



City Offices

6000 McColl Drive, Savage, MN 55378 | Phone: 952-882-2660 | Fax: 952-882-2656

NEW INDIVIDUAL MASSAGE THERAPIST LICENSE APPLICATION

CHECKLIST OF REQUIRED APPLICATION MATERIALS

The following materials must be submitted to the City Clerk for consideration of your Individual Massage Therapist License Application:

- Completed Massage Therapist Individual Permit Application form (3 pages)
 - Proof of Insurance Coverage of one million dollars (\$1,000,000) for professional liability in the practice of massage
 - Proof of Employment (letter from Savage licensed therapeutic massage enterprise stating that you are affiliated with or employed by them)
 - Proof of at least 600 hours of certified training **or** have at least 2 years of full-time experience working as a licensed massage therapist at a licensed therapeutic massage enterprise or other licensed business
 - Data Practices Warning form
 - Background Investigation form
 - Consent for Release of Information form
 - Photo of applicant (taken by City staff)
 - Non-refundable fee of \$150
 - License fee of \$25
- Please allow 5 to 10 business days for processing after a complete application is received
 - License expires on the one-year anniversary of issuance of the license



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cityofsavage.com

If applicant is an individual, it shall be completed by such person; if a corporation; by an officer; if a partnership, by one of the general partners; if an unincorporated association or organization, by the manager or managing office.

SECTION 1: APPLICANT

The application forms shall be answered fully and completely by the applicant. No massage therapist license shall be issued to a person who does not provide all information requested by the license application or such other information as the Issuing Authority or City Council may require.

Full Name		Former Name	
Address		City	State Zip
County		Driver's License #	
Phone #		Date of Birth	Place of Birth
Yes	No	Are you a U.S. Citizen? If yes, but birthplace was not in the U.S., please provide a Certificate of Naturalization, Certificate of Citizenship, or current passport. If no, present proof of immigration/employment status.	
Yes	No	Have you ever used or been known by a name or names other than the name given above? If yes, list such name(s) and information concerning dates and places used:	
		Name(s)	Date(s)
		Place(s) used	
Yes	No	Have you ever been convicted of any felony, crime, or violation of any ordinance other than a minor traffic offense? If yes, provide the time, place, and offense:	
		Time	Place Offense
Yes	No	Have you ever had an interest in, as an individual or as a part of a corporation, partnership, association, enterprise, business or firm, a massage license that was revoked or suspended with the last five (5) years?	
		If yes, explain:	
Yes	No	Have you made an application for a massage therapist license which was denied?	
		If yes, state the circumstances and location(s):	
Address		City	State Zip
Address		City	State Zip
ADDRESS(ES) AT WHICH YOU HAVE LIVED DURING THE PRECEDING FIVE (5) YEARS			
Address		City	State Zip
Address		City	State Zip

Address	City	State	Zip
Address	City	State	Zip
Address	City	State	Zip

CURRENT / PAST EMPLOYERS (PRECEDING 5 YEARS) Attach additional sheet if necessary

Employer	Employer Phone #		
Position	Start Date	End Date	
Address	City	State	Zip
Employer	Employer Phone #		
Position	Start Date	End Date	
Address	City	State	Zip
Employer	Employer Phone #		
Position	Start Date	End Date	
Address	City	State	Zip
Employer	Employer Phone #		
Position	Start Date	End Date	
Address	City	State	Zip

REQUIRED INFORMATION Must be included with application to be considered for approval.

Proof of insurance coverage of one million dollars (\$1,000,000) for professional liability in the practice of massage.

Letter from a Savage licensed therapeutic massage enterprise stating that you are affiliated with or employed by them. If you own a Savage licensed therapeutic massage enterprise, no such letter is needed.

Proof of at least six hundred (600) hours of certified therapeutic massage training with content that includes subjects of anatomy, physiology, hygiene, ethics, massage theory and research, and massage practice from an Accredited Program approved by the Issuing Authority or have at least two (2) years of full-time experience working as a licensed massage therapist at a licensed therapeutic massage enterprise or other licensed business.

PLACE OF EMPLOYMENT

Please provide the name, address, and phone number of the therapeutic massage enterprise you are employed by.

Business	Phone #		
Address	City	State	Zip

How can the applicant expedite the application approval process?

Include previous and current employer phone numbers.

Provide a copy of the Liability Insurance Certificate.

Provide letters from a Savage licensed therapeutic massage enterprise on business letterhead.

Provide the official school transcripts along with a phone number for the school.

If the applicant's qualifications are based upon two years of full-time experience, please include letters on business letterhead from the business or businesses from which the applicant obtained an equivalent of two years full-time experience. It is helpful if the letters include the following:

- Business name
- Owner/Manager name and phone number
- Explanation of hours worked by applicant

NOTICE

The data on this form will be used to approve or deny your license application. Some requested data is private pursuant to the Minnesota Government Data Practices Act. Private data is available to you and City staff or officials who require the information to perform their duties but is not available to the public. You are not legally required to provide this data, but this City may not be able to approve your application if you do not provide it.

I hereby acknowledge that I have reviewed Chapter 114 of the City Code, Therapeutic Massage Enterprises and Therapists Regulations, and the City zoning requirements for said businesses, as provided in Chapter 152.171 of the City Code, and am familiar with the provisions thereof.

The information I have provided on this application is truthful. I understand that the falsification or misrepresentation of information submitted with my application, including failure to reveal a criminal conviction, constitutes grounds for denial of the license. I authorize the City of Savage to verify any and all of the information requested on this application, including the ordering of criminal background checks, and to conduct any necessary investigation to assure this application complies with the City's licensing and zoning ordinances.

Applicant Signature

Date



DATA PRACTICES WARNING

DATA PRACTICES ADVISORY FOR PROTECTED INFORMATION

City of Savage | 6000 McColl Drive, MN 55378 | Office: 952-882-2660 | Fax: 952-882-2656

Read before completing this packet.

As an applicant for a license/permit at the City of Savage, you are being asked to provide information about yourself which will be used in evaluating your suitability for licensure/permit. The purpose of this request is to obtain information about you to allow us to thoroughly analyze your qualifications and suitability for licensure/permit.

Attached are several documents which ask for your signature and/or personal information. You are not legally required to supply any of the data requested or to sign any of the release and authorization forms. However, should you not provide that information, the City may be unable to fully and adequately determine your suitability for license/permit with this agency which may in turn reduce the chance you may have for licensure/permit with this agency.

Under Minn. Statute § 13.04 subd. 2, names and the designated contact address and telephone number are public data and available upon request. All other information provided on your application prior to licensure approval is classified by law as private data and is accessible to you, but not to the public. Upon license approval, all information provided on your application, except for: date of birth, social security, non-designated or secondary contact address and telephone number, financial data, state and federal tax ID's, or data classified under Minn. Statute § 13.02 subd. 12 as private or subd. 13 as protected nonpublic, is public data.

Private data may be distributed to and used by personnel of the City of Savage who are involved directly and/or indirectly in the approval/denial of, and maintenance of records on licenses/permits. The data may be used and disseminated to individuals or agencies specifically authorized access to the data by state, local or federal law or when approved by the State Commissioner of Administration or by you. Public data is available to any person upon written request to the City of Savage.

This information will be maintained through the time of your licensure/permit with the City of Savage and thereafter. If granted a license/permit, the City may request that you supply this information at additional times in the future for the purpose indicated above. This information may also need to be updated periodically.

I HAVE READ AND UNDERSTAND THE DATA PRACTICES ADVISORY.

Applicant Signature

Date



BACKGROUND INVESTIGATION DATA PRACTICES ADVISORY FOR PROTECTED INFORMATION

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Read this Advisory before completing the attached Consent for Release of Information and providing the protected information on said form.

As an applicant for a license/permit with the City of Savage, you are being asked to provide information about yourself that will be used to evaluate your eligibility to obtain a license/permit.

The purpose and intended use of the data requested on the Consent for Release of Information is to conduct the background inquiries that this City uses to establish your eligibility to obtain a license/permit. A complete criminal history and driver's license check is conducted to determine whether there are any factors that affect your suitability for a license/permit.

DATA WE HAVE REQUESTED	INTENDED USE
All names you are known by, or have been known by	To conduct a complete criminal history and background check
Date of birth	To access driver's license and criminal history data
Driver's license number	To access driver's license data

This data will be used solely for the above-mentioned purposes. This data will be forwarded to the appropriate City staff as determined necessary for completion for the background investigation.

You are not legally required to provide the requested information. However, if you do not, the City of Savage will be unable to conduct the required background inquiries and will not be able to issue a license/permit.

I have read and understand the information stated above.

Applicant Signature

Date



CONSENT FOR RELEASE OF INFORMATION IN ACCORDANCE WITH MSA 13.05, SUBD. 4(D)

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I, _____, authorize the City of Savage Police Department to release criminal history data, as defined by Minnesota Statute 13.87, subd. 1 and driver's license and traffic record data to the City Clerk for the City of Savage. I understand that some of this data may be classified as private data under Minnesota statutes and I hereby give my informed consent to the release of that private data by the City of Savage Police Department to the City Clerk for the City of Savage.

This consent for the release of data is for the purpose of determining my eligibility to obtain a license/permit with the City of Savage. This information cannot be used for any other purposes.

I may revoke this authorization in writing at any time and in no event will it be valid for more than one year from the date below.

Signature of Individual Authorizing Release

Date

PLEASE COMPLETE THE FOLLOWING INFORMATION			
First		Middle	
Last			
Date of Birth			
Address			
City		State	Zip
Driver's License No.			State Issued
Please list any other names you are or have been known by:			
Business/Employer			

I certify that all statements by me on this form are true and complete. I understand that any false statements or omissions on this form shall be sufficient cause for rejection of my application for a license/permit.

I hereby authorize the City of Savage to use this information to determine my eligibility to obtain a license/permit.

Applicant Signature

Date