



Re: Massage Therapist License Application

**ATTENTION MASSAGE THERAPISTS:**

Enclosed is an application for a Massage Therapist License Application. Completed applications, required documents and payment must be submitted to the City and approved prior to you providing any massage services in St. Joseph.

Please note that City Ordinance 613 was recently established, requiring all massage therapists to be licensed individually by the city. Additional copies for new massage therapists can be found at [www.cityofstjoseph.com](http://www.cityofstjoseph.com) or at the St. Joseph Government Center.

**BY MAIL OR IN PERSON AT THE GOVERNMENT CENTER, SUBMIT THE FOLLOWING:**

- Completed *Massage Therapist Establishment License Application*  
*(incomplete applications will not be accepted)*
- Complete *Consent to Release Private Data* form and attach photocopy of a state issued id
- Attach copy of public liability insurance policy or certificate of insurance with limits not less than \$1,000,000
- Proof of completion of a therapeutic massage certification with content that includes subjects of anatomy, physiology, hygiene, ethics, massage theory and research, and massage practice from an Accredited Institutions or Accredited Program
- Payment of \$80.00 license fee. All payments are accepted in person at City Hall.

**MAIL OR DELIVER THE ABOVE ITEMS TO:**

City of St. Joseph  
75 Callaway St E.  
St. Joseph, MN 56374

Please call City Hall at 320-363-7201 with questions.



# MASSAGE THERAPIST LICENSE APPLICATION

Government data practices act-Tennessee 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.

**COMPLETE THE INFORMATION CONTAINED ON THIS PAGE. ILLEGIBLE AND INCOMPLETE INFORMATION MAY BE RETURNED.**

## **MASSAGE ESTABLISHMENT INFORMATION:**

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

## **APPLICANT PERSONAL INFORMATION:**

Name: \_\_\_\_\_

Residence Address: \_\_\_\_\_  
Street City State Zip Code

Mailing Address: \_\_\_\_\_  
Street City State Zip Code

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Color of hair: \_\_\_\_\_ Color of eyes: \_\_\_\_\_

Place of birth: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Minnesota Tax ID, Federal Tax ID OR Social Security Number: \_\_\_\_\_

## **Proof of Identification (COPY MUST BE ATTACHED):**

\_\_\_\_ Driver's License    \_\_\_\_ Military ID    \_\_\_\_ Passport    \_\_\_\_ Other

**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. This includes commonly used nicknames.

\_\_\_\_\_  
\_\_\_\_\_

**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

**Do you have legal work status in the United States?**

\_\_\_\_ Yes \_\_\_\_ No

**List the addresses and dates at which you have lived during the preceding 5 years.**

Attach additional sheets or details as needed:

Address	Dates

**List the names, addresses, phone numbers, & dates of the employers you've worked for in the last 5 years.**

Attach additional sheets or details as needed:

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

**Have you ever been arrested, charged or convicted of any crime, or violation of any ordinance other than a minor traffic offense? \_\_\_\_\_ Yes \_\_\_\_\_ No**

Attach additional sheets or details as needed:

Date(s)	Time	Location	Offense
Date(s)	Time	Location	Offense
Date(s)	Time	Location	Offense
Date(s)	Time	Location	Offense

**Have you had an interest in, as an individual or as part of a corporation, partnership, association, establishment, business or firm, a massage license that was denied, revoked or suspended within the last 10 years of the date the license application is submitted to the issuing authority? \_\_\_\_Yes \_\_\_\_No**

Attach additional sheets or details as needed:

License number	City	State	Duration

**Have you ever been the subject of an investigation, public or private, criminal or non-criminal, regarding massage therapy? \_\_\_\_Yes \_\_\_\_No** If yes, please provide details.

\_\_\_\_\_

\_\_\_\_\_

**Please list residential references of the St. Joseph area, of good moral character, not related to you or financially interested in the premises of the business.**

Name	Address	Phone number	Email

**\*\*\*\*ENCLOSE LICENSE FEE PAYMENT OF \$80.00\*\*\*\***

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 St. Joseph to investigate the information provided.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name :** \_\_\_\_\_

**Office use only**

**Date:** \_\_\_\_\_ **Receipt:** \_\_\_\_\_ **Amount Received:** \$80.00

**Received by:** \_\_\_\_\_ **Method:** Check Credit/Debit Card Cash

