City of Coon Rapids
Office of the City Clerk
11155 Robinson Drive
Coon Rapids, MN 55433-3761
Phone: 763-767-6432
Fax: 763-767-6531
http://www.coonrapidsmn.gov

License #:	
Receipt #:	
Date:	
Fee Paid:	

Application
Guidelines and Checklist

License Type: MASSAGE THERAPIST	
In compliance with Coon Rapids City Code 5-2900 & 5-1800 you are required to submit the following information for a License.	
Staff Initials:	**Application Checklist** **Submit completed items below to:** Office of the City Clerk Attn: Deputy City Clerk 11155 Robinson Drive Coon Rapids, MN 55433
	☐ 1. Application (Form #1)
	☐ 2. Any supplemental materials as per license application.
	☐ 3. Authorization of Release of Data (Form #2)
	☐ 4. Supplemental Investigation Information (Form #3)
	☐ 5. License Fee: □ Massage Therapist: $52 (2020)
	☐ 6. Background Investigation Fee: □ Massage Therapist: $52 (2020)
	☐ 7. Training Institute Transcripts/Documentation showing proof that the applicant has completed at least 400 hours of certified and accredited therapeutic massage training.
	☐ 8. Copy of Photo ID

Your License Application

- Incomplete and/or illegible applications will be returned.
- No license will be issued for a period longer than one year. Standard license periods are from January 1 to December 31.
- Licenses are not transferable.
- Make a duplicate copy of this packet for your personal records before submitting.
- Minnesota Sales Tax ID (651) 296-6181
- Federal Tax ID/Employer Identification Number (651) 312-8082
- Multiple licenses must be filed individually and may not be combined.

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Form #1

License Application for Massage Therapist

Personal Information			
First Name:			
Middle Name:			
Last Name:			
Date of Birth & Place of Birth:			
Email Address:			
Address of Residence:	Street:		
	City:		
	State:		
	Zip:		
Driver's License #		State of Issue:	
Day Telephone:			
Evening Telephone:			
Are you a U.S. Citizen?	□ Yes □ No		
This License is for use at:			
Massage Enterprise:			
Address of Business:	Street:		
	City:		
	State:		
	Zip:		

Please send the 2020 License Certificate to the following address:

Please send the 2021 Renewal Application to the following address:

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Form #1

☐ I am **NOT** a licensed massage therapist in other communities.

OR

☐ I am a licensed massage therapist in other communities. List City, license number and effective period of license:_____

_____

_____

List previous massage related employers:

_____

☐ Yes ☐ No Have you ever been convicted of a crime?

If yes, give details as to the offense, date of occurrence and location:_____

_____

☐ Yes ☐ No Have you ever been denied a license or had a license revoked?

If yes, please explain: _____

☐ Yes ☐ No Have you ever used or been known by a name other than your true name?

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:_____

_____

_____

Physical description of Applicant:

Height:_____ Weight:_____ Hair Color:_____ Eye Color:_____

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Form #1

☐ I understand that per City Code, I am required to have completed 400 hours of certified therapeutic massage training from an accredited institution or an accredited program in order to obtain a Massage Therapist License. The training hours must be authenticated by a single provider through a certified copy of a transcript of academic record from the school issuing the training, degree, or diploma. Accredited institution means holding accredited status with the United States Department of Education. Accredited Program means a professional massage program accredited by the Commission on Massage Therapy Accreditation (COMTA). Attached is a certified copy of the required transcript.

Name and Address of Training Institutions Attended:	Dates of Attendance:

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	Phone Number

☐ I have read the applicable ordinances and City Codes and am familiar with their content and agree to comply strictly with the provisions.

☐ I understand that the City of Coon Rapids has an electronic notification system where all proposed ordinances are posted for Council consideration. To receive Coon Rapids ordinance updates, go to www.coonrapidsmn.gov and click on **NotifyMe**. Then click the envelope icon to subscribe to the list titled "City Proposed Ordinance Changes".

Any violation of the state law or ordinances of this municipality or any rules or regulations contained in the license in the operations of the business, may be grounds for the revocation or suspension of such license. I have no intention or agreement to transfer this license to another person. I have read the applicable ordinance and will strictly comply with all of the provisions. I hereby swear that the foregoing statements are true and correct to the best of my knowledge.

TENNESSEN 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.

I have read and understand the Data Practices Rights Advisory and certify that the statements in this application are true and correct to the best of my knowledge.

Date Signature

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Form #2

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

_____-_____-_____ _____-_____-_____
Evening Phone Number Social Security 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**. 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: _____

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Form #3

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: _____