

CERTIFICATE OF THERAPEUTIC MASSAGE- Individual

City of Robbinsdale
Office of the City Clerk

Annual License Fee: \$75
Annual Investigation Fee: \$50

The City Ordinance requires that the data requested in this application must be submitted in order for the City to determine your eligibility for the license. Refusal to provide the data may result in an automatic denial of the requested license. The data provided shall be classified in accordance with the Minnesota Government Data Practices Act. The data provided shall be investigated by the Chief of Police who shall then submit a recommendation for approval or denial, based upon the applicant's eligibility as determined by the provisions of the licensing ordinance. Access to the data provided shall be by officials and employees of the City engaged in administering or monitoring the provisions of the licensing ordinance; and also as allowed for by the Minnesota Government Data Practices Act.

PLEASE PRINT OR TYPE YOUR RESPONSES

(Provide in full the first, middle and last names where requested)

Applicant Name (NO initials or nicknames)		All Aliases and Nicknames	
Residence Address		City	State Zip
Business Name & Address where you will be working:		City	State Zip
Drivers License No./State Issued	Date of Birth	Residence Phone No.	Business Phone No.
Is applicant 18 years of age or older? ____ Yes ____ No			
Ever been convicted of a crime or offense? ____ Yes ____ No			
Have you ever lived in another state? ____ Yes ____ No. If yes, list the states: _____			
The applicant must provide the following information as a part of this application (check each item to indicate it is attached):			
____ A. Evidence of membership in good standing with the American Massage Therapy Association, the Associated Bodywork Massage Professionals or other organization with similar written and enforceable code of ethics.			
____ B. Evidence of 100 hours (minimum) of class credits from a massage therapy school accredited by one of the national organizations listed in A above. See 613.11, Subd 2 c for additional hour requirements.			
____ C. Statement disclosing whether applicant has ever been convicted of a crime or offense and if so, information as to time, place and nature of such crime or offense and disposition of same.			

Provide names, address and phone numbers of two personal references (from Hennepin County)

(1) _____ (2) _____

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Signature _____

Date _____

Date Investigation Completed _____ Police Chief's Recommendation: ____ Approve ____ Deny