

# Massage Therapist License Application

City Code Chapter 116



Licensing Period: January 1 – December 31

Fees:

\_\_\_\_\_ Investigation Fee      \$100.00 (*one time, non-refundable*)  
\_\_\_\_\_ License Fee              \$100.00

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## APPLICATION CHECKLIST:

To prevent delay, please ensure the following information is submitted.  
Incomplete applications are not accepted and will be returned immediately.

- Massage Therapist License Application
- Application Fees
  - Check should be made payable to the City of Hastings. Credit card and cash are also accepted. *All credit/debit card payments will be assessed a convenience fee.*
- Color Copy of Driver's License or other form of Identification
- Release of Information – Application for a City License Form
- Information for License Investigation for City of Hastings Form
- Tax Identification
- Worker's Compensation
- Ordinance Acknowledgement
- Tennessen Warning
- Current Copy of Certificate of Insurance (*The City of Hastings must be listed as additional insured*)
- New Applicants Only:* Copy of Diploma/Certificate of Graduation from an American Massage Therapist Association (or other similar reputable massage association) approved massage school.

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## APPLICATION PROCESS:

- Return the complete application packet and the required fee(s) to the Deputy City Clerk.
- Once all required documents have been received, the application will be reviewed. Please allow 10 business days after all materials have been received for review.
- The City of Hastings Police Department will perform a Criminal History Investigation on the applicant.
- If additional information is required, the applicant will be contacted by the Deputy City Clerk.
- Once initial review is complete, all massage therapist license applications must be approved by the City Council.
- The license shall be posted in a conspicuous place in the licensed establishment at all times throughout the licensing period.

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The data you furnish on this application will be used by the City of Hastings in the issuance of your license. Disclosure of this information is voluntary. You are not legally required to provide this data; however, if you fail to do so, the City of Hastings may be unable to process this application. Disclosure of your Minnesota Business Tax ID Number and Social Security Number is required by Minnesota Statutes 270C.72, and your Minnesota Tax ID Number and/or Social Security Number may be requested by and released to the Minnesota Commissioner of Revenue. After submission, all information contained in this application except your Social Security Number will be public information pursuant to Minnesota Statutes, Chapter 13.

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Applicant Signature

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Date

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**Applicant Information**

Name:			
Address:			
City/State/Zip Code:			
Phone Number:			
Email Address:			
Are you licensed to practice massage therapy in another City or State?  _____ No      _____ Yes  <i>If yes, please list the licensing City or State:</i> _____			
Do you have any convictions of a felony, gross misdemeanor or misdemeanor, other than minor traffic violations?  _____ No      _____ Yes  <i>If yes, please provide the date, place of conviction and nature of offense:</i>			
Please describe services offered:			
List three people, unrelated to you who will attest to your character:			
Name	Address	Phone	Email

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**Proposed Place to Practice Massage Therapy**

Business Name:
Business Address:
City/State/Zip Code:
Business Phone Number:
Manager's Name:
Manager's Email Address:

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**CITY OF HASTINGS  
RELEASE OF INFORMATION  
APPLICATION FOR A CITY LICENSE**

The City of Hastings requires a criminal history check for the license for which you are applying; City Code 33.01. You will be informed of your status when your investigation is complete.

The undersigned authorizes the City of Hastings to obtain, and the State of Minnesota and the Hastings Police Department to release all information in the State of Minnesota Justice Information Services (MNJIS), Hastings Police Department Records Management System, and private data, as defined by Minnesota Statute 13.02, Subdivision 12 regarding the undersigned, to include criminal history record information retained by the Minnesota State Bureau of Criminal Apprehension. The undersigned further releases the City of Hastings, the State of Minnesota and the Hastings Police Department or other agencies used in conducting the background investigation from any claims or damages which the undersigned might incur as a result of the City obtaining this information from the State of Minnesota, the Hastings Police Department or other agencies. This authorization is effective for three months following the date of execution.

This information is classified as private personnel data and will be provided only to those City employees or agents who have a need to review it. The City does not intend to release the information to any other party, but may be required to do so by subpoena or court order. The undersigned may refuse to authorize the release of this information, but refusal will result in disqualification for a city license.

***Please print clearly***

Full Name (Last, First, Middle, and Maiden Name if applicable) \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Activity / Position \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Driver's License # \_\_\_\_\_ State of Driver's License \_\_\_\_\_

Previous Address(es) for the last five (5) years. If necessary, use additional sheets.

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

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

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## Information for License Investigation for City of Hastings

Type of license applying for:

<input type="checkbox"/> New	<input type="checkbox"/> Liquor	<input type="checkbox"/> Massage	<input type="checkbox"/> Waste Hauler	<input type="checkbox"/> MFU/Peddler
<input type="checkbox"/> Renewal	<input type="checkbox"/> Tobacco	<input type="checkbox"/> Cannabis/THC	<input type="checkbox"/> Pawn Broker	<input type="checkbox"/> Other _____

*As a license applicant, I hereby give my consent for a personal background investigation, to include a criminal history check, to be used in the determination of whether my application is to be approved. The results of such investigation shall be made public pursuant to appropriate City Council approval or denial of the license application. I understand that I am under no legal obligation to consent to such investigation, but that my refusal to so consent may be the basis for denying my application.*

### APPLICANT INFORMATION

First Name:	Middle Name:	Last Name:	Maiden Name:
Home Address:			
City/State/Zip:			
Length of time at that Address: <i>If less than 5 years, list previous addresses on additional sheet.</i>			
Email Address:			
Home Phone:		Business Phone:	
Cell Phone:		Date of Birth:	
Driver's License Number	State	Expiration	Social Security Number:

### PHYSICAL ATTRIBUTES

Sex	Race	Height	Weight	Eye Color	Hair Color
Current Employer:					
Previous Employer for the past 5 years: <i>Use additional sheets if necessary.</i>					

### LOCAL BUSINESS INFORMATION

Business Name:	Store Number:	Address:
Store Manager/Representative and Position:		
Phone Number:		
Email Address:		

### CORPORATE INFORMATION: (if applicable)

Name:
Address:
Contact Person:
Phone Number:
Email Address:



## **Minnesota Government Data Practices Act – “Tennessee Warning”**

*(Please initial)*

The purpose and intended use of the requested data is to verify the applicant meets all state statute and city code provisions and, if the license or permit is approved, to verify that all required data remains current.

The following data collected, created, or maintained is classified under the Minnesota Government Data Practices Act as Private data until license approval when the data becomes Public: (Minn. Stat. § 13.41, Subd. 4).

1. Data submitted by applicants (other than names and designated addresses).
2. Orders for hearings and findings of fact.
3. Conclusions of law and specification of the final disciplinary action contained in the record of the disciplinary action.
4. Entire record concerning the disciplinary proceeding.
5. License numbers and license status.

The following data collected, created, or maintained is classified as Private: (Minn. Stat. §13.41, Subd. 2).

1. The identity of complainants who have made reports concerning licenses or applicants which appear in inactive complaint data unless the complainant consents to the disclosure.
2. The nature or content of unsubstantiated complaints when the information is not maintained in anticipation of legal action.
3. Inactive investigative data relating to violations of statutes or rules.
4. The record of any disciplinary proceeding except as limited by Minn. Stat. §13.41, Subd. 4.

Under law, private data may be shared with licensing and inspection employees, approval authorities, insurance providers, law enforcement employees, and/or contracted inspection officials as required by court order; this may include City officials who have a bona fide need to review it. The City of Hastings may make any data classified as private or confidential accessible to an appropriate person or agency if the licensing agency determines that failure to make the data accessible is likely to create a clear and present danger to public health or safety.

\_\_\_\_\_ I have read and understand the above information regarding my rights as a subject of government data.

## **Ordinance Review**

*(Please initial)*

\_\_\_\_\_ I hereby acknowledge that I have read, understand, and agree to abide by the regulations set forth in the City’s Ordinance associated with the license for which I am applying. Furthermore, I also understand that I must comply with the provisions of all applicable state laws.



## Minnesota Workers' Compensation

A valid workers' compensation policy must be kept in effect at all times by employers in accordance with statutory requirements.

- 1. I have a worker's compensation insurance policy.  
*Policy information must be listed on the submitted certificate of insurance.*
- 2. I am not required to have workers' compensation insurance because:
  - I only use independent contractors and do not have employees.
  - I do not use independent contractors and do not have employees.
  - I use independent contractors and I have employees who are not required to be covered by the workers' compensation law. (Attach an explanation).
  - I only have employees who are not required to be covered by the workers' compensation law. (Attach an explanation) *See Minn. Stat. § 176.041 for a list of excluded employees.*

## Department of Revenue Information

Pursuant to Minn. Stat. § 270C.72 Tax Clearance: Issuance of Licenses, the licensing authority is required to provide the Minnesota Commissioner of Revenue your Minnesota business tax identification number and the social security number or individual taxpayer identification number of each license applicant (person signing the application).

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 for licensing authority: City of Hastings

**Minnesota Tax ID Number:** \_\_\_\_\_ *If not available, please attach an explanation.*

**Federal Tax ID Number:** \_\_\_\_\_

**OR if a Sole Proprietorship, Social Security Number:** \_\_\_\_\_