



Massage Therapist Individual License Application

New

Massage Therapist

Temporary Massage Therapist

Application Number: LCB20 _____

**Applicant must apply in person for an ID photo.
Allow 7 working days to process.**

Name _____ Phone (____) _____ - _____
First Full Middle Last Maiden

Address _____ City _____ State _____ Zip _____

The licensee must show proof of residing in one of the following counties: Anoka, Carver, Dakota, Goodhue, Hennepin, Ramsey, Rice, Scott, Washington, Wright in Minnesota and St. Croix or Pierce in Wisconsin (14.269)

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

Address _____ City _____ State _____ Zip _____

Address _____ City _____ State _____ Zip _____

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

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

E-mail _____

Height _____ Weight _____ Color of Hair _____ Color of Eyes _____

Place of Birth _____ Date of Birth _____

Are you a U.S. Citizen? Yes _____ No _____ Are you over 18? Yes _____ No _____

If yes, but your birthplace was not in the U.S., please provide a Certificate of Naturalization, Certificate of Citizenship or current U.S. Passport. If no, present proof of Immigration/employment status.

Employers for the preceding five years. Include name, address and dates of employment.

Applicant

(Office Use Only)

Date Application received _____

Letter from shop _____

Payment entered (4 digits) _____

Insurance _____

Photo _____

School transcript (new) _____

Citizenship _____

Cleared background _____

ID (copy dl) _____

Date mailed _____

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Business	Business Name _____
	Address _____ City _____ State _____ Zip _____
Documentation needed	E-mail Address _____ Phone (____) ____ - _____
	Supervising Manager _____ Phone (____) ____ - _____
	Have you ever been convicted of any felony, crime or violation of any ordinance other than a minor traffic offense? Yes _____ No _____ <i>If yes, provide the time, place, offense and penalty imposed.</i>

	Have you had any interest in any previous therapeutic massage license that was revoked, suspended or not renewed? Yes _____ No _____ <i>If yes, explain in detail providing dates of such revocation.</i>

	Attach:
	1. Letter from Bloomington- licensed Therapeutic Massage Enterprise stating that you are affiliated with or employed by them (required for annual license applicants only.) If you own a Bloomington-licensed Therapeutic Massage Enterprise, no such letter is needed.
	2. Proof of insurance coverage of one million dollars (\$1,000,000) for professional liability in the practice of massage.
	3. Proof of at least 600 hours of certified therapeutic massage training from an accredited institution approved by the issuing authority (Original transcript showing dates, name and address of the training institute.)

Temporary license applicant

Complete for temporary license applicant only. (Minimum of 400 hours of certified therapeutic massage training from an accredited institution.)

Name of event and or sponsoring organization _____

Dates requested. *Cannot exceed four (4) consecutive days.* _____

Location where temporary license will be used _____

Have you been licensed as a temporary massage therapist in Bloomington within the past 12 months?

Yes _____ No _____

I HEREBY STATE THAT: I am familiar with the Bloomington City Code, Chapter 14, sections 14.259-14.275 for Therapeutic Massage Therapists. The Bloomington City Code is available on the City's website BloomingtonMN.gov.

I UNDERSTAND AND AGREE THAT: A criminal conviction will not bar an applicant from obtaining a license with the City of Bloomington unless such conviction is directly related to occupation for which the license is sought, according to Minnesota Statutes S364.03.

I HEREBY AUTHORIZE THAT: The City of Bloomington can investigate and make necessary to verify the information provided.

Applicant Signature: _____ **Date Signed** ____/____/____