



**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 Wyoming 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 Wyoming 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



## STATEMENT OF APPLICANT APPLYING FOR LICENSURE

(Provide a separate authorization form for each partner/officer/owner/manager named on the application and a copy of their Driver's License)

(I) do hereby swear that the answers in this application are true and correct to the best of my knowledge. I do authorize the City of Wyoming its agents, and employees, to obtain any necessary information and to conduct an investigation, if necessary, into the truth of the statements set forth in this application and the qualifications for said license. I do understand that providing false information shall be grounds for denial of my license. **Background checks may take up to 60 days to complete.** I fully understand that it is my responsibility to be familiar with and abide by the requirements of the City, which is detailed in the pertinent section of the Wyoming City Code, which is available on the City website at [www.wyomingmn.org](http://www.wyomingmn.org) and to be familiar with and abide by the laws of the City of Wyoming and the State of Minnesota relating to this licensure. I understand that the information supplied within this application is classified as public data and will be provided to the public upon request.

Last Name	First Name	Middle Name
Former Names and Aliases		
Date of Birth	Race	<input type="checkbox"/> Male <input type="checkbox"/> Female

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

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