Shoreview Administration
4600 Victoria Street North
Shoreview, Minnesota 55126
651-490-4600 l shoreviewmn.gov

A front-face photo of the applicant, no less than 2.5 in. by 2.5 in. in size, and taken within the past 30 days

Massage Therapist Application

Applicant information

Name: _____

Other names (maiden name, names from previous marriages, or aliases): _____

_____

Address: _____

_____

Phone number: _____ Email: _____

Social Security Number: _____

Driver's license number:_____Issuing state: _____

Business information

Massage therapy can only be practiced in a business that is licensed by the City of Shoreview.

Business where you'll be practicing massage therapy: _____

Address of business: _____

Phone number of business: _____

By signing this application, I swear:

- All the information above is true to the best of my knowledge
- I am at least 18 years old
- I hold a comprehensive certificate of massage from a school recognized by the Minnesota Higher Education Board
- I have received a copy of Chapter 10, article VIII of the Shoreview City Code
- I understand the conditions set forth for massage therapist licensees

_____ _____

Signature of applicant Date

For office use:

_____ Received $50 application fee
_____ Received proof of insurance
_____ Received copy of ID and recent photo taken within the past 30 days
_____ Completed background check
_____ Proof of 500 credit hours/comprehensive certificate of massage

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PRIVACY NOTICE / TENNESSEN WARNING:

In connection with your request for a license, the city has asked that you provide information about yourself which may be classified as private, confidential, nonpublic, or protected nonpublic under the Minnesota Government Data Practices Act. This means that this data is not ordinarily available to the general public. Accordingly, the city is required to inform you of the following:

1. The purpose and intended use of the information requested is to determine if you are eligible for a license from the City of Shoreview.
2. The known consequences of supplying the requested information is that the information or further investigation could disclose information which could cause your application to be denied.
3. You are not legally obligated to supply the requested information. The known consequences of refusing to supply the requested information is that your request for a license cannot be processed.
4. A criminal charge, arrest, or conviction will not necessarily bar you from obtaining a license with the city, unless the conviction is related to the matter for which the license is sought, according to Minnesota Statute 364.03. However, failure to reveal the requested criminal information will be considered falsification of the application and may be used as grounds for the denial of the application.
5. Other governmental agencies necessary to process your application are authorized by law to receive the information provided.
6. The city is required by law to furnish some of this information to the Department of Labor and Industry and the Minnesota Commissioner of Revenue.

The undersigned, by signing this notice, acknowledges that he/she has read and understood the contents of this notice and has received a copy of this notice.

Signature of applicant: _____

Name: _____

Date: _____

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Consent for the release of information in accordance with MSA 13.05, subd. 4(d)

I, _____, authorize the Ramsey County Sheriff's Office to release criminal history data, as defined by Minnesota Statute 13.87, subd. 1 and driver's license and traffic record data to the Deputy Clerk for the City of Shoreview. I understand that some of this data may be classified as private data under Minnesota statutes and I hereby give my informed consent to the release of that private data by the Ramsey County Sheriff's Office to the deputy clerk for the City of Shoreview.

This consent for the release of data is for the purpose of obtaining a permit or license with the City of Shoreview. This information cannot be used for any other purposes.

This authorization may be revoked in writing by me at any time and in no event will it be valid for more than one year from the date below.

_____ _____

Signature of individual authorizing release Date

Applicant information:

Full name: _____

Other names you have had or are known by (maiden name, names from previous marriages, or aliases): _____

_____

Address: _____

_____

Date of Birth: _____ Sex: _____

Driver's license number: _____ Issuing state: _____

I certify that all statements by me on this form are true and complete. I understand that any false statements or omissions on this form shall be sufficient cause for rejecting my license.

I hereby authorize the City of Shoreview to use this information to determine my suitability for obtaining a license.

_____ _____

Signature of applicant Date