



MASSAGE THERAPIST
MASSEUR; MASSEUSE
LICENSE APPLICATION

License #
Receipt #
Date:
Amt. Pd.

Masseur - \$155; Masseuse - \$155; Investigation Fee - \$380
Massage Therapist - \$43; Investigation Fee - \$43

Photo ID Attached
Training Cert Attached

Applicant's First Middle Last Date of Birth Place of Birth
Street Address Day Telephone U.S. Citizen Yes; No
City State Zip Business Name where you will practice therapeutic massage.

Have you ever used or been known by a name other than your true name? Yes; No. If yes, list the name or names and information concerning dates and places where used:

List all street addresses at which you have lived during the preceding five (5) years:

List the names and addresses of your employers and/or partners, if any, for the preceding five (5) years:

Have you ever been convicted of a crime? Yes; No. If yes, give details as to the offense, date of occurrence and location:

Physical description of Applicant: Height Weight Hair Color Eye Color

Name and address of training institutions attended: Dates of attendance:

List previous massage related employers:

Are you a licensed masseur, masseuse or massage therapist in other communities? Yes; No. If yes, please list city, license number and effective period of license:

Have you ever been denied a license or had a license revoked? Yes; No. If yes, please explain:

List three metropolitan area residents who are of good moral character, not related to you, without a financial interest in the premises or business and who would provide a reference as to your character:

Name: Home Address:
Name: Home Address:
Name: Home Address:

Date: Signature:

AUTHORIZATION OF RELEASE OF DATA

In order to comply with State and Federal Data Privacy Acts, the City of Coon Rapids is required to ask the following information. This authorization expires one year from date of application.

PLEASE PRINT:

Full First Middle Last

Driver's License Number

Home Street Address

Date of Birth (MM/DD/YY)

City State Zip

Day Phone Number

Social Security Number

Evening Phone Number

Have you ever been convicted of any crime, either felony or misdemeanor? Yes; No. If yes, state nature and location of offense(s): _____

Have you ever been convicted of any traffic offense? Yes; No. If yes, state nature and location of offense(s): _____

I, the undersigned, have made application with the City of Coon Rapids for a **MASSAGE THERAPIST LICENSE; MASSEUR LICENSE; MASSEUSE LICENSE** (Circle one). Realizing the City has need to investigate my background and history in order to better evaluate my application, I hereby authorize and request every law enforcement official and every other person, firm, officer, corporation, association, organization or institution having control of any documents, records or other information pertaining to me to furnish the original or copies of any such documents, records and other information to the City, and to permit said City or any of its representatives to inspect and make copies of any such documents, records and other information. I further authorize any such persons to answer any inquiries, questions or interrogatories concerning the undersigned which may be submitted to them by the City or its authorized representative. I fully understand that the information so obtained by the City may be used in the evaluation of my application.

I hereby release and exonerate any person who shall comply with the authorization and request made herein from any and all liability of every nature and kind growing out of and in any ways pertaining to the furnishing or inspection of such documents, records or other information.

I am a resident of the State of Minnesota Yes; No

If not a Minnesota resident, I authorize the appropriate authorities to conduct a background investigation in the state of residence listed on the valid identification card provided as part of this application.

Date: _____ Applicant Signature: _____

- Attached is a copy of a valid Driver's License or State issued ID**
- Attached is a copy of Training Certificate**



SUPPLEMENTAL INVESTIGATION INFORMATION

Print Full Name

Date of Birth

The following information is necessary for the Police Department to properly identify the applicant for purposes of the required background investigation. This information will be retained only by the Police Department as required by law and will not be included in any investigative report submitted to the City Council and will not become a part of the public record or released to the public except as authorized by law.

Sex: Male; Female

Race: _____