. Stat. 333.02.**
- G. The amount of investment that the applicant has in the building, business, premises, fixtures, furniture and equipment and proof of such investment.**
- H. All applications for license, whether enterprise or individual applications, shall be signed and sworn to. Any falsification shall result in denial of the license.**
- I. Full name, place and date of birth and street residence address of the designated business licensee along with a color photocopy of the applicant's MN driver's license or MN ID front and back.**
- J. Street addresses of residences for the past five years.**
- K. Whether the applicant is currently licensed in other communities. If so, where. (Provide business name and address.)**
- L. Names and addresses of the applicant's employers for the preceding five years.**
- M. Whether the applicant has ever been convicted of any felony, crime or violation of any ordinance other than a minor traffic offense.**
- N. Whether the applicant has had an interest in or associated with a business or enterprise that was revoked or suspended within the last five years of the date of the license application is submitted to the City.**
- O. Whether the applicant has ever been engaged in the operation of massage services.**
- P. Have you ever been denied a license for massage therapy or establishment?**

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CONSENT FOR THE RELEASE OF INFORMATION

In accordance with MSA 13.05, subd. 4(d)

I, _____,
authorize West Hennepin Public Safety to release criminal history data, as defined by Minnesota Statute 13.87, subd. 1 and driver's license and traffic record data to the City of Maple Plain. 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 with West Hennepin Public Safety to the City of Maple Plain.

The consent for the release of data is for the purpose of obtaining a permit or license with the City of Maple Plain. This information cannot be used for any other purposes.

I authorize an educational release be issued to West Hennepin Public Safety.

This authorization may be revoked in writing by me at any time and in no event will it be valid for more than one year from the date below.

Signature of Individual Authorizing Release

Date

COMPLETE THE FOLLOWING INFORMATION

NAME (FIRST MIDDLE LAST):

HOME ADDRESS:

Driver's License (Provide photo copy of license and license number):

Other Name Applicant may be known as:

I certify that all statements from me on this form are true and complete. I understand that any false statements or omissions on this form shall be sufficient cause for rejection of my permit or license.

I hereby authorize the City of Maple Plain to use this information to determine my suitability for obtaining a license or permit.

Signature of applicant

Date

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CERTIFICATION OF COMPLIANCE: MINNESOTA WORKERS' COMPENSATION LAW

Minnesota Statute, Section 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business or engage in an activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Chapter 17. The information required is the name of insurance company, the policy number and dates of the coverage or the permit to self-insure. This will be collected by the licensing agency and retained in their file.

This information is required by law, and licenses and permit to operate a business may not be issued or renewed if it is not provided and/or is falsely reported. Furthermore, if this information is not provided or falsely stated, it may result in a \$2,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry.

Insurance Company Name:

Policy Number:

Dates of Coverage: _____ **to** _____

OR

I have no employees

I am self-insured (include permit to self-insure)

I have no employees who are covered by the workers' compensation laws (these include spouse, parents, children and certain farm employees)

I certify that the information provided above is accurate and complete and that a valid workers' compensation policy will be kept in effect at all times as required by law.

Applicant Name:

Business Name:

Business Address:

Signature of applicant

Date