

200 Civic Heights Circle
Circle Pines, MN 55014
Phone: 763-784-5898
cityhall@circlepinesmn.gov
www.circlepinesmn.gov



For Office Use:

Application Fee \$ _____
Investigation Fee \$ _____
Date Paid: _____
License No: _____
Accepted By: _____

Application Type: Massage Therapist License

Massage Therapist - Employee of Business Fees:

INITIAL: Application Fee \$100 | Background Investigation Fee \$50

RENEWAL: Application Fee \$50 | Background Investigation Fee \$25

or

Individual - Independent Contractor Fees:

INITIAL: Application Fee \$150 | Background Investigation Fee \$100

RENEWAL: Application Fee \$100 | Background Investigation Fee \$50

Application to be completed by the Massage Therapist

Section 1: Business / Employer Information

Business Name: _____ DBA: _____

Business Phone: _____ Business Email: _____

Street Address: _____ Suite #: _____

City: _____ State: _____ Zip Code: _____

Do you have a financial interest in the business? Yes or No **If yes**, what percent? _____

Section 2: Massage Therapist Information

Legal Name: _____
Last Middle First (Maiden)

Phone: _____ Cell: _____ Email: _____

Address: _____
Street City State Zip Code

SS No. or FEIN No: _____ DL #: _____ State of Issue: _____

Date of Birth: _____ Place of Birth: _____
mm/dd/yyyy City State Country

1. Have you ever used or been known by any other name(s) other than the legal name given? Yes No
If yes, please list such names and include the name(s), place(s), and date(s) used:

Name: _____ Place: _____ Date: _____

2. Are you a US citizen or legally permitted to be in the US? Yes No
If yes, but the birthplace was not in the US, please provide one of the following:

Certificate of Naturalization **Citizenship Certificate** **Passport**

If no, present proof of immigration/employment status.

3. Are you a resident of the state of Minnesota? Yes No

4. Have you individually, or with others, applied for a massage therapy license that was denied?
 Yes No **If yes**, provide the date, place, and explanation:

Date: _____ Place: _____ Explanation: _____

5. Have you had a massage therapy license suspended or revoked within the last 10 years?
 Yes No **If yes**, provide the date, place, and explanation:

Date: _____ Place: _____ Explanation: _____

6. Have you ever been convicted of or charged with a felony, crime, or violation of any ordinance other than a minor traffic violation? Yes No **If yes**, provide the date, place, and nature of the offense(s):

Date: _____ Place: _____ Offense(s): _____

Explanation: _____

7. Are you currently, or have you ever been licensed in the past as a massage therapist in another jurisdiction (state or municipality)? Yes No **If yes**, provide jurisdiction names and dates when license(s) were obtained.

Jurisdiction Name(s) _____ Date(s): _____

If there are other licenses or applications, please indicate them on a separate paper sheet and attach them.

References: (3 Required)

1) _____
Full Name Phone No.

Street City State Zip Code

2) _____
Full Name Phone No.

Street City State Zip Code

3) _____
Full Name Phone No.

Street City State Zip Code

Section 3: Documentation Required

You are required to produce one of the following means of identification at the time of filling this application: (The city will make a copy of this document and attach it to your application).

- Valid Driver's License or Identification Card Valid Passport Valid Military ID card

Independent contractors must provide a copy of their **current general liability insurance policy**, and the policy must maintain a provision that the insurer shall notify the city of any change to the policy, notice of nonpayment, or notice of cancellation.

New Applicants: Please provide documentation on your education. (transcript, certificate, etc.)

Notice and Notarized Signature

I hereby acknowledge that I have received and/or reviewed section 308 of the city code regulating commercial sauna and massage services, and I am familiar with the provisions thereof.

The information requested on this form will be used by the City of Circle Pines to approve or deny the applicant's license. The information I have provided on this application is truthful. I understand that the falsification or misrepresentation of information submitted with my application constitutes grounds for denial of the license. I authorize the City of Circle Pines to verify any and all of the information requested on this application, including the ordering of, background checks, and to conduct any necessary investigation to assure this application complies with cities licensing and zoning ordinances.

The information supplied on this form will become public information when received by the City of Circle Pines. Under Minnesota law (Minnesota Statute 270.72), the city may be required to provide the business tax identification number and/or Social Security number of each applicant to the Minnesota Commissioner of Revenue.

Applicant Signature

Print Name

Date

Subscribed and sworn to before me this _____ day of _____, 20_____

Notary Public/City Clerk



(seal)

**City of Circle Pines
Application for License
Data Practices Advisory**

In accordance with the Minnesota Government Data Practices Act, the City of Circle Pines is required to inform you of your rights as they pertain to the private information collected from you. Private data is information, which is available to you, but not to the public. Public data is available to anyone. All data pertaining to the application for a license is classified as private data on individuals while the application is being processed. Once the application has been acted on, all data on it becomes public.

The information collected from you or from other agencies or individuals authorized by you is used to determine your eligibility to obtain a license. You are not required to provide the information requested on the application forms; however, this information is vital to determine your eligibility to obtain a license. Failure to provide this information could result in the denial of your application.

The dissemination and use of private data collected is limited to what is necessary to determine your eligibility to obtain a license. Persons or agencies to which this information may be disseminated include but are not limited to:

1. Centennial Lakes Police Department
2. Anoka County Sheriff's Department
3. Minnesota Bureau of Criminal Apprehension
4. The National Crime Information Center
5. Other agencies or individuals that may provide information relevant to determining your suitability to obtain a license.

Unless otherwise authorized by state statute or federal law, other governmental agencies utilizing the private data must also treat information as private.

I have read and understood the information above regarding my rights as a subject of government data.

Signature of Applicant

Date

**City Circle Pines
Massage Therapy License
Verification Release Form**

General Authorization and Release Background Reference and Verification

I, _____, hereby authorize and grant my informed consent to permit you to release and make available to the City of Circle Pines and/or its agents and/or representatives, data classified as private which concerns me, and which may be in your possession.

The data, which I authorize to be released, consists of private data, as defined by Minnesota Statute 13.02, Subd.4, and has been collected by you as a result of my contacts and associations with you and/or your agents and representatives. The information for which release is authorized is any information that has been retained or disseminated in whatever form that in any way relates to my dealings with you or your agency.

I understand that the purpose of permitting the City of Circle Pines to have access to this information is to determine my eligibility for a massage therapy business and/or massage therapist license with the city, including verification of my records and analysis by personnel of the city who may review my license application.

This authorization shall be valid for a period of 45 days from the date of signature indicated below; however, I reserve the right, at any time prior to the expiration, to cancel the written authorization by providing written notice to the city of Circle Pines or to you of that fact.

Applicant Signature

Date

Subscribed and sworn to before me this _____ day of _____, 20_____

Notary Public/City Clerk



(Seal)