

**CITY OF LAKEVILLE
THERAPEUTIC MASSAGE PRACTITIONER
LICENSE APPLICATION**

(Type or Print)

Applicant Name _____
First
Middle
Last

Home Address _____
Street
City
State
Zip

Phone Number _____

MN Tax ID Number / or Social Security Number _____

Have you ever used or been known by a name other than your true name? Yes ___ No ___
If yes, please provide documentation of name change.

How long have you worked as a massage practitioner? _____

List place(s) of employment in this field for the past five (5) years; include addresses and telephone numbers:

Name	Address/City	Phone

List your present employer, address and telephone number:

Name	Address/City	Phone

At what location(s) in the City will you perform massages? **Include address and phone number:**

Name	Address	Phone

Are you, or have you been, licensed as a massage therapist in another Minnesota city?

Yes___ No___ **If yes:**

What city or cities: _____

What year(s): _____

Have you ever been convicted of a felony, crime, or violation of any city ordinance other than traffic related? Yes___ No___ **If yes:**

Date of arrest _____ Municipality of arrest _____

Charge _____

Date of conviction _____ Sentence received _____

Have you ever had a license denied, revoked or suspended? Yes___ No___ **If yes:**

Where? _____ When? _____

Type of license _____

Reason for revocation _____

Have you ever been committed for one of the following?

Psychological problems___ Inebriation___ Drug Use___ Alcohol Use___

Other: _____

Please provide your principal address for the last 10 years:

Street _____ City, State _____ Zip _____

Street _____ City, State _____ Zip _____

Street _____ City, State _____ Zip _____

Have you received formal training in therapeutic massage? Yes___ No___ **If yes:**

Name of School and Address _____

Dates attended _____

Hours of training _____

Please carefully read the following. By signing below, you agree to and are bound by each item.

- I have received from the City of Lakeville a copy of the Therapeutic Massage Ordinance and will familiarize myself with its provisions.
- I understand that a criminal conviction will not bar me from obtaining a license unless the conviction is directly related to the occupation for which the license is sought and there is no showing of sufficient rehabilitation and present fitness to perform the duties of the occupation. I understand that failure to reveal a criminal conviction is falsification of the application and constitutes grounds for denial of the license.
- The information I have provided on this application is truthful. I authorize the City of Lakeville to investigate the information and contact persons/organizations named on this application.

Signature of Applicant _____

Subscribed and sworn to before me on this _____ day of _____, 20____

Notary Public _____

All licenses expire on December 31.

Submit the following items along with this application: *(These items will not be returned to the applicant)*

1. Evidence of the applicant's educational qualifications, including originals or certified copies of degrees, diplomas or certificates from a certified school where this training was received
2. Documentation of any name change, if applicable
3. A copy of your photo ID (driver's license)
4. License fee \$50
5. Investigation fee \$150

Return completed application, along with attachments, to the City Clerk's office at City Hall, 20195 Holyoke Avenue, between the hours of 8:00 a.m. and 4:30 p.m., Monday through Friday. Phone 952-985-4404

CITY OF LAKEVILLE

20195 Holyoke Avenue, Lakeville, MN 55044

CONSENT FOR RELEASE OF INFORMATION

THIS WARNING IS PURSUANT TO MINNESOTA STATUTE 13.04, SUBDIVISION 2.

1. The information that you are requested to provide the Lakeville Police Department concerning your application for a massage therapy license will be used in determining whether you will be approved.
2. You are required by ordinance to supply the requested information. If you do not supply the requested information, your application could be denied on that basis.
3. Any incorrect information you give us could be the basis for denying your application or, if approved, its subsequent revocation.
4. The information you provide may be released to the Lakeville City Council, the Lakeville City Administrator, other City employees, and to third parties, including the owner of the establishment for which the license is sought.

I DECLARE THAT THE INFORMATION I HAVE PROVIDED IS TRUTHFUL, AND I AUTHORIZE THE CITY OF LAKEVILLE AND THE LAKEVILLE POLICE DEPARTMENT TO INVESTIGATE THE INFORMATION AND CONTACT THE PERSON NAMED THEREIN.

PRINT FULL NAME: _____
(last) (first) (middle)

DATE OF BIRTH: _____

(signature)

(date)