



Massage Therapy License

Please print or type all information.

1. Personal Information

Full Legal Name First _____ Middle _____ Last _____

Date of Birth _____ Email Address _____

Other names you have been known by _____

Home Address _____

City _____ State _____ Zip Code _____

Daytime Phone Number _____ Driver's License or State ID # _____

MN Tax ID Number or Social Security Number _____

Previous Addresses (past five years):

1. _____
2. _____
3. _____
4. _____
5. _____

Have you ever been arrested?

No Yes

If yes, please describe the offense, including the time, place date and disposition of the arrest:

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

No Yes

If yes, what city or cities? _____ What years? _____

Have you ever had a license denied, revoked or suspended?

No Yes

If yes, where? _____ When? _____

Reason for revocation:



2. Massage Therapy Practice Information

Name of business in which massage therapy practice will be located _____
(Massage therapy must be an accessory use to an existing business or part of a licensed massage therapy establishment)

Massage Therapy Practice Address _____

City _____ State _____ Zip Code _____

Massage Therapy Practice Phone Number _____ Hours of Operation _____

3. Application Attachments (All licenses expire annually on June 30)

Diploma or Certificate of Completion

Fee of \$100 for massage therapy license

Fee of \$175 for new license investigation

Proof of Course Work showing hours of:

- Theory: 150 hours
- Anatomy and Physiology: 150 hours
- Hygiene and Sanitation: 80 hours
- Business Practices and Ethics: 30 hours

4. Tennessee Warning and Applicant's Statement

As an applicant for a license from the City of Hopkins, I have voluntarily supplied data about myself which may be public and/or private in nature. I understand that, as part of the licensing process, I am requested to supply this information.

I understand that failure to provide accurate and adequate data may result in my license being denied. I further understand that this information will be used by the City of Hopkins in order to conduct a police background investigation.

Finally, I understand that the data which I have provided may be shared in whole, or in part, by other agencies, by other private and public entities, and by other persons, for the purpose of conducting a background investigation.

I, therefore, release the City of Hopkins and any of its agents or employees, from any and all liability or claims for any injury or damage which I may experience as a direct or indirect result of the intended use of this information.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation, or the omission of facts called for, will be just cause for denying me a license.

X Signature _____ **Date** _____



City of Hopkins

1010 1st Street South, Hopkins, MN 55343

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 Hopkins 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 Hopkins City Council, the Hopkins City Manager, 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 HOPKINS AND THE HOPKINS POLICE DEPARTMENT TO INVESTIGATE THE INFORMATION AND CONTACT THE PERSON NAMED THEREIN.

Print Full Legal Name First _____ Middle _____ Last _____

Date of Birth _____

X Signature _____ Date _____

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

Notary Public

