



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

Massage Therapist Application

Applicant information

Name: _____

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

Address: _____

Phone 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 am a member of good standing of the Minnesota Therapeutic Massage Network or the American Massage Therapy Association or other organization possessing the same or similar standards and having an enforceable code of ethics
- I have received a copy of Section 711 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

_____ Completed background check

_____ Proof of 500 credit hours/comprehensive certificate of massage



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

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