



**CITY OF HERMANTOWN
OFFICE OF THE CITY CLERK**

5105 Maple Grove Road
Hermantown, MN 55811
P: (218) 729-3600
www.hermantownmn.com

FOR OFFICE USE ONLY

DATE APPROVED: _____

LICENSE #: _____

MESSAGE 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 tax identification number and 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.

☐ New Application

☐ Renewal Application

License + Investigation Fee: \$100.00

Total Due by or before 12/1/25: \$100.00

Total Due after 12/1/25: \$125.00

Licensee Legal Name & Address:

Email: _____

Phone: _____

Primary Place Of Employment (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 MESSAGE 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 _____, 20____, 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:** _____

MESSAGE THERAPIST MESSAGE ESTABLISHMENT AFFILIATIONS

List the full name and address of **EACH** message establishment located within the city at which the applicant will perform massage.

LICENSEE NAME: _____

ESTABLISHMENT NAME	ADDRESS

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:

6. Have you ever had an interest in, as an individual or as part of a corporation, partnership, association, enterprise, business or firm, a massage license that was revoked or suspended within the last ten years?

7. Have you ever been the subject of an investigation, public or private, criminal or non-criminal, regarding massage therapy? Yes__ No__.

8. I attest, that I am (check one of the following boxes):

- ☐ A citizen of the United States.
- ☐ A noncitizen national of the United States.
- ☐ A lawful permanent resident.
- ☐ An alien authorized to work until: (expiration date, if applicable, mm/dd/yy) _____

LICENSEE HEREBY SWEARS AND ATTESTS THAT ALL INFORMATION PROVIDED ON THIS AFFIDAVIT IS TRUE AND CORRECT TO THE BEST OF THEIR KNOWLEDGE AND THAT LICENSEE SHALL COMPLY WITH ALL PROVISIONS GOVERNING ITS OPERATION UNDER THE 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 _____ 20____, 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: _____

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 _____, 20____.

Print Legal Name (first, full middle, last)

Date of Birth
(mm/dd/yyyy)

Signature*

**Must be an original wet signature, digital signatures will not be accepted*