



MASSAGE THERAPIST

CHECKLIST OF APPLICATION MATERIALS TO BE RETURNED

Applicant Name: _____ Date: _____

Business in Mendota Heights: _____

Below is the list of documents required by city ordinance to obtain a Massage Therapist License in the City of Mendota Heights.

- 1. Massage Application (6 pages)
- 2. Proof that General and Professional Liability Insurance is in effect
(Not needed if you are an employee of the business and covered under their policy)
- 3. License Fee \$ 50 Massage Therapist License Fee + \$50 background investigation fee (**\$100 total**)
- 4. Government Issued Photo ID-copy both sides
(if you are not a U.S. citizen or your birthplace was not in the U.S., provide proof of immigration/employment status, such as a Work Authorization Card or Certificate of Naturalization)
- 5. For Therapist License - Proof of Schooling, one from list below
Successful completion of a minimum of 500 hours of therapeutic massage training/course work
 - Copy of your diploma or certificate of graduation from a comprehensive massage therapy program from an approved school
 - Proof of passing the National Certification Exam offered by the National Certification Board for Therapeutic Massage and Bodywork or proof of passing the Federation of State Massage Therapy Boards (FSMTB) Massage and Bodywork Licensing Examination (MBLEx)
- 6. _____ Total number of hours of therapeutic massage training/course work

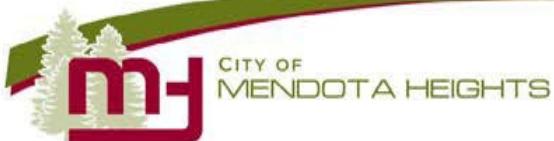
For Staff to complete:

Date Packet is Complete: _____

Investigation Submitted to PD: _____

City Approval: _____

License Mailed: _____



NEW or RENEWAL
MASSAGE THERAPIST LICENSE APPLICATION
For License Period of July 1, 2025 - June 30, 2026
Fee: License Fee-\$50 + Investigation Fee-\$50

APPLICANT INFORMATION

FULL Name: _____
First _____ Full Middle _____ Last _____

Business in Mendota Heights for Massage License: _____

Maiden Name or Any Other Names Used: _____

Current Residential Address:

Street Address _____ Apt. # _____ City _____ State _____ Zip Code _____

Date of Birth: _____ **Place of Birth:** _____

Contact Phone #: _____ **Email Address:** _____

MN Tax ID # _____ **or Social Security #:** _____

Federal Tax ID #: _____

List your previous residential addresses for the past ten years: (Attach additional information, if necessary.)

Street Address _____ City _____ State _____ Zip Code _____

Street Address _____ City _____ State _____ Zip Code _____

Street Address _____ City _____ State _____ Zip Code _____

Street Address _____ City _____ State _____ Zip Code _____



CURRENT AND PREVIOUS WORK EXPERIENCE

Applicant's Current Employer: _____

Employers Name

Telephone Number

Street Address

City

State

Zip Code

Applicant's previous employers for the past ten years: (Attach additional information, if necessary)

Previous Employer Name: _____

Employers Name

Telephone Number

Street Address

City

State

Zip Code

Dates Employed: _____

to

Start Date

End Date

Previous Employer Name: _____

Employers Name

Telephone Number

Street Address

City

State

Zip Code

Dates Employed: _____

to

Start Date

End Date

Previous Employer Name: _____

Employers Name

Telephone Number

Street Address

City

State

Zip Code

Dates Employed: _____

to

Start Date

End Date



OTHER MASSAGE LICENSES HELD AND/OR DENIED

Have you ever been licensed as a massage therapist in another municipality? Yes No

* If yes, please list: *(Attach additional information, if necessary.)*

Name of License	Name of City Licensed In	Dates of License

Have you ever been denied a massage business or therapist license in any municipality?

Yes No

* If yes, please list: *(Attach additional information, if necessary.)*

Name of City Where License Was Denied	Date of License Denial

Have you ever owned a massage therapy business in another municipality? Yes No

* If yes, please list: *(Attach additional information, if necessary.)*

Name of License	Name of City Licensed In	Dates of License



MASSAGE THERAPY TRAINING

School Name: _____

Address: _____
Street Address _____ City _____ State _____ Zip Code _____

Phone #: _____ **Degree Received:** _____ **Hours:** _____

School Name: _____

Address: _____
Street Address _____ City _____ State _____ Zip Code _____

Phone #: _____ **Degree Received:** _____ **Hours:** _____

Total Hours of Training : _____

(Attach additional information, if necessary)

***Please provide a copy of your transcript or diploma, verifying your total number of training hours.
A minimum of 500 training hours is required.***

BUSINESS INFORMATION Where you intend to practice massage in Mendota Heights

Business Name: _____

Address: _____
Street Address _____ City _____ State _____ Zip Code _____

Phone #: _____

Business owned by: _____



PLEASE ANSWER THE FOLLOWING QUESTIONS

1. Are you a U.S. citizen or legally permitted to be in the U.S.? Yes No

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

2. Are you a resident of Minnesota? Yes No

* If yes, how long have you been a continuous resident of Minnesota? _____

* If no, where do you currently reside? _____

3. Have you ever been convicted of a felony, crime, or violation of any ordinance, other than traffic offenses?

(If Yes, write details below.) Yes No
(Attach additional information, if necessary.)

Incident	Date of Incident	Location of Incident	Explanation

DATA PRIVACY NOTICE

TENNESSEN WARNING Minnesota law requires that you be informed of the purposes and intended uses of the information you provide to the City of Mendota Heights (the City) during the license application process. Any information about yourself that you provide to the City during the license application process will be used to identify you as an applicant and to assess your eligibility to receive the license for which you applied. If you wish to be considered for a license, you are required to provide the information requested on the license application. If you refuse to supply information requested by the City, it may mean that your application will not be considered. I have read and agree to the ordinance associated with this Massage Therapist License. I certify that I have read the above questions and that the answers are true and correct to the best of my knowledge.

Disclosure of your Social Security Number, Minnesota Tax ID Number, or Individual Tax ID number is required by MN Statues 270c.72 and your social security number may be request by and released to the Department of Revenue. Upon submission of this application, all information except your Social Security Number will be public information pursuant to Minnesota Statues, Chapter 13.

I agree to notify the City of any change in residence address, or a change in address of where massage therapy is practiced, 30 days prior to such change.

Print Name: _____

Signature of Applicant: _____ **Today's Date:** _____



CITY OF MENDOTA HEIGHTS CONSENT TO PERFORM CRIMINAL HISTORY BACKGROUND CHECK

PRINT FULL NAME First Middle Last

OTHER NAMES USED (Maiden Name/Previous Name/Other Alias)

RESIDENCE ADDRESS Address City State Zip Code

DATE OF BIRTH (XX/XX/XXXX) **DRIVER'S LICENSE NUMBER/STATE**

TENNESSEN WARNING:

The City of Mendota Heights City Code 3-7-1 addresses the requirements for background investigations.

With my permission, the Mendota Heights Police Department may disclose to the Mendota Heights, City Administrator, Police records and investigative staff, City Clerk, Deputy City Clerk and City Council all information collected as a result of the background investigation done for the purpose of evaluation the attached license application.

I understand that my records are subject to the State of Minnesota's Data Practices Act and become public documents unless otherwise provided for by State and Federal Law. I also understand that I may revoke this consent at any time except to the extent that that action has been taken in reliance on it.

I consent to a criminal history check and certify that the information on my application is true and complete.

SIGNATURE

DATE

****ATTACH A COPY OF BOTH SIDES OF YOUR DRIVER'S LICENSE OR STATE ISSUED ID WITH PICTURE, DATA CLEARLY VISIBLE AND LEGIBLE**