



# Massage Therapist Individual Renewal License

<input type="checkbox"/> Renewal	<b>Application Number: LCB20</b> _____
Your manager completes the Business section below. Separate letter not required.	<b>Applicant must apply in person for an ID photo. Allow 7 working days to process.</b>

<b>Business</b>	Employee Name _____ is currently employed as a Massage Therapist at Business Name _____ Address _____ <b>Manager Name</b> _____ <b>Signature</b> _____
<b>Applicant</b>	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.  Date of Birth _____ Maiden name _____  Place of Birth _____
<b>Documentation needed</b>	<b>Have you ever been convicted of any felony, crime or violation of any ordinance other than a minor traffic offense?</b> Yes _____ No _____  If yes, provide the time, place, offense and penalty imposed.  _____ _____
<b>Documentation needed</b>	<b>Attach:</b> 1. Proof of insurance coverage of one million dollars (\$1,000,000) for professional liability in the practice of massage.

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](http://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 \_\_\_\_/\_\_\_\_/\_\_\_\_

<b>(Office Use Only)</b>	
Date Application received _____	ID (copy dl) _____
Payment entered (4 digits) _____	School transcript (new) _____
Photo _____	Cleared background _____
Citizenship _____	Date mailed _____