



216 4<sup>th</sup> Street N, Stillwater, MN 55082  
 651-430-8800  
 www.stillwatermn.gov

## APPLICATION FOR INDIVIDUAL MASSAGE THERAPIST LICENSE

**Please print**

**Fee: \$15/year**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
First Full Middle Name Last

Other names you are or have been known by: \_\_\_\_\_ Gender: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Email Address: \_\_\_\_\_  
City County State

Mailing Address: \_\_\_\_\_

Driver License Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

Social Security or Individual Taxpayer Identification Number: \_\_\_\_\_

Name of Business you are affiliated with: \_\_\_\_\_  
*(The City of Stillwater must have a Therapeutic Massage Business License on file for this business).*

- Yes  No Are you a Citizen of the United States  
 Yes  No Are you a resident alien?  
 Yes  No A copy of your State-issued photo ID is required, do you have it attached?

List the last 5 years of residence *(attach additional sheets if necessary)*

Address	City	State	Zip	Phone Number	From (MM/YY)	To (MM/YY)

List all of your employers, business or occupations that you have been involved in for the last 5 years. Also list the names and addresses of business partners, if any *(attach additional sheets if necessary)*.

Employer/Occupation	Street Address	City/State	Phone Number	From (MM/YY)	To (MM/YY)

- Yes  No Have you ever failed to file Federal or State income tax records? If yes, explain below.  
 Yes  No Have you ever had a sales or use tax permit revoked? If yes, explain below.  
 Yes  No Have you had any other City or State license revoked, denied or suspended? If yes, explain below.  
 Yes  No Have you, within 5 years of this application, ever been arrested or convicted of a felony, gross misdemeanor, or misdemeanor including violations of municipal ordinance (excluding minor traffic violations)? If yes, explain below. *(Attach additional sheets if necessary)*

Offense	Fine/Penalty	Location (City & State)	Date of Occurrence

Yes  No Do you hold or have you held any license from another community? If yes, explain below.

Type of License	Name of Community	Address	City & State	License Term

Applicant must submit one of the following requirements directly from the school or examining board:

- Diploma/Certificate of graduation/Official Transcript from an institution or program in massage therapy that is accredited by an accrediting agency recognized by the United States Department of Education.
- Certified copy of passing results of Massage and Bodywork Licensing Examination (MBLEx) administered by the State Massage Therapy Boards (FSMTB), or the National Certification Exam for Therapeutic Massage (NCETM) or National Certification Exam for Therapeutic Massage and Bodywork (NCETMB) administered by the National Certification Board for Therapeutic Massage and Bodywork (NCBTMB).
- Proof of Board Certification in Therapeutic Massage and Bodywork from the NCBTMB.

Proof of education/certification must be sent directly from the school or examining board and can be electronically emailed to [bwolf@stillwatermn.gov](mailto:bwolf@stillwatermn.gov) or mailed to the City of Stillwater, Attn: City Clerk, 216 4<sup>th</sup> Street N, Stillwater, MN 55082.

List Academic Education/Certifications:

Name of School Attended	City & State	Contact Name	Phone Number	Dates Attended

**Notifications:** the City of Stillwater distributes general city information and notices through an electronic notification system. This includes notice of proposed ordinances at least 10 days prior to final adoption by the City Council in accordance with Minnesota Statute §415.19. You may sign up to receive notices by visiting [www.ci.stillwater.mn.us](http://www.ci.stillwater.mn.us) to subscribe.

**MINNESOTA GOVERNMENT DATA PRACTICES ACT – “TENNESSEN WARNING”**

The purpose and intended use of the requested data is to verify the applicant meets all state statute and city code provisions and, if the license or permit is approved, to verify that all required data remains current.

The following data collected, created, or maintained is classified under the Minnesota Government Data Practices Act as **Private** data until license approval when the data becomes **Public**: (Minn. Stat. §13.41, Subd. 4).

1. Data submitted by applicants (other than names and designated addresses).
2. Orders for hearing and findings of fact.
3. Conclusions of law and specification of the final disciplinary action contained in the record of the disciplinary action.
4. Entire record concerning the disciplinary proceeding.
5. License numbers and license status.

The following data collected, created, or maintained is classified as **Private**: (Minn. Stat. §13.41, Subd. 2).

1. The identity of complainants who have made reports concerning licenses or applicants which appear in inactive complaint data unless the complainant consents to the disclosure.
2. The nature or content of unsubstantiated complaints when the information is not maintained in anticipation of legal action.
3. Inactive investigative data relating to violations of statutes or rules.
4. The record of any disciplinary proceeding except as limited by Minn. Stat. §13.41, Subd. 4.

The following data collected, created, or maintained is classified as **Confidential**: (Minn. Stat. §13.41, Subd. 3).

1. Active investigative data relating to the investigation of complaints against any license.

Under law, private data may be shared with licensing and inspection employees, approval authorities, insurance providers, law enforcement employees, and/or contracted inspection officials as required by court order; this may include City officials who have a bona fide need to review it. The City of Stillwater may make any data classified as private or confidential accessible to an appropriate person or agency if the licensing agency determines that failure to make the data accessible is likely to create a clear and present danger to public health or safety.

\_\_\_\_\_ I have read and understand the above information regarding my rights as a subject of government data.  
(initial)

In order for the City of Stillwater to process your application further, you must complete and sign this authorization. By completing and signing this authorization, you will be allowing the City of Stillwater to review information on any complaints against you, including complaints for driving offenses, if applicable. Private information provided or released shall be used to determine suitability for issuance of license/permit with the City of Stillwater. This information will be available only to you and City officials who have a bona fide need for it. Refusal to supply required information will mean that your application cannot be processed.

\_\_\_\_\_ I authorize the City of Stillwater Police Department to conduct a background investigation and release the  
(initial) information to the City Clerk's office concerning my application for a city license.

**By signing, I agree to comply with all the laws of the State of Minnesota governing the taxation of business and all ordinances of the City of Stillwater, and I declare under penalty of perjury that all the information contained in this application and all supplemental information provided is true.**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**SIGNATURE MUST BE NOTARIZED**

Subscribed and sworn before me a Notary Public on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Notary Signature: \_\_\_\_\_

My Commission Expires on: \_\_\_\_\_

**Office Use Only**

Date Application Received: \_\_\_\_\_ Date sent to PD: \_\_\_\_\_

Local and  Warrants review complete

Dates of previous complaints on Applicant: \_\_\_\_\_

Approved  Not Approved, reason: \_\_\_\_\_

Signed by Police Chief: \_\_\_\_\_ Date: \_\_\_\_\_