



## APPLICATION FOR INDIVIDUAL MASSAGE THERAPY LICENSE

**COST: \$50 Annually**

License No. \_\_\_\_\_

### I. APPLICANT INFO

Applicant Name (First, Middle, Last): \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Employer's Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Is this the where you will be performing massage therapy services? **Y N**

If no, please list where you will be performing massage therapy services:

\_\_\_\_\_  
\_\_\_\_\_

Have you been known by any name(s) other than the name above? **Y N**

If so, please list the names, dates and places used:

\_\_\_\_\_  
\_\_\_\_\_

Have you been convicted of a felony, crime or violation of an ordinance other than a minor traffic offense? If so, list the date, place and offense involved in the convictions: **Y N**

\_\_\_\_\_  
\_\_\_\_\_

Please list all addresses where you have resided in the last 5 years:

\_\_\_\_\_  
\_\_\_\_\_



**OCCUPATION INFORMATION**

List the names, addresses and phone numbers of your employers for the last 5 years:

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If you have been engaged in the operation of massage therapy services in the past, please list the name, address, phone number and length of time you were involved in such activity:

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**II. TRAINING AND REFERENCES**

Have you received 400 hours of massage therapy training from a bona fide school of massage therapy?  
*Please provide a copy of your certificate, diploma, etc.*

**Y N**

If no, do you have at least one year of practicing massage therapy?

**Y N**

If no, will you be able to complete 400 hours of training within 2 years?

**Y N**

Please provide two references not related to you:

1. \_\_\_\_\_  
2. \_\_\_\_\_

**III. SIGNATURE AND OATH**

I hereby state:

- The answers and statements given by me are true and accurate to the best of my knowledge and belief.
- I understand that providing false information in this application may result in denial of a license.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



**BACKGROUND INVESTIGATION  
CONSENT FORM**

Date: \_\_\_\_\_

**APPLICATION TYPE:**

- Massage Therapy – Individual
- Massage Therapy – Business
- Liquor License
- Mobile Food Truck (Ice Cream Vendor)

Last Name, First Name, Middle Name (full) of Applicant (please print):

\_\_\_\_\_

Maiden, Alias or Former (please print):

\_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Sex (M or F): \_\_\_\_  
Month/Day/Year

Social Security Number (optional): \_\_\_\_\_

The undersigned, having filed an application with the City of Albertville for a business license, realizing that the City has need to investigate the background and history of the applicant in order to better evaluate his or her application does hereby authorize and request **Wright County Sheriff's Office, MN Bureau of Criminal Apprehension, every law enforcement official and every other person, firm, officer, corporation, association, organization or institution having control of any documents, records, or other information pertaining to me to furnish the original or copies of such documents, records and other information to the City** or any of its representatives to inspect and make copies of any such documents, records, and other information; I further authorize any such persons to answer any inquiries, questions, or interrogations concerning the undersigned, which may be submitted to them by the City or its authorized representative, I fully understand that the information so obtained by the City may be used by it in its evaluation of my application.

*I hereby release and exonerate any person who shall comply with the authorization and request made herein from any and all liability of every nature and kind growing out of and in any way pertaining to the furnishing or inspection of such documents, records, and other information.*

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Subscribed and sworn before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public

Notary Seal



## TENNESSEN WARNING

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In connection with your request for a license, the City has asked that you provide information about yourself which may be classified as private, confidential, nonpublic, or protected nonpublic under the Minnesota Government Data Practices Act. This means that this data is not ordinarily available to the general public. Accordingly, the City is required to inform you of the following:

1. The purpose and intended use of the information requested is to determine if you are eligible for a license from the City of Albertville.
2. You are not legally obligated to supply the requested information.
3. The known consequence of supplying the requested information is that the information or further investigation could disclose information which could cause your application to be denied.
4. The known consequence of refusing to supply the requested information is that your request for a license cannot be processed.
5. A criminal charge, arrest, or conviction will not necessarily bar you from obtaining a license with the City, unless the conviction is related to the matter for which the license is sought, according to Minnesota Statute 364.03. However, failure to reveal the requested criminal information will be considered falsification of the application and may be used as grounds for the denial of the application.
6. Other governmental agencies necessary to process your application are authorized by law to receive the information provided.

The undersigned, by signing this notice, acknowledges that he/she has read and understood the contents of this notice and constitutes agreement of the Tennessee Warning and its application.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_