



MESSAGE THERAPIST LICENSE APPLICATION

ANNUAL LICENSE FEE \$50.00

ANNUAL BUILDING OCCUPANCY CERTIFICATE FEE \$150

NEW _____ RENEW _____ YEAR _____

NAME OF APPLICANT _____

DATE OF BIRTH - ____/____/____/

APPLICANT ADDRESS _____

HOME TELEPHONE # _____ EMAIL ADDRESS _____

NAME OF MESSAGE BUSINESS _____

ADDRESS OF MESSAGE BUSINESS _____

HOURS/DAYS OF OPERATION _____

The applicant shall provide the following information:

- A. You must be eighteen (18) years of age or older to apply for a massage therapist license.
- B. Evidence of applicant’s education including continuing education if applicable. You do not need to resubmit transcripts from previous licensing (renewals) with the City. You should submit new education certificates or transcripts for relevant training. A minimum of 600 hours of certified therapeutic massage training recognized by a state or national organization is part of the licensing requirements.
- C. As stated below – evidence of applicant’s character references.

School attended and degree received: _____

State the hours of certified therapeutic massage training you have received and include copies for verification. _____

List two (2) character references: Name, Address, and Phone Number.

Has applicant ever been convicted of a crime, other than a traffic violation? YES NO

If yes, please give an explanation on a separate piece of paper, including time, place, and nature of such crime or offense and disposition thereof.

A renewal license will be required each calendar year. Applicant must complete the application, in full, as required by the City including the renewal fee. Applicants must strictly comply with all regulations promulgated by the City Council of Forest Lake and all ordinances of said municipality and the State of Minnesota.

I hereby certify that I have read the foregoing questions and that the answers to said questions are true to the best of my knowledge. I further understand that an investigation for a new license maybe charged by the City. If convicted of any crime other than a traffic offense, I will report such conviction to the City of Forest Lake immediately. I have read and understand the state laws regulating complimentary and alternative health care practices of which massage therapy is currently included.

NEW APPLICANTS MUST ALSO COMPLETE AN AUTHORIZATION FOR CONSENT TO RELEASE INFORMATION.

Please complete the tax information as related below. If you do not have a business please provide your social security number _____.

STATE TAX ID # _____ FEDERAL TAX ID # _____

Note that your social security number and tax identification numbers will be kept confidential unless requested by the Internal Revenue Department.

SIGNATURE OF APPLICANT AND DATE SIGNED

SIGNATURE OF POLICE DEPT. AND DATE OF APPROVAL

CITY COUNCIL AND DATE OF APPROVAL