



City of Maplewood | **Citizen Services Department**
1830 County Road B East | Maplewood, MN 55109
651-249-2005 | 651-249-2009 (fax)

**MASSAGE THERAPIST
SEPTEMBER 1ST THROUGH AUGUST 31ST, ANNUALLY**

City Ordinance 972 provides regulation of Massage Centers, and is on file at the Maplewood City Clerk’s Office or can be obtained on the City’s website at <http://www.maplewoodmn.gov/citycode>. All license holders are required to be familiar with the provisions of this Chapter and with applicable Minnesota Statutes and federal regulations.

In submitting a license application, the applicant declares that they meet the requirements for issue of said license and that such business will be operated in compliance with the above regulations, statutes and ordinances. Knowingly submitting an incomplete or inaccurate application constitutes fraudulent application; failure to comply with the aforesaid regulations, statutes and ordinances; or conviction for related felony or misdemeanor violations constitutes grounds for denial, suspension, or revocation of licenses.

LICENSE APPLICATION CHECKLIST:

**To prevent delay, please ensure the following information is submitted.
Incomplete applications are not accepted and will be returned immediately.**

- Massage Therapist license application
- Fees:
 - License Fee of \$224
 - One-Time Background Investigation Fee of \$135
- One front-face photograph of the applicant, taken within 30 days of the date of application, at least 2½ inches square
- Certified copy of the applicant's diploma or certificate of graduation from an accredited institution
- Certified transcript from accredited institution which applicant received training, degree or diploma
- Informed Consent Form (include copy of Drivers License)

Business Information (Maplewood location at which applicant will be providing massage services)

Business Name _____ DBA Name _____

Business Address _____

Business Phone (_____) _____ Alternate Phone (_____) _____

Applicant/Therapist Information

Name _____ Date of Birth _____

Address _____

SSN _____ Driver’s License # _____ State _____

Telephone (_____) _____ E-Mail Address _____



List each residential address within the past five years (attach additional sheet if necessary)

Have you ever been known by a name other than the one listed above? Yes No

If yes, list other names and period of time each name was used (attach additional sheet if necessary):

Are you a Citizen of the United States? Yes No

If no, are you a legal resident alien of the United States? Yes No

If naturalized, state date and place of naturalization:

Physical Description: Height _____ Hair Color _____ Eye Color _____

List each place of employment within the past five years:

Type of Business	Business Name	Business Address
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list the type and amount of training received, relevant to providing massage services:

Are you currently licensed in other communities? Yes No If yes, indicate where _____

Have you, within the past five years, had a license to provide massage services revoked, denied or suspended?

Yes No

If yes, indicate where and the reason(s) for revocation/denial/suspension _____

Have you, within the past five years, been convicted of a felony offense or any misdemeanor offense involving moral turpitude or which relates directly to your ability, capacity or fitness to perform the duties and discharge the responsibilities of the licensed activity: Yes No

If yes, attach a separate page, giving the following information for each conviction: **1)** charge or offense, **2)** date of arrest, **3)** arresting agency, **4)** date of conviction, **5)** court name and location, **6)** sentence



Renewal notice should be mailed to: _____

The data in this application will be used to approve your license. Upon approval of license, the information contained in this application shall be deemed public unless private by State Statute. Private data is available to you and the City or State staff who need this information to perform their duties, but is not available to the public. You are not legally required to provide this data, but the City may not be able to approve your license if you do not provide it.

I have received from the City of Maplewood a copy of Ordinance 972 (Massage Centers) and will familiarize myself with the provisions contained within it.

I declare that the information I have provided on this application is truthful and I understand that falsification of answers on this application will result in denial of the application. I authorize the City of Maplewood to investigate and make whatever inquiries necessary to verify the information provided.

Signature of Applicant _____ Date _____

Subscribed and sworn to before me this

_____ day of _____, _____

Notary
Seal

Office Use Only

Approved by City Manager or Designee _____ Date _____
Investigation Fee Paid \$ _____ Date _____ Receipt No. _____ Date Completed _____
License Fee Paid \$ _____ Date _____ Receipt No. _____ License No. _____



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BUSINESS LICENSE BACKGROUND CHECK CONSENT FORM

Please PRINT the following Applicant information:

Last Name: _____

First Name: _____ Middle Name (full): _____

Maiden/Former/Alias: _____

Date of Birth: _____ Place of Birth: _____

Sex: Male: _____ Female: _____ Social Security Number: _____

Driver's License Number: _____ State: _____

**** submit a copy of Driver's License with this form**

I authorize the Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information to the City of Maplewood for the purpose of determining my eligibility for obtaining a business license by the City of Maplewood, pursuant to Minnesota State Statute 2997C.72.

I understand that I am under no obligation to consent to such investigation, but that if I refuse to do so, my application cannot be processed.

The expiration of this authorization shall be for a period no longer than one year from the date of my signature.

Applicant Signature

Date



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**MASSAGE CENTER AND THERAPIST LICENSE
FEE SCHEDULE**

**New Business License Fees:
(First Time License Holders Only)**

Massage Center & Therapist Licenses..... \$724.00

The following is included:

- Massage Center License for one (1) location
- Therapist Licenses for up to two (2) therapists
- Background investigation for Massage Center Owner/Partner/Establishment Manager and up to two (2) Therapists

Massage Center License Fees:

Massage Center License (Initial) \$259.00

Massage Center One-Time Investigation Fee (Initial)..... \$135.00

Massage Center License (Renewal)\$259.00

Massage Therapist License Fee:

Therapist License (Initial) \$224.00

Therapist One-Time Investigation Fee (Initial)\$135.00

Therapist License (Renewal) \$224.00

Each **new** therapist is required to pay a one-time background investigation fee in addition to the Therapist license fee