

Insurance

9. Are you renting space from the establishment? No Yes
 If yes, a Certificate of Insurance from a company authorized to do business in MN, proving professional liability in the practice of massage must be included with the application. The policy of insurance shall be in limits of not less than \$1,000,000.00.

Educational Requirements

ATTACH – Proof of graduation and completion of 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 or Accredited Institution. 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.

OR

ATTACH – Proof of passing the National Certification Exam offered by the National Certification Board for Therapeutic Massage & Bodywork and proof of a minimum of five (5) years of full-time work experience as a Massage Therapist within the United States.

Notice and Notarized Signature

I affirm I reside within 75 miles of the licensed establishment and will maintain such residence requirement throughout the existence of the license and renewals.

I hereby certify the information supplied on this application and all attachments is true and correct. The information requested on this form will be used by the City of Elk River to approve or deny the license request. I understand falsification or misrepresentation of information submitted on or with my application constitutes grounds for denial of the license. I authorize the City of Elk River to investigate and make whatever inquiries are necessary to verify the information provided and to assure this application complies with the city’s ordinances.

I acknowledge I have reviewed Chapter 38 Article VI of the Elk River City Code regarding Therapeutic Massage Establishments and Massage Therapist Licenses and am familiar with the provisions thereof.

Applicant signature _____
Printed name

Subscribed and sworn to before me this _____ day of _____, 20_____.

Notary Public Signature {Notary Public Stamp Here}

Office Use Only

Appl. Complete _____ Date Fee Paid _____ Amount \$ _____
 School accredited? No Yes US Dept Education COMTA
 Therapist meets residency requirements? No Yes
 Proof of graduation and hours attached? No Yes



Background Investigation Consent Release Information to be Used for Business License Processing

As a license applicant, I hereby authorize the Elk River Police Department to conduct a criminal history background investigation to include adult and juvenile records and also a search of my driver's license record, as well as any other searches deemed necessary in the determination of whether my business license application is to be approved. The results of such investigation shall be made public pursuant to appropriate City Council approval or denial of the license application. I understand that I am under no legal obligation to consent to such investigation, but that if I refuse to so consent, my application cannot be processed.

I understand that data I have provided may be shared in whole, or in part, with other agencies within the criminal justice system, by other private and public entities, by other persons for the purpose of conducting a background investigation, and by all individuals in the city who need to know this information.

I release the City of Elk River, the Elk River Police Department, and any of its agents or employees, from any and all liability for its receipt and use of information and records received pursuant to this consent. I further acknowledge that I have carefully read this release, fully understand its terms and legal significance, and execute it voluntarily.

Business Name: _____ Type of License Applied for: Massage Establishment

Applicant: _____
(First Name) (Full Middle Name) (Last Name)

Have you ever been known by a name(s) other than the name given above? Yes No
If yes, list name(s) and information concerning dates and places used _____

Date of Birth: _____

Attach proof of identification such as a driver's license or military id.

Place of Birth: _____

Driver's License/State ID#: _____ State Issued: _____

Residential Address: _____
(Address) (City) (State) (Zip)

List Complete Addresses of Any Prior Residence(s) in the Last 5 Years: *(attach additional sheets if necessary)*

Physical Appearance: Sex: _____ Race _____ Ht _____ Wgt _____ Eyes _____ Hair _____

Have you ever been convicted of a felony, gross misdemeanor, or misdemeanor? Yes No
If yes, state jurisdiction, type of violation, and disposition: _____

These statements are true, correct, and are made with the knowledge that this information may be made public. False disclosures are subject to perjury proceedings and forfeiture of the license application.

Applicant Signature: _____ Date: _____

Office Use Only
Background Investigation: Approved Denied
Comments: _____

Police Chief/designee: _____ Date: _____



Application for License Involving Private or Confidential Information (Tennessee Warning)

In connection with your request for a license the City of Elk River has asked that you provide information about yourself which is classified as either *private* or *confidential* by the Minnesota Government Data Practices Act (M.S.A. 13.04). Accordingly, the city is required to inform you of the following:

1. The private or confidential information requested includes, but may not necessarily be limited to, the following: *Your social security number or Minnesota business identification number.*
2. The purpose and intended use of the information requested is: *To comply with Minnesota Statutes, Section 270.72.*
3. You are required to supply the requested information.
4. The known consequences of supplying the requested information is as follows: *Loss or denial of the requested license if you owe the State of Minnesota delinquent taxes, penalties or interest.*
5. The known consequences of refusing to supply the requested information is: *Your request for a license cannot be processed.*
6. The following persons and entities are authorized by law to receive the information if provided: *State of Minnesota - Department of Revenue and other government agencies as provided by law.*

By signing below, I acknowledge that I have read and understand the contents of this notice.

Signature of Applicant

Date

Printed Name of Applicant

Notice to all license applicants - proposed ordinances

The City of Elk River distributes general city information and notices electronically through an electronic notification system. As an applicant for a new business license or for a renewal of an existing business license, you can sign up to receive notices through the city's electronic notification system at the city's website at www.ElkRiverMN.gov. This would include getting notifications of any proposed ordinances at least ten days before the city council conducts a final vote on the proposed ordinance.