



Individual Therapeutic Massage License Application

For office use only

Date received in office ____/____/____

License Fee: \$ **50.00**

Approval date ____/____/____

License No. **MAS** _____
Year _____

DIRECTIONS: PLEASE PRINT this form must be filled out in ink or it must be typed.

Section 1: Personal Applicant Information

To be completed by applicant only

1. Date ____/____/____

2. Employer _____ Phone (____) _____

3. Address _____
Street City County State Zip

4. Name _____ Phone (____) _____
Last First Middle

Address _____
Street City County State Zip

5. Email address _____ Social Security Number ____-____-____

6. Height _____ Weight _____ Color of hair _____ Color of eyes _____

7. Place of birth _____ DOB ____/____/____

8. Address(es) at which you have lived during the preceding five years.

Street City County State Zip

Street City County State Zip

Street City County State Zip

9. Are you a U.S. citizen? Yes No

If yes, but birthplace was not in the U.S., please provide a Certificate of Naturalization, Certificate of Citizenship, or current passport.

If no, present proof of immigration/ employment status/Birth Certificate.

10. Have you ever used or been known by a name or names other than the name given above?

If yes, list such name(s) and information concerning dates and places used. Yes No

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11. Has applicant ever been engaged in massage services? Yes No
If so, furnish information as to the name, dates, place and length of involvement in such an establishment. _____

12. Has applicant ever had an interest in, as an individual or as part of a corporation, partnership, association, enterprise, business or firm, a massage license that was denied, revoked, or suspended within the last 10 years?
If yes, please explain _____

13. Has applicant ever been arrested, charged or convicted of any crime or violation of any ordinance other than a minor traffic offense?
If yes, please furnish information as to the date, time and offense of arrests, charges or convictions. _____

14. Has applicant ever been the subject of an investigation, public or private, criminal or non-criminal, regarding massage therapy?
If yes, please explain _____

Section 2: Tennessee Warning and Signature

The data on this form will be used to approve your license. You are being asked to answer questions and provide information pursuant to the application process that is required by Minnesota State Law and the City of Lino Lakes ordinance. The information you provide is government data in accordance with Chapter 13 of State law known as the "Minnesota Government Data Practices Act". Some requested data is private. Private data is available to you and the City staff who need this information to perform their duties. You are not legally required to provide this data, but the City may not be able to approve your license if you do not provide it and the license request will not be forwarded to the Lino Lakes City Council for their consideration. The information you provide may be classified as "public", "private" or "confidential" pursuant to the "Government Data Practices Act".

From the City staff I have received a copy of Chapter 616 relating to Therapeutic Massage of the City Code, and will familiarize myself with the provisions. I understand that a criminal conviction will not bar me from obtaining a license unless the conviction is directly related to the occupation for which the license is sought and there is no showing of sufficient rehabilitation and present fitness to perform the duties of the occupation (Minnesota Statute 364.03). I understand that falsification of the application, including failure to reveal a criminal conviction, constitutes grounds for denial of the license.

The information I have provided on this application is truthful. I authorize the City of Lino Lakes to investigate the information and contact persons/organizations named on this application. My signature constitutes agreement of the Tennessee Warning and this entire application.

Applicant's Signature