



MESSAGE INDIVIDUAL THERAPIST or SIMILAR ORIENTED SERVICES
CITY CODE CHAPTER 115
[Forest Lake City Code - Chapter 115: Regulation of Massage Businesses and Employees](#)

New or Annual License Fee: \$50.00 NEW _____ RENEWAL _____
 Background Check Fee: \$25.00

Name of Applicant _____

Address _____

Phone Number _____ Email Address _____

Name of Business (where you will work) _____

Business Address _____

Business Manager Name and Phone Number _____

Hours/Days of Operation (when you will work) _____

You must be eighteen (18) years of age or older and applicant **MUST** provide the following information:

1. A color copy of valid MN driver's license or MN State issued identification card
2. Educational Transcripts (a minimum of 600 hours of certified massage training with state or national recognition is required)
3. Relevant certificates of massage or additional training
4. Character references (see below)

List two (2) character references

Name: _____ Home Address: _____

Name: _____ Home Address: _____

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

If yes, please give an explanation including time, place, and nature of each crime/offense and disposition thereof. Include a separate sheet if necessary. _____

Tax information is required by the IRS and MN Department of Revenue on all license applications

FEDERAL TAX ID # _____ STATE TAX ID # _____

If you do not have a state or federal tax ID, you **must** provide your SOCIAL SECURITY # _____

I hereby certify that I have read the foregoing questions and the answers to said questions are true to the best of my knowledge. I further understand that an investigation for a license will be 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 complementary and alternative health care practices of which massage therapy is currently included.

Applicant Signature _____ Date _____

Completed by City Staff

Police Dept. Signature _____ Date _____

Council Signature _____ Date _____

Minnesota Government Data Practices Act – Chapter 13
TENNESSEN WARNING

Data is requested from the applicant on various forms. The purpose and intended use of the requested data is to verify the applicant meets all state statute and city code provisions and, if the license or permit is approved, to verify that all required data remains current.

The following data collected, created, or maintained is classified under the Minnesota Government Data Practices Act as Private data **until license approval** when the data becomes **Public**: (13.41, Subd.4).

1. Data submitted by applicants (other than names and designated addresses)
2. Orders for hearing and findings of fact
3. Conclusions of law and specification of the final disciplinary action contained in the record of the disciplinary action
4. Entire record concerning the disciplinary proceeding
5. License numbers
6. License status

The following data collected, created, or maintained is classified as Private: (13.41, Subd. 2).

1. The identity of complaints who have made reports concerning licenses or applicants which appear in inactive complaint data unless the complainant consents to the disclosure
2. The nature or content of unsubstantiated complaints when the information is not maintained in anticipation of legal action
3. Inactive investigative data relating to violations of statutes or rules
4. The record of any disciplinary proceeding except as limited by Subd. 4

The following data collected, created, or maintained is classified as Confidential: (13.41, Subd.3).

1. Active investigative data relating to the investigation of complaints against any license

Under law, private data may be shared with licensing and inspection employees, approval authorities, insurance providers, law enforcement employees, contracted inspection officials, as required by court order and City officials who have a bona fide need for it. The City of Forest Lake may make any data classified as private or confidential accessible to an appropriate person or agency if the licensing agency determines that failure to make the data accessible is likely to create a clear and present danger to public health or safety.

We ask that you complete or provide all data requested on the application form(s) unless we have noted that it is not required. Refusal to supply required information may mean that your application cannot be processed.

I READ AND UNDERSTAND THE ABOVE INFORMATION REGARDING MY RIGHTS AS A SUBJECT OF GOVERNMENT DATA

 Signature of Applicant

 Date

CERTIFICATION OF COMPLIANCE - MINNESOTA WORKERS' COMPENSATION

Minnesota State Statute Chapter 176, Section 182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business or engage in an activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement. The information required is: The name of the insurance company, the policy number, and dates of coverage or the permit to self-insure. The information will be collected by the licensing agency.

This information is required by law, and licenses and permits to operate a business may not be issued or renewed if it is not provided and/or is falsely reported. Furthermore, if this information is not provided and/or is falsely stated, it may result in a \$2,000.00 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry.

Insurance Company Name (NOT the insurance agent): _____

Policy Number of Self Insurance Permit Number: _____

Effective Dates of Coverage: From _____ To _____

OR

I am not required to have workers' compensation liability coverage because (Please make an "X" on one line only)

- _____ I have no employees
- _____ I am self-insured (you must include permit to self-insure)
- _____ I have no employees who are covered by workers' compensation law

I certify that the information provided above is accurate and complete and that a valid workers' compensation policy will be kept in effect at all times as required by law.

Applicant Name: _____

Licensee Business Name (and DBA): _____

City, State, and Zip _____

Business Phone(s): _____

Business Email: _____

Signature of Applicant

Date