



Massage Therapy Establishment License

Please print or type all information.

1. Personal Information - Applicant (Owner)

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 # _____

Applicant's Principal Addresses (past 10 years):

Street _____ City/State _____ Zip Code _____

Street _____ City/State _____ Zip Code _____

Street _____ City/State _____ Zip Code _____

2. Personal Information - Manager/Operator (if different than applicant/owner)

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 # _____

Manager/Operator's Principal Addresses (past 10 years):

Street _____ City/State _____ Zip Code _____

Street _____ City/State _____ Zip Code _____

Street _____ City/State _____ Zip Code _____

3. Massage Therapy Establishment Information

Massage Therapy Establishment Name _____

Massage Therapy Establishment Address _____

Massage Therapy Practice Phone Number _____ Hours of Operation _____



Is the business registered with the Minnesota Secretary of State's Office?

No Yes

Minnesota Tax ID Number _____

Has the applicant or manager/operator previously owned a massage therapy establishment?

No Yes

If yes, list all previous massage therapy establishments owned or operated, including the name of the business, the MN Tax ID Number, the address and dates of operation:

Name and Tax ID Number	Address/City/State	Dates of Operation

List the reasons for ending operations of any previously owned or operated massage therapy establishments:

Has the applicant or manager/operator ever personally provided massage therapy services?

No Yes

Has the applicant or manager/operator ever been licensed as a massage therapist in another municipality?

No Yes

If yes, what city or cities? _____ What year(s)? _____

Has the applicant or manager/operator ever had a license denied, revoked or suspended?

No Yes

If yes, what city or cities? _____ What year(s)? _____

Type of license _____

Reason for denial, suspension or revocation _____

Has the applicant or manager/operator ever been convicted of a felony, crime or violation of any city ordinance other than a traffic-related offense?

No Yes

If yes, what city or cities? _____ Date of arrest _____

Charge _____

Date of conviction _____ Sentence Received _____



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

A list of the massage therapists that will be working at this location

Documentation establishing your interest in the premises on which the business will be located (lease, deed, contract for deed, etc.)

Fee of \$200 for massage therapy establishment license

Fee of \$175 for new license investigation

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 for Applicant (Owner) of Massage Therapy Establishment

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



City of Hopkins

1010 1st Street South, Hopkins, MN 55343

Consent for Release of Information for Manager/Operator of Massage Therapy Establishment

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

