



MASSAGE THERAPIST LICENSE APPLICATION

The City of Vadnais Heights
800 East County Road E • Vadnais Heights, MN 55127
Phone: 651.204.6000 • Fax: 651.204.6100
www.cityvadnaisheights.com

Applicant's Name: _____ DOB: _____
First Middle Last

Home Address: _____
Street Address Apt # City State Zip Code

Home Phone: _____ - _____ - _____ Cell: _____ - _____ - _____ E-mail: _____

Driver's License Number: _____ State of Issuance: _____

Social Security Number: _____

Name of establishment where massage therapy will be conducted:

Business Address: _____ Phone: _____ - _____ - _____

Have you ever used or been known by a name(s) other than the legal name given above? Yes No
If yes, list such name(s): _____

Are you a U.S. citizen or legally permitted to be in the U.S.? Yes No
If yes, but birthplace was not in the U.S., please provide a Certificate of Naturalization, Certificate of Citizenship, or current passport.
If no, please present proof of immigration/employment status.

Are you a resident of one of the following counties in Minnesota: Anoka, Carver, Chisago, Dakota, Hennepin, Isanti, Ramsey, Scott, Sherburne, Washington, Wright; or one of the following counties in Wisconsin: St. Croix or Pierce? Yes No

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

Have you individually, or with others, made an application for a massage therapy license which was denied? If yes, provide date, municipality and explanation. Yes No

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

Are you currently licensed as a massage therapist in another community? If so, please provide community names and dates when license(s) was obtained. Yes No

List any address(es) at which you have lived during the preceding five (5) years. Start with most recent. Attach additional sheets if necessary.

Street Address	City	State	Zip	Dates
Street Address	City	State	Zip	Dates
Street Address	City	State	Zip	Dates
Street Address	City	State	Zip	Dates
Street Address	City	State	Zip	Dates

List full or part-time employers for the past five (5) years. Start with current or most recent. Attach additional sheets if necessary.

Position/Title	Employer	City and State	Dates
Position/Title	Employer	City and State	Dates
Position/Title	Employer	City and State	Dates
Position/Title	Employer	City and State	Dates
Position/Title	Employer	City and State	Dates

List the names, addresses and phone numbers of three people of good moral character, not related to the applicant or financially interested in the premises, who may be contacted as to the applicant's character:

- | | | |
|------|---------|-------|
| Name | Address | Phone |
|------|---------|-------|
- | | | |
|------|---------|-------|
| Name | Address | Phone |
|------|---------|-------|
- | | | |
|------|---------|-------|
| Name | Address | Phone |
|------|---------|-------|

Please make sure to submit the following materials with your Massage Therapist License Application:

- All required fees.
- Consent to Background Check by Ramsey County Sheriff's Department.
- Copy of a valid driver's license.
- Provide proof of local residency in one of the following counties: Anoka, Carver, Chisago, Dakota, Hennepin, Isanti, Ramsey, Scott, Sherburne, Washington, and Wright in Minnesota and St. Croix and Pierce Counties in Wisconsin.
- Copy of one of the following:
 - A diploma or certificate of graduation from a school approved by the American Massage Therapist Association (AMTA) or other similar reputable massage association;
 - A diploma or certificate of graduation from a school, which is either accredited by a recognized educational accrediting association or agency or is licensed by the state or local government agency having jurisdiction over the school;
 - A certificate of National Certification for Therapeutic Massage and Body Work by the National Certification Board of Therapeutic Massage and Body Work, and affiliate of the American Massage Therapy Association;
 - Completion of a minimum of 500 credit hours of certified therapeutic massage training/course work.
- Current Certificate of Liability Insurance (unless covered by Massage Therapy Establishment insurance)

I swear that all the information provided above is true to the best of my knowledge. I understand that the falsification or misrepresentation of information submitted with my application constitutes grounds for denial of the license. I have received a copy of Ordinance 680 of the Municipal Code of the City of Vadnais Heights and understand the conditions set forth for holders of a Massage Therapist License.

Applicant's Signature:

Date: _____

Applicant's Name (**print**) _____

For Office Use Only

Date Received:
Date Sent to Ramsey Co. Sheriff:
Approve/Deny:

Fee Paid:
Check #: _____
License No.: _____