

CERTIFICATE OF THERAPEUTIC MASSAGE- Individual

City of Robbinsdale

Office of the City Clerk

Annual License Fee: \$75

Annual Investigation Fee: \$50

The City Ordinance requires that the data requested in this application must be submitted in order for the City to determine your eligibility for the license. Refusal to provide the data may result in an automatic denial of the requested license. The data provided shall be classified in accordance with the Minnesota Government Data Practices Act. The data provided shall be investigated by the Chief of Police who shall then submit a recommendation for approval or denial, based upon the applicant's eligibility as determined by the provisions of the licensing ordinance. Access to the data provided shall be by officials and employees of the City engaged in administering or monitoring the provisions of the licensing ordinance; and also as allowed for by the Minnesota Government Data Practices Act.

PLEASE PRINT LEGIBLY OR TYPE

Applicant Full Name (NO initials or nicknames)		All Aliases and Nicknames	
Residence Address		City	State Zip Code
Business Name & Address where you will be working:		City	State Zip Code
Driver's License No./State Issued	Date of Birth	Primary Phone No.	Alternate Phone No.
Is applicant 18 years of age or older? ____ Yes ____ No Ever been convicted of a crime or offense? ____ Yes ____ No Have you ever lived in another state? ____ Yes ____ No. If yes, list the states: _____			
The applicant must provide the following information as a part of this application (check each item to indicate attached): ____ A. Evidence of membership with the American Massage Therapy Association (AMTA), the Associated Bodywork Massage Professionals (ABMP), or other organization with similar written and enforceable code of ethics. ____ B. Evidence of <u>500</u> hours (minimum) of class credits from a massage therapy school acceptable to the city. ____ C. Insurance certificate showing professional liability insurance of \$2,000,00 per claim and \$6,000,000 individual aggregate. ____ D. Statement disclosing whether applicant has ever been convicted of a crime or offense; and if so, information as to time, place and nature of such crime or offense and disposition of same.			

Provide name, address and phone number of two personal references:

(1) _____ (2) _____

() _____ () _____

Signature _____ Date _____

Date Investigation Completed _____ Police Chief's Recommendation: ____ Approve ____ Deny

The City of Robbinsdale distributes general city information and notices through an electronic notification system. As an applicant for a new business license, or renewal of an existing business license, you can sign up to receive notices through the city's electronic notification system on the city's website at www.robbinsdalemn.com/enews. This would include receiving notifications of any proposed ordinances at least ten days before the City Council of Robbinsdale conducts a final vote on the proposed ordinance.