



Date Received: \_\_\_\_\_

Payment Type: \_\_\_\_\_

License Number: \_\_\_\_\_

## MASSAGE THERAPIST LICENSE NEW & RENEWAL APPLICATION

Detroit Lakes Code of Ordinances, Chapter 602 applies to Massage Therapist and Massage Therapy Business licenses, and states no person may act as a massage therapist within the city of Detroit Lakes without a massage therapist license, except for students of massage therapy who are providing services as part of a course or clinical component of an accredited program, or under the supervision of an instructor while participating in a school sponsored internship.

Licenses must be renewed every three years, with the license period running from January 1 through December 31 of the third year. The current license fee is \$180. New licenses also require an investigation fee of \$100. Required fees must be paid at the time an application is submitted.

### CHECKLIST OF REQUIRED ITEMS THAT MUST BE SUBMITTED WHEN APPLICATION IS SUBMITTED

- 1. Fully complete all parts of the application (*Every question must be answered – write ‘N/A’ or ‘not applicable’ if necessary on any questions*):
  - License Application must be signed by applicant and notarized – applications submitted in person can be notarized by the City Clerk’s Office
- 2. Proof of identification and proof the applicant is a U.S. citizen or is legally permitted to be in the United States – proof of identification must be one of the following, a copy of which must be submitted:
  - A valid driver’s license including a photograph and date of birth, issued by Minnesota, another state, a province of Canada, or a state of Mexico
  - A valid identification card including a photograph and date of birth, issued by Minnesota, another state, a province of Canada, or a state of Mexico
  - A valid tribal identification card, that includes the person’s photograph and date of birth, issued by the tribal government of a tribe recognized by the Bureau of Indian Affairs
  - A valid military identification card issued by the U.S. Department of Defense
  - A valid U.S. passport
  - In the case of someone who is a foreign national, a valid passport
- 3. Proof of minimum education requirements outlined in Part B of the application
- 4. Initial Investigation Fee of \$100 for new applications
- 5. Three year License Fee of \$180 – license expires on December 31 of the third year  
*This fee is prorated for new applications, based on when during the course of the three-year period the license is issued.*

1 <sup>st</sup> Year Jan. 1 - June 30	\$180	1 <sup>st</sup> Year July 1 - Dec 31	\$150
2 <sup>nd</sup> Year Jan. 1 - June 30	\$120	2 <sup>nd</sup> Year July 1 - Dec 31	\$90
3 <sup>rd</sup> Year Jan. 1 – June 30	\$60	3 <sup>rd</sup> Year July 1 - Dec 31	\$30

### ADDITIONAL STEPS TO BE COMPLETED BY THE CITY PRIOR TO ISSUING A LICENSE:

- 6. Review of the application by City Clerk staff to ensure completeness and verify education information provided

- 7. Background investigation completed on the Applicant
- 8. Applicant must provide a certificate of insurance as proof of required general liability insurance providing minimum coverage of \$300,000 combined single limit per occurrence before a license is issued.
- 9. Confirmation that all requirements of City Code 602 have been met, including that the applicant has paid all fees, charges, taxes, special assessments, or other debt or obligation owed to the City regarding any other matter.
- 10. Approval of the license application by the City Council.
- 11. Issuance of license once all other steps are complete (YOU ARE NOT LICENSED UNTIL YOU HAVE RECEIVED A LICENSE CERTIFICATE, AND YOU MUST HAVE YOUR CERTIFICATE WHENEVER PROVIDING MASSAGE SERVICES)

Fill in all blanks. Write N/A if a question is not applicable.

<b>Fill in all blanks. Write N/A if a question is not applicable.</b>			
<b>Is this a renewal of an existing or previous license with the City of Detroit Lakes?</b>			
<input type="checkbox"/> YES <input type="checkbox"/> NO *Please note, if your license has been expired for a full license period, you need to submit as a new application and pay a new investigation fee.			
<b>PART A. APPLICANT INFORMATION</b>			
<b>APPLICANT</b>			
<b>Provide information about who is completing this application</b> <i>(may or may not be the same as the person who will be licensed)</i>			
1. First Name		2. Last Name	
3. Primary Telephone Number	4. Type of Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Business <input type="checkbox"/> Home <input type="checkbox"/> Other	5. Alternate Phone Number	6. Type of Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Business <input type="checkbox"/> Home <input type="checkbox"/> Other
7. Email Address			
8. Account Mailing Address		9. City	10. State      11. Zip Code
12. Please send official notices relating to this license to:			
<input type="checkbox"/> Mailing Address <input type="checkbox"/> Email			
<b>LICENSE HOLDER</b>			
<b>Provide information about who this license will be issued to</b> <input type="checkbox"/> Check if Same as Above			
13. First Name		14. Last Name	
15. Primary Telephone Number	16. Type of Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Business <input type="checkbox"/> Home <input type="checkbox"/> Other	17. Alternate Phone Number	18. Type of Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Business <input type="checkbox"/> Home <input type="checkbox"/> Other
19. Email Address			
20. Home Address		21. City	22. State      23. Zip Code

*Minn. Stat. § 270C.72 requires the City to collect social security numbers of all individual license applicants. A license cannot be issued without this information. Social security numbers are private data but may be provided to the Minnesota Department of Revenue as required by law.*

24. Social Security Number

**LICENSE INFORMATION**

25. Name of any Business with which you will be using this license (if none, write NA)

26. Business Address (or NA if not applicable)

27. City

28. State

29. Zip Code

30. Place of Birth (City & State, or City & Country if outside U.S.)

31. Height and Weight

32. Eye Color

33. Driver's License or ID Number & Issuing state

34. Date of Birth  
(MM/DD/YYYY)

35. Are you a U.S. Citizen?

Yes  No

If no, are you legally permitted to be in the U.S.?  Yes  No

36. Proof of identification must be provided pursuant to City Code 602 from one of the following:

- A valid driver's license including a photo & date of birth, issued by Minnesota, another state, a province of Canada, or a state of Mexico
- A valid identification card including a photo & date of birth, issued by Minnesota, another state, a province of Canada, or a state of Mexico
- A valid tribal identification card, that includes the person's photograph and date of birth, issued by the tribal government of a tribe recognized by the Bureau of Indian Affairs
- A valid military identification card issued by the U.S. Department of Defense
- A valid U.S. passport, or,
- In the case of a foreign national, a valid passport

**ATTACH ADDITIONAL SHEETS FOR ANY QUESTIONS THAT REQUIRE MORE SPACE THAN PROVIDED**

37. Have you ever been known by any name other than the one listed above on this application?

Yes  No

If Yes, List all other names or aliases ever used, as well as the dates of the use of each name

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38. Have you ever had any business license or individual massage therapist license denied, revoked, or suspended by any local unit of government or state?  Yes  No

If the answer to this question is yes, provide details about any adverse license action(s), including the type of license(s), jurisdiction(s) involved, and date(s) and your business activity or occupation following the action.

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40. Do you have the required general liability insurance coverage? (minimum coverage of \$300,000 combined single limit per occurrence before a license is issued.)

Yes  No Proof of insurance must be provided before a license can be issued

**LICENSE DETAILS**

41. Addresses used for Last Five years

<u>Dates</u>	<u>Addresses</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

42. Employment History for Last Five years, beginning with current employment

Name of employer \_\_\_\_\_ Dates of employment \_\_\_\_\_  
Address \_\_\_\_\_ Phone number \_\_\_\_\_

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Address \_\_\_\_\_ Phone number \_\_\_\_\_

Name of employer \_\_\_\_\_ Dates of employment \_\_\_\_\_  
Address \_\_\_\_\_ Phone number \_\_\_\_\_

Name of employer \_\_\_\_\_ Dates of employment \_\_\_\_\_  
Address \_\_\_\_\_ Phone number \_\_\_\_\_

43. Provide information on any and all criminal conviction(s) of any state, county, or local law or regulation

<u>Date</u>	<u>Offense</u>	<u>Location</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## PART B. MINIMUM EDUCATION REQUIREMENTS

Every applicant must be able to meet one of the following minimum requirements:

- a) Proof of successful completion (a diploma or certificate of graduation) of a minimum of a 500 clock hours or 31 semester hours or 50 quarter hours comprehensive massage therapy program from an Accredited Institution or a State Licensed Institute that includes subjects of: anatomy, physiology, hygiene, ethics, massage theory and research, and massage practice; or
- b) Proof of passing the National Certification Exam offered through the National Certification Board for Therapeutic Massage and Bodywork (NCBTMB) or passing the Massage & Bodywork Licensing Examination (MBLEx) offered through the Federation of State Massage Therapy Boards.
- c) Applicants also may receive a massage therapist license by providing proof that the applicant has practiced massage therapy in the City of Detroit Lakes for a minimum of one year prior to the effective date of ordinance 465, can prove by affidavit they have not had criminal convictions as a result of practicing massage therapy, and otherwise meets the requirements listed in Section 602.07 of this ordinance.
- d) Proof of Current licensure in another jurisdiction as long as that jurisdiction's licensing requirements are essentially equivalent to the education requirements of the City of Detroit Lakes

**Indicate which required documentation you will provide to meet one of the above requirements:**

- a - proof must include verifiable documentation, including information about the institution's accreditation
- b - proof must be verifiable
- c- signed affidavit stating they have practiced massage therapy in the City of Detroit Lakes for a minimum of one year prior to the effective date of ordinance 465, and have not had criminal convictions as a result of practicing massage therapy, and otherwise meets the requirements listed in Section 602.07 of this ordinance
- d - proof must be verifiable, and must be provided to the City Clerk to make a determination as to whether the requirements are essentially equivalent or not

*Certified copies of any documentation provided are preferred and make verification faster and easier.*

**PART C. NOTIFICATION AND VERIFICATION**

**Notice of Collection of Private Data**

In accordance with the Minnesota Government Data Practices Act, the City of Detroit Lakes is required to inform you of your rights as they relate to information collected about you. The information collected and required from you as part of this license application will be used to determine whether or not to issue the massage therapist license being applied for. 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 Detroit Lakes may be unable to process this application.

Your Social Security Number and Birth Date are classified as private data and are not available to the public. Disclosure of Social Security Number (or Individual Tax ID Number only for individuals without a social security number) is required by Minnesota Statutes 270C.72, and may be requested by and released to the Minnesota Commissioner of Revenue. Access to this data is limited to staff with a business need in order to administer and manage the licensing program. All other information contained in this application is public information pursuant to the Government Data Practices Act, Minnesota Statutes Chapter 13.

You have the right to see and obtain copies of the data maintained on you, including private data. You also have the right to be told the contents and meaning of the data, and to contest the accuracy and completeness of the data. You can exercise these rights by contacting the City Clerk's Office.

**A SIGNATURE IS REQUIRED IN ORDER TO PROCESS THIS LICENSE APPLICATION**

I, (print name) \_\_\_\_\_, have read and understand the above information regarding my rights as a subject of government data. I acknowledge I have been provided information about what is required to obtain a business license from the City of Detroit Lakes, and how to receive notifications of proposed City ordinances. I agree I will strictly comply with all the laws of the State of Minnesota the ordinances of the City of Detroit Lakes relating to the performance of my duties as a massage therapist, and understand I can review all City ordinances on the City website or in the City Clerk's Office.

I understand that by submitting this application, I hereby consent to allow the appropriate City personnel, or any authorized representative or agents, to conduct a background investigation as authorized by City Code 602

I hereby certify that I have read and understand every question in this application and that the answer to every question is true to my knowledge, information and belief. I further understand that the giving of false information as part of this application, regardless of when it is discovered, and/or failure to give required pertinent information can constitute cause for denial, suspension, or revocation of any license.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

(NOTARY PUBLIC)

(NOTARY SEAL)

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