



**To:** Massage Therapists applying for Massage Therapist License  
**From:** Alissa Wentzlaff, City Clerk  
**Re:** Massage Therapist License Application

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We acknowledge and appreciate your interest in obtaining a Massage Therapist License from the City of Hermantown. To facilitate the application process, please carefully follow the Application Checklist on pg. 2. Failure to provide the required information may result in delays in processing your application. **PLEASE SUBMIT YOUR APPLICATION AT LEAST 45 DAYS BEFORE YOU PLAN TO BEGIN SERVICES.**

If this is your first time applying for a Massage Therapist license with the City of Hermantown, you must provide proof of accreditation.

- **CERTIFIED** Official Transcript showing a minimum of 500 hours or certified therapeutic massage training with content that includes the subject of anatomy, physiology, hygiene, ethics, massage theory and research, and massage practice from either:
  - 1) An Accredited Institution, an Accredited Institution is an educational institution holding accredited status with the United States Department of Education or Minnesota Office of Higher Education;OR,
  - 2) An Accredited Program, proof from an educational institution showing a professional massage program is or was accredited by the Commission on Massage Therapy Accreditation (COMTA) at the time of attendance and proof of attendance.

*Note: Transcript must be sent directly from the Institution to the City Clerk's Office. Copies will not be accepted.*

Please return all **ORIGINALS** to the City Clerk's office with the required fee for the processing of your application (the City has a Notary if needed). Once the paperwork and payment are received, your application will go before the next possible City Council meeting for review. If you have any questions, please contact the City Clerk's office at the information below.

Sincerely,

A handwritten signature in black ink that reads "Alissa Wentzlaff".

**Alissa Wentzlaff**

City Clerk | City of Hermantown

5105 Maple Grove Road | Hermantown, MN 55811

P: (218) 729-3600 F: (218) 729-3620

[awentzlaff@hermantownmn.com](mailto:awentzlaff@hermantownmn.com)



# MASSAGE THERAPIST LICENSE APPLICATION

**GOVERNMENT DATA PRACTICES ACT - CLASSIFICATION 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. Some of the data will be classified as public data if and when the license is granted. Private financial information including a social security number are classified as private data and will be available to governmental personnel and other governmental agencies whose access is necessary to perform their official duties.

**Massage Therapist License**

License Fee: \$60.00  
Investigation Fee: \$35.00  
**Total Due: \$95.00**

**Licensee Legal Name and Address:**

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

**Email:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Primary Business Address:**

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

**D.O.B.:** \_\_\_\_\_

**Previous Legal Name and/or Alias:**

\_\_\_\_\_

**LICENSEE HEREBY SWEARS AND ATTESTS THAT ALL INFORMATION PROVIDED IN THIS LICENSE APPLICATION IS TRUE AND CORRECT TO THE BEST OF THEIR KNOWLEDGE AND THAT LICENSEE SHALL COMPLY WITH ALL PROVISIONS GOVERNING THEIR OPERATION UNDER A MASSAGE THERAPIST LICENSE AS SET FORTH IN CHAPTER 415 OF THE HERMANTOWN CITY CODE, ALONG WITH ALL OTHER APPLICABLE PROVISIONS OF LOCAL, STATE OR FEDERAL LAW, AS MAY BE AMENDED.**

State of: \_\_\_\_\_ ]

**By:** \_\_\_\_\_

County of: \_\_\_\_\_ ] ss:

**LICENSEE**



On this \_\_\_\_ day of \_\_\_\_\_ 2024, before me, a Notary Public within and for said County and State, personally appeared \_\_\_\_\_, to me known to be the person named in and who executed the foregoing instrument, and acknowledged that they executed said instrument as their free act and deed, for the uses and purposes therein expressed.

Notary Public: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

**PLEASE REVIEW AND COMPLETE THIS CHECKLIST**

**MASSAGE THERAPIST APPLICATION CHECKLIST**

Below is a list of all documents and items required by the City of Hermantown to obtain an individual Massage Therapist License pursuant to Hermantown City Code Chapter 415. Please ensure that you have completed all items listed below. Any missing documents will delay the processing of your application. All massage licenses require a background investigation be conducted by the City of Hermantown Police Department. Please allow a minimum of two to three weeks to process a new license application.

- LICENSE PAYMENT (ANNUAL LICENSE FEE + INVESTIGATION FEE)** Every question **must** be completed, and the fee **must** be paid, or the application will not be accepted.
- PROOF OF RESIDENCY AND AGE** Applicant must be eighteen (18) years of age or older. **Provide a color photocopy** of applicant's valid Minnesota Driver's License or Minnesota ID (front and back), Passport, or any other government-issued ID evidencing applicant's age and residency.
- TAX IDENTIFICATION FORM PURSUANT TO MINN STAT. § 270C.72, SUBD. 3, AS MAY BE AMENDED (pg. 3)**
- MESSAGE ESTABLISHMENT AFFILIATION FORM (pg. 4)** The full name and address of each massage establishment located within the city at which the licensee will perform massage.
- PROOF OF ACCREDITATION (If you have already provided this information to the City, please disregard) CERTIFIED** Official Transcript showing a minimum of 500 hours or certified therapeutic massage training with content that includes the subject of anatomy, physiology, hygiene, ethics, massage theory and research, and massage practice from either:
  - 1) An Accredited Institution, an Accredited Institution is an educational institution holding accredited status with the United States Department of Education or Minnesota Office of Higher Education;OR,
  - 2) An Accredited Program, proof from an educational institution showing a professional massage program is or was accredited by the Commission on Massage Therapy Accreditation (COMTA) at the time of attendance and proof of attendance.Note: Transcript must be sent directly from the Institution to the City Clerk's Office. Copies will not be accepted.
- APPLICANT AFFIDAVIT INCLUDING ATTESTATION OF CITIZENSHIP/RESIDENCY (pgs. 5-6)** **Must be signed and notarized.**
- BACKGROUND INVESTIGATION (pg. 7)** The background check is conducted by the Hermantown Police Department. **A background check must be completed for the massage therapist annually.**

**I HEREBY CERTIFY THAT I HAVE REVIEWED AND COMPLETED THIS CHECKLIST:**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



MN STATUTE 270C.72 TAX IDENTIFICATION FORM

PURSUANT TO Minnesota Statute 270C.72, Tax Clearance Required: The licensing authority is required to provide the Minnesota Commissioner of Revenue the business tax identification number and social security number of each applicant. Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we are required to advise you of the following regarding the use of this information:

- 1. This information may be used to deny the issuance, renewal, or transfer of your license in the event you owe the Minnesota Department of Revenue delinquent taxes, penalties, or interest.
- 2. Upon receiving this information, the licensing authority will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Agreement, the Department of Revenue may supply this information to the Internal Revenue Service.
- 3. Failure to supply this information may jeopardize or delay the processing of your licensing issuance or renewal application.

Please supply the following information and return along with your application to the agency issuing the license.

License applied for or renewed:                     Massage Therapist                    

Licensing authority: City of Hermantown, St. Louis County, Minnesota

**Personal Information:**

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

Applicant’s Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

**Business Information (ONLY COMPLETE IF YOU ARE AN OWNER OF THE ESTABLISHMENT)**

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

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

\*MN Tax Identification Number: \_\_\_\_\_

\*Federal Tax Identification Number: \_\_\_\_\_

*\*If you do not know your MN Tax ID or Federal Tax ID, please bring a copy of your most recent tax return*

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





## MASSAGE THERAPIST AFFIDAVIT

The following questionnaire **must** be fully completed, signed, notarized and dated by the applicant. Pursuant to Hermantown City Code Chapter 415, any misrepresentation, fraud, or misstated material fact herein is grounds for denial, suspension, or revocation of a license.

**LICENSEE NAME:** \_\_\_\_\_

1. State full legal name and whether you have ever used or been known by any other name, and if so, the name(s) and information concerning places where used:

2. List the type, name, location, and date of every business or occupation you have been engaged in during the preceding ten years:

3. List all street addresses and dates of residency for all residences where applicant has lived in the preceding ten years.

4. Are you currently licensed in any other community to perform massage? Yes\_\_ No\_\_. If yes, please list all locations:

5. Have you ever been arrested, charged or convicted of any felony, crime, or violation of any ordinance other than a minor traffic offense? Yes\_\_ No\_\_. If yes, provide the date, time, place and offense for which arrests, charges or convictions were had:



# Criminal Background Check Authorization

I, \_\_\_\_\_, am employed by \_\_\_\_\_.  
(Legal First Name Full Middle Name Last Name) (Business Name)

I hereby authorize the Hermantown Police Department to conduct a background investigation and Criminal History Check to procure any and all information, oral and written that may be required in connection with my application for a city license and/or employment. I understand the Hermantown Police Department may require my fingerprints in connection with my initial criminal history check.

I hereby consent to periodic criminal history checks that may be required and that the Hermantown Police Department will verify my continued employment or city licensure before running a check on me.

I hereby consent to the release of any and all data, oral or written, regarding me that may be required by the Hermantown Police Department and/or his designee and hereby expressly release any party providing said data from any and all liability. I further waive my right to have certain data protected from disclosure under any and all Federal or state statutory provisions to the extent I am authorized to do so.

## DATA PRACTICES ADVISORY

(Tennessee Warning)

The information that you are asked to provide in your proposal is classified by state law as either public, private or confidential. Public data is information that can be given to the public. Private data is information that generally cannot be given to the public but can be given to the subject of the data.

Confidential data is information that generally cannot be given to either the public or the subject of the data.

Our purpose and intended use of this information is to consider your proposal. You are not legally required to provide this information. You may refuse to provide this information.

The consequences of supplying or refusing to supply data are that your proposal may not be considered or it may be denied.

Other persons or entities may be authorized by law to receive this information. The undersigned, has read this advisory and understands it.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 2024.

\_\_\_\_\_  
Print Legal Name (first, full middle, last)

\_\_\_\_\_  
Date of Birth  
(mm/dd/yyyy)

\_\_\_\_\_  
Signature\*

*\*Must be an original wet signature, digital signatures or digital copies of this form will not be accepted*

