



Massage Therapist Individual License Application City of Cambridge

To be filled out by each individual massage therapist working in Cambridge.

Data Practices Advisory

READ THIS BEFORE COMPLETING THIS PACKET.

As an applicant for a license at the City of Cambridge, you are being asked to provide information about yourself which will be used in evaluating your suitability for licensure. The purpose of this request is to obtain information about you to permit us to evaluate whether you meet the requirements for licensure.

Attached are several documents which ask for your signature and/or personal information. You are not legally required to supply any of the data requested or to sign any of the release and authorization forms. However, should you not provide that information, the City may be unable to evaluate whether you meet the requirements for licensure with this agency, which may negatively impact your application for licensure with this agency.

You are being asked to provide public and private data about yourself as defined by the Minnesota Data Practices Act. The following information you are being asked to provide is defined as private: Social Security Number and Criminal History classified as private pursuant to Minn. Stat. 13.87. Private data may be distributed to and used by personnel of the City of Cambridge who are involved directly and/or indirectly in the approval, denial, renewal, revocation, and maintenance of records on licenses. The data may be used and disseminated to individuals or agencies specifically authorized access to the data by state, local or federal law or when approved by the State Commissioner of Administration or by you.

Public data is data which is available to any person upon request.

This information will be maintained through the time of your licensure with the City of Cambridge and thereafter. If granted a license, the City may request additional or updated information in the future for the purposes stated in the first paragraph above.

I HAVE READ AND UNDERSTAND THE DATA PRACTICES ADVISORY.

Applicant Signature

Date

Directions: Type or print legibly in ink. Answer all questions and indicate not applicable if appropriate. *Any falsification of answers will result in denial of the application*

Section 1: Applicant Information

Establishment where you are employed or are an independent contractor:		Phone Number:	
Establishment's Address			
First Name:	Middle Name:	Last Name:	
Your home address:		Your Phone Number:	
Sex	Race	Height	Weight
Color of Hair		Eye Color	

Date of Birth	Place of Birth
Driver's License or State ID Number	State of Issue
Social Security Number	
Email address:	

Address(es) at which you have lived during the preceding ten years.

	Dates You Lived at this Address
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1. Are you a U.S. citizen? Yes No

If yes, but birthplace was not in the U.S., please provide a Certificate of Naturalization, Certificate of Citizenship, or current passport. If no, present proof of immigration/employment status.

2. Have you ever used or been known by a name or names other than the name given above? Yes No

If yes, list such name(s) and information concerning dates and places used (maiden, nickname, etc)

3. Name and address of every massage therapy establishment you have owned, worked for, or practiced at in the proceeding ten years. *Attach additional sheet if necessary*

Establishment where you were employed or were an independent contractor:	Phone Number:
Establishment's Address	Years
Employed as:	

Establishment where you were employed or were an independent contractor:	Phone Number:
Establishment's Address	Years
Employed as:	

Establishment where you were employed or were an independent contractor:	Phone Number:
Establishment's Address	Years
Employed as:	

Section 2: History

Immediate Family Member is defined as spouse, domestic partner, cohabitant, child, stepchild, grandchild, parent, stepparent, mother-in-law, father-in-law, son-in-law, daughter-in-law, grandparent, great grandparent, brother, sister, half-brother, half-sister, stepsibling, brother-in-law, sister-in-law, aunt, uncle, niece, nephew, or first cousin (that is, a child of an aunt or uncle).

Have you and/or any immediate family member ever been engaged as an employee or operated a spa, salon or other business which offered massage? Yes No

Establishment where your immediate family member was employed, an independent contractor, or operated a business	Phone Number:
Establishment's Address	Years
Employed as:	

Attach additional sheet if necessary.

Do you and/or any immediate family member have a direct or individual interest in any other establishment in the City of Cambridge to which a therapeutic massage license has been issued?
If yes, list names, addresses and interest. Attach additional sheet if necessary.

Name	Address	Interest

Have you ever been convicted of any felony, crime or violation of any ordinance, other than traffic? Yes No

Crime Convicted Of	Location (City/County/State)	Date

Do you have any pending criminal arrests, citations or charges, other than traffic? Yes No

If yes, give date, place and nature of arrest, citation or charge. Attach additional sheet if necessary.

Nature of Arrest / Citation	Location (City/County/State)	Date

Have you and/or any immediate family member had any interest in any previous therapeutic massage license that was revoked, suspended or not renewed in the past ten years? Yes No

If yes, explain in detail providing dates of such revocation. Attach additional sheet if necessary.

Have you, individually, or with others, made an application for a therapeutic massage license which was denied in the past year? Yes No

Documentation Needed

Attach:

1. Letter from a Cambridge licensed Therapeutic Massage Enterprise, or Salon licensed by the State of MN verifying employment or affiliation, including date of hire/contract. If you own a Cambridge licensed Therapeutic Massage Enterprise, no such letter is needed.
2. Proof of insurance coverage of one million dollars (\$1,000,000) for professional liability in the practice of massage.
3. Proof of completion for 500 hours of certified therapeutic massage training with content that includes the subjects of anatomy, physiology, hygiene, ethics, massage theory and research, and massage practice from an accredited program, accredited institution, or a program or institution licensed or verified by a state licensing board or agency that has been approved by the issuing authority. These training hours must be authenticated by a single provider through a certified copy of the transcript of academic record from the school issuing the training, degree or diploma
4. License Fee \$50. Make check payable to the City of Cambridge.
5. Investigation fee of \$50.00 for all new licenses. Make check payable to the City of Cambridge.

Note: When you pay by check, the City of Cambridge will present the check for payment to your bank electronically. Your original check will be destroyed once processed and you will not receive your cancelled check back.

Notice

I have received from the City of Cambridge a copy of the *Therapeutic Massage Ordinance 684* and will familiarize myself with their provisions. I understand that a criminal conviction will not bar me from obtaining a license unless the conviction is directly related to the occupation for which the license is sought and there is no showing of sufficient rehabilitation and present fitness to perform the duties of the occupation (*Minnesota Statute 364.03*). I understand that falsification of the application, including failure to reveal a criminal conviction, constitutes grounds for denial of the license.

The information I have provided on this application is truthful. I authorize the City of Cambridge to investigate the information and contact persons/organizations named on this application.

Oath and Signature of Applicant	
I CERTIFY THAT I HAVE READ THE ABOVE QUESTIONS AND THAT THE ANSWERS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.	
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Applicant's signature	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Date

No massage therapist license shall be issued to a person who:

- (1) Is not 18 years of age or older at the time the application is submitted to the issuing authority;
- (2) Has been arrested, charged or convicted of any crime directly related to the occupation licensed as prescribed by Minn. Stat. § 364.03, subd. 2, and who has not shown competent evidence of sufficient rehabilitation and present fitness to perform the duties and responsibilities of a licensee as prescribed by Minn. Stat. § 364.03, subd. 3;
- (3) Whether the applicant has had an interest in, individually or as part of a corporation, partnership, association, enterprise, business or firm, a massage license that was denied, revoked or suspended within the last ten years of the date the license application is submitted to the issuing authority;
- (4) Is not a citizen of the United States or a resident alien, or is legally prohibited from working in the United States;
- (5) Is not of good moral character or repute;
- (6) Has knowingly misrepresented or falsified information on a license application at any time in the preceding ten years;
- (7) Is not affiliated with, employed by, or does not own a therapeutic massage enterprise licensed by the city; or
- (8) Cannot meet the definition of massage therapist in City Code.



300 Third Avenue Northeast
Cambridge, MN 55008
www.ci.cambridge.mn.us

(763) 689-3211
(763) 689-6801 FAX

Informed Consent for Background Investigation for Massage Therapist

The following named individual has made an application for a massage therapist license with the City of Cambridge. In order to determine if the applicant is eligible for a license a criminal history must be conducted. The information provided below is to assist the City's and BCA's investigation.

PLEASE PRINT LEGIBLY

Last Name	First Name (full name please)	Middle Name (full name)	
Any and All Maiden, Alias or Former Name(s)			
Date of Birth (MM/DD/YYYY) / /	Sex	Race	ATTACH A COPY OF YOUR DRIVER'S LICENSE TO THIS FORM

I authorize the Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information to the City of Cambridge and the Cambridge Police Department for the purpose of conducting a criminal background check for determining eligibility for a massage therapist license.

By signing this authorization, I hereby release the Bureau of Criminal Apprehension from any and all liability which otherwise may or does accrue as a result of the release of any and all data, regardless of its accuracy. I also release the City of Cambridge from any and all liability for its receipt and use of data received pursuant to this consent.

The authorization shall expire one year from the date of my signature.

Applicant's signature

Date

STATE OF MINNESOTA)
COUNTY OF ISANTI)

BEFORE ME, the undersigned authority, on this day personally appeared _____ known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that e/she executed the same for the purposes and consideration therein expressed.

GIVEN UNDER MY HAND and seal of office this ____ day of _____, 20____.

Notary's signature

Date



300 Third Avenue Northeast
 Cambridge, MN 55008
 www.ci.cambridge.mn.us

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Informed Consent for Release of Data for Background Investigation

I, _____, hereby authorize and grant my informed consent to permit you to release to and make available to the City of Cambridge, Minnesota, and/or its agents and/or representatives data classified as private which concerns me and which may be in your possession. The data which I authorize to be released consists of private data as defined by Minnesota Statue 13.05 Subd. 4 and has been collected by you as a result of my contacts and associations with you and/or your representatives.

The information for which release is authorized includes all data which has been collected, created, received, retained, or disseminated in whatever form which in any way relates to my dealings with you or your agency. I understand that the purpose of permitting the City of Cambridge to have access to this information is to determine my suitability for a massage therapist license.

By signing this authorization, I hereby release you from any and all liability which otherwise may or does accrue as a result of the release of any and all data. I also release the City of Cambridge from any and all liability for its receipt and use of data received pursuant to this consent. This authorization shall expire one year from the date of my signature.

 Applicant's signature

 Date

STATE OF MINNESOTA)
 COUNTY OF ISANTI)

BEFORE ME, the undersigned authority, on this day personally appeared _____ known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he/she executed the same for the purposes and consideration therein expressed.

GIVEN UNDER MY HAND and seal of office this ____ day of _____, 20____.

 Notary's signature

 Date