Massage Therapist:

Please insure you have all the required items before submitting your application.

- **Applicant MUST submit the application to the City IN PERSON to verify ID and all pertaining information.**

REQUIREMENTS CHECKLIST:

_____ Completed Application

_____ License Fee - $100 per year

_____ Background Check Fee - $200.00

_____ Background Release Form

_____ Workers Compensation Form

_____ Minnesota Tax Identification Number Form

_____ Evidence of Legal Work Status in United States

_____ Proof of Insurance

- (at least $1,000,000 for professional liability in the practice of massage)

_____ Proof of Training and Accreditation

- Certificates of Completion of 600 hours in therapeutic massage training from an accredited institution or program.
- All Official transcripts or certified copies must be provided by the accredited institution or program and sent directly to:

City of Brooklyn Park
5200 85th Avenue N, Brooklyn Park, MN 55443
Attention: Business Licensing Division

_____ License fees are not transferable or refundable

_____ License Period April 1st – March 31s

City Use Only: Approved _____
Fee $ _____
License # _____

Massage Therapist License Application

Community Development Department

Rental & Business Licensing Division

5200 85th Avenue North / Brooklyn Park, MN 55443
Phone: (763) 493-8182 / Fax: (763) 493 8171 www.brooklynpark.org

The following information is required. All applicants must be present at the time applications are submitted to the City. Proof of identification (government issued valid current photo ID only) and proof of legal status to work in the United States must be presented at the time of application.

- **Processing the application can take 30 days or longer. You may not practice massage therapy in the City of Brooklyn Park until the license has been issued. Violating city ordinance is grounds for denial.**

PERSONAL INFORMATION:

The undersigned hereby makes application to the City of Brooklyn Park, Hennepin County Minnesota, for license subject to the laws of the State of Minnesota and the City of Brooklyn Park. Providing false or misleading information is grounds for denial and no license will be issued.

The following information is required. This information will be used to determine eligibility for applicants applying for a Massage Therapist License with the City of Brooklyn Park. Incomplete applications will not be accepted.

Applicant's Name:_____ Phone #:_____

Home Address:_____
Street City State Zip Code

Date of Birth:_____ Place of Birth:_____

SSN/ITIN/EIN #:_____ Email:_____

Emergency Contact:_____
Name Phone Number

Proof of Identification: _____ Driver's License _____Military ID _____ Passport _____Other

Does the applicant have legal work status in the United States? _____Yes _____No

Have you ever used/been known by a name other than your true name? _____Yes _____No
If yes, list the name(s) and any information concerning the date(s) and place(s) where used.

_____

List the names, addresses & phone #'s of the companies you've worked for in the last 5 (five) years.

Name	Address	Phone	Dates
Name	Address	Phone	Dates
Name	Address	Phone	Dates

Have you ever had a massage therapist or massage enterprise license in the City of Brooklyn Park or any other jurisdiction? _____Yes _____ No
If yes, please provide details.

Name	City/State:	License #	Phone#
Name	City/State:	License #	Phone#

Have you received a citation for practicing massage without a license in any other city? _____ Yes _____ No

Have you had any license suspended or revoked within the last five (5) years? _____Yes _____No
If yes, please provide details.

License #	City/State:	Duration:	Phone#
License #	City/State:	Duration:	Phone#

Have you ever been arrested for a crime? _____Yes _____No
Have you ever been convicted of a crime? _____Yes _____No
If yes, please provide details:

Type of Crime:	City/State:	Date:	Sentence:
Type of Crime:	City/State:	Date:	Sentence:

Please provide a list of all training, experience and education in performing therapeutic massage (furnish names, places, phone #'s and length of time involved). If we are unable to contact the person(s) listed, your application will be denied and no license will be issued.

Please provide a list of the names of all business you will be performing therapeutic massage:

Name	Address	Phone
Name	Address	Phone
Name	Address	Phone

Applicant agrees to comply with all laws, ordinances or regulations applicable whether they are federal, state, county or municipal. The undersigned declares that the information provided in this license application is truthful and authorizes the City of Brooklyn Park to investigate the information provided.

Applicant Signature: _____ **Date:**_____

Payment: □ Visa □ MasterCard □ Discover □ Check □ Cash
Card Number: _____
Security Code (three digit number on back of card) _____ Expiration Date: _____
Signature_____ Date: _____

GOVERNMENT DATA PRACTICES ACT – TENNESSON WARNING
The data you supply on this form will be used to process the license you are applying for. You are not legally required to provide this data, but we will not be able to process the license without it. The data will constitute a public record if and when the license is granted.

REQUEST, AUTHORIZATION, CONSENT AND RELEASE FOR BACKGROUND INFORMATION

PLEASE TYPE OR PRINT

I: _____

LAST NAME **FIRST NAME** **MIDDLE NAME** (PLEASE INCLUDE Jr., Sr., II, III Etc.)

Have carefully read and understand this Disclosure and Authorization form as well as the attached Summary of Rights under the Fair Credit Reporting Act. By my signature below, I consent to preparation of background reports by a consumer reporting agency such as Backgrounds Online, and to the release of such background reports to the Company and its designated representatives and agents, for the purpose of assisting the Company in making a determination as to my eligibility for employment (including independent contractor assignments, as applicable), promotion, retention or for other lawful employment purposes. I understand that if the Company hires me or contracts for my services, my consent will apply, and the Company may obtain background reports throughout my employment or contract period.

I understand that information contained in my employment or contractor application, or otherwise disclosed by me before or during my employment or contract assignment, if any, may be used for the purpose of obtaining and evaluating background reports on me. I also understand that nothing herein shall be construed as an offer of employment or contract for services.

I hereby authorize law enforcement agencies, learning institutions (including public and private schools and universities), information service bureaus, credit bureaus, record/data repositories, courts (federal, state and local), motor vehicle records agencies, my past or present employers, the military, and other individuals and sources to furnish any and all information on me that is requested by the consumer reporting agency.

By my signature below, I also certify the information I provided on and in connection with this form is true, accurate and complete. I agree that this form in original, faxed, photocopied or electronic (including electronically signed) form, will be valid for any background reports that may be requested by or on behalf of the company.

☐ **California, Minnesota and Oklahoma Applicants only:**
Check box if you request a copy of any consumer report ordered on you.

LAW ENFORCEMENT AGENCIES AND OTHER ENTITIES FOR POSITIVE IDENTIFICATION PURPOSES REQUIRE THE FOLLOWING INFORMATION WHEN CHECKING PUBLIC RECORDS. IT IS CONFIDENTIAL AND WILL NOT BE USED FOR ANY OTHER PURPOSES.

_____ _____
Signed **Today's Date**

_____ _____
Printed Name **Position Applied For**

_____---_____---_____ ____/_____/____ _____
Social Security Number **Date of Birth** **Driver's License Number** **State**

Other names you have used or are also known as: _____

PLEASE PROVIDE ALL RESIDENTIAL ADDRESSES FOR THE PAST 7 YEARS

Current Address: _____
Street Apt.# City State Zip Code How long here?

Former Address: _____
Street Apt.# City State Zip Code How long here?

Former Address: _____
Street Apt.# City State Zip Code How long here?

May we contact your current employer? ____Yes _____No

Applicants under 18 years of age must have a parent or court appoint guardian sign this Authorization of Background Investigation

Parental Consent: I hereby give my consent for the above-mentioned applicant to have a background check performed on him/her. Furthermore, I hereby understand and agree to the conditions of this Release as described above.

_____ _____
Parent/Guardian Signature Date Parent/Guardian Name

MINNESOTA BUSINESS TAX IDENTIFICATION/
SOCIAL SECURITY NUMBER

Pursuant to 2011 Minnesota Statute, Chapter 270C DEPARTMENT OF REVENUE, (section 270C.72 TAX CLEARANCE; ISSUANCE OF LICENSES), the licensing authority is required to provide to the Minnesota Commissioner of Revenue your Minnesota business tax identification number and the social security number of each license applicant.

Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we are required to advise you of the following regarding the use of this information:

- This information may be used to deny the issuance or renewal of your license in the event you owe Minnesota sales, employer's withholding or motor vehicle excise taxes;
- Upon receiving the information, the licensing authority will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Agreement, the Department of Revenue may supply this information to the Internal Revenue Service;
- **FAILURE TO SUPPLY THIS INFORMATION MAY JEOPARDIZE OR DELAY THE PROCESSING OF YOUR LICENSE ISSUANCE OR RENEWAL APPLICATION.**

Please supply the following information and return along with your application to the licensing authority.

Applicant's Full Name	
Applicant's Address	
City, State & Zip	
Applicant's Social Security Number or EIN number	
Position (Officer, Partner, Etc.)	
Business Name	
Business Address	
City, State & Zip	
Minnesota Tax Identification Number	
Signature	Date

CERTIFICATION OF COMPLIANCE
MINNESOTA WORKERS' COMPENSATION LAW COVERAGE

(FORM MUST ACCOMPANY LICENSE OR PERMIT APPLICATION)

Minnesota Statute Section 176.182 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 of MSS Chapter 176. The information required is: the name of the insurance company, the policy number, and dates of coverage or the permit to self-insure. <u>This information will be collected by the licensing agency and retained in their files</u>.

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 falsely stated, it may result in a $2,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry.

Full Name (Last, First, Middle)
Doing Business As: (Business name if different than your name)
Business Address

City, State, Zip	Phone ( )

I am not required to have workers' compensation liability coverage because:

- □ I have no employees.
- □ I am self-insured (include permit to self-insure).
- □ I have no employees who are covered by the workers' compensation law (these include: spouse, parents, children and certain farm employees).

I certify that the information provided above is accurate and complete.

Signature	Date

OR

Insurance Company Name (**NOT** the insurance agent)
Policy Number
Dates of Coverage

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.

Signature	Date