CITY OF ROCHESTER MINNESOTA

Office Use Only

Date Received: _____

Staff Receiving: _____

Application Number: _____

MASSAGE THERAPIST LICENSE NEW APPLICATION

Rochester Code of Ordinances, Chapter 5-15 applies to Massage Therapist and Massage Therapy Business licenses, and states no person may act as a massage therapist within the city of Rochester without a massage therapist license, except for students of massage therapy who are providing services as part of a course or clinical component of an accredited program, or under the supervision of an instructor while participating in a school sponsored internship.

Licenses must be renewed every two years, with the license period running from January 1 through December 31 of the succeeding year. If a license is issued during the calendar year, it will expire at the end of the following year. Required fees must be paid at the time an application is submitted. All fees are non-refundable, except in the case where the applicant chooses to withdraw their application within 14 days of submission.

Instead of sending in this form, applications can be submitted online through the Accela Citizen Access portal. See the following instructions:

Register Public User Account (video): https://lf.rochestermn.gov/Documents/ElectronicFile.aspx?dbid=0&docid=761310
Applying for a New License (PDF): https://lf.rochestermn.gov/Documents/ElectronicFile.aspx?dbid=0&docid=1210117
Submitting a License Renewal (PDF): https://www.rochestermn.gov/Home/ShowDocument?id=25701

CHECKLIST

REQUIRED ITEMS THAT MUST BE SUBMITTED WHEN APPLICATION IS SUBMITTED

☐ 1. Fully complete all parts of the application and submit **ALL** pages including this checklist *(Every question must be answered – write 'N/A' or 'not applicable' if necessary, on any questions)*
   - ☐ License Application must be signed by the applicant

☐ 2. Proof of identification and proof the applicant is a U.S. citizen or is legally permitted to be in the United States – proof of identification must be one of the following, a copy of which must be submitted:
   - ☐ A valid driver's license including a photograph and date of birth, issued by Minnesota, another state, a province of Canada, or a state of Mexico
   - ☐ A valid identification card including a photograph and date of birth, issued by Minnesota, another state, a province of Canada, or a state of Mexico
   - ☐ A valid military identification card issued by the U.S. Department of Defense
   - ☐ A valid U.S. passport
   - ☐ In the case of someone who is a foreign national, a valid passport

☐ 3. Proof of minimum education requirements outlined in Section C of the application

☐ 4. Applicant must provide a certificate of insurance as proof of required general liability insurance providing minimum coverage of $300,000 combined single limit per occurrence before a license is issued. This license should have the City of Rochester listed as an additional insured.

☐ 5. Initial Investigation Fee of $150 for new applications

☐ Two-year License Fee of $110 – license expires on December 31 of the following year.

This fee is prorated quarterly for new applications, based on when during the course of the first year the license is issued.

Jan 1 – Mar 31	☐	$112.00	Jul 1 – Sep 30	☐	$56.00
Apr 1 – Jun 30	☐	$84.00	Oct 1 – Dec 1	☐	$28.00

Fill in all blanks. Write N/A if a question is not applicable.

STEP 1. APPLICANT INFORMATION

Information about who is completing this application

1. First Name		2. Last Name	
3. Primary Phone Number	4. Type of Phone: ☐ Cell ☐ Business ☐ Home ☐ Other	5. Alternate Phone Number	6. Type of Phone: ☐ Cell ☐ Business ☐ Home ☐ Other
7. Email Address			
8. Account Mailing Address	9. City	10. State	11. Zip Code
12. Please send official notices relating to this license to: ☐ Mailing Address ☐ Email			

LICENSE HOLDER

Provide information about who this license will be issued to

13. First Name		14. Last Name	
15. Primary Phone Number	16. Type of Phone: ☐ Cell ☐ Business ☐ Home ☐ Other	17. Alternate Phone Number	18. Type of Phone: ☐ Cell ☐ Business ☐ Home ☐ Other
19. Email Address			
20. Home Address	21. City	22. State	23. Zip Code

Minn. Stat. § 270C.72 requires the City to collect social security numbers of all individual license applicants. A license cannot be issued without this information. Social security numbers are private data but may be provided to the Minnesota Department of Revenue as required by law.

24. Social Security Number

LICENSE INFORMATION

25.Name of any Business with which you will be using this license (if none, write NA)

26. Business Address (or NA if not applicable)	27. City	28. State	29. Zip Code
30. Place of Birth (City & State, or City & Country if outside U.S.)	31. Date of Birth (MM/DD/YYYY)		
32. Height	33. Weight	34. Eye Color	
35. Preferred Spoken Language	36. Preferred Written Language		
37. Do you need an interpreter? ☐ Yes ☐ No			

38. Driver's License or ID Number	39. Issuing State

40. Are you a U.S. Citizen? ☐ Yes ☐ No

If no, are you legally permitted to be in the U.S.? ☐ Yes ☐ No

41. Proof of identification must be provided pursuant to RCO 5-15-7 subd. B (7) from one of the following:

- ☐ A valid driver's license including a photo & date of birth, issued by Minnesota, another state, a province of Canada, or a state of Mexico
- ☐ A valid identification card including a photo & date of birth, issued by Minnesota, another state, a province of Canada, or a state of Mexico
- ☐ A valid military identification card issued by the U.S. Department of Defense
- ☐ A valid U.S. passport, or,
- ☐ In the case of a foreign national, a valid passport

ATTACH ADDITIONAL SHEETS FOR ANY QUESTIONS THAT REQUIRE MORE SPACE THAN PROVIDED

42. Have you ever been known by any name other than the one listed above on this application?

☐ Yes ☐ No

If yes, list all other names or aliases ever used, as well as the dates of the use of each name

1. _____ 2. _____ 3. _____

43. Have you ever had any business license or individual massage therapist license denied, revoked, or suspended by any local unit of government or state?

☐ Yes ☐ No

If the answer to this question is yes, provide details about any adverse license action(s), including the type of license(s), jurisdiction(s) involved, and date(s) and your business activity or occupation following the action.

_____

_____

44. Are you requesting an off-site designation as part of the requested massage therapist license to provide services outside of a licensed premise?

☐ Yes ☐ No

45. Do you have the required general liability insurance coverage?

☐ Yes ☐ No ***Proof of insurance must be provided before a license can be issued***

STEP 2. BACKGROUND INFORMATION

46. Addresses used for Last Five (5) years

From (MM/YY)	To (MM/YY)	Address(es)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

47. Employment History for Last Five (5) years, beginning with current employment

Name of Employer(s)	***From (MM/YY)***	***To (MM/YY)***	***Phone Number***	***Address(es)***

48. Name of Massage School and hours of completion (*enter N/A if not Applicable*)	49. Enrollment Date	50. Graduation date
51. Did you do an apprenticeship program instead of schooling? ☐ Yes ☐ No	52. Name of Institute	53. Year of Completion

54. Provide information on any and all criminal conviction(s) of any state, county, or local law or regulation

Date(s)	Offense(s)	Location(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____

STEP 3. MINIMUM EDUCATION REQUIREMENTS

Every applicant must be able to meet one of the following minimum requirements:

a) Proof of successful completion (a diploma or certificate of graduation) of a minimum of 500 clock hours or 33 semester hours or 50 quarter hours comprehensive massage therapy program from an Accredited Institution or a State Licensed Institute that includes subjects of: anatomy, physiology, hygiene, ethics, massage theory and research, and massage practice; or

b) Proof of passing the National Certification Exam offered through the National Certification Board for Therapeutic Massage and Bodywork (NCBTMB) or passing the Massage & Bodywork Licensing Examination (MBLEx) offered through the Federation of State Massage Therapy Boards.

c) Proof of Current licensure in another jurisdiction as long as that jurisdiction's licensing requirements are essentially equivalent to the education requirements of the City of Rochester

Indicate which required documentation you will provide to meet one of the above requirements:

a. proof must include verifiable documentation, including information about the institution's accreditation
b. proof must be verifiable
c. proof must be verifiable, and must be provided to the City Clerk to make a determination as to whether the requirements are essentially equivalent or not

Certified copies of any documentation provided are preferred and make verification faster and easier.

STEP 4. NOTIFICATION AND VERIFICATION

Notice of Collection of Private Data

In accordance with the Minnesota Government Data Practices Act, the City of Rochester is required to inform you of your rights as they relate to information collected about you. The information collected and required from you as part of this license application will be used to determine whether or not to issue the massage therapist license being applied for. Disclosure of this information is voluntary. You are not legally required to provide this data, however, if you fail to do so, the City of Rochester may be unable to process this application.

Your Social Security Number and Birth Date are classified as private data, and are not available to the public. Disclosure of Social Security Number (or Individual Tax ID Number only for individuals without a social security number) is required by Minnesota Statutes 270C.72, and may be requested by and released to the Minnesota Commissioner of Revenue.

Access to this data is limited to staff with a business need in order to administer and manage the licensing program. All other information contained in this application is public information pursuant to the Government Data Practices Act, Minnesota Statutes Chapter 13.

You have the right to see and obtain copies of the data maintained on you, including private data. You also have the right to be told the contents and meaning of the data, and to contest the accuracy and completeness of the data. You can exercise these rights by contacting the City Clerk's Office.

Notice of Ability to Sign up for Electronic Notifications of Proposed City Ordinances

As an applicant for a business license or renewal of an existing business license, you are also hereby notified that the City of Rochester distributes general city information and notices through an electronic notification system, and you may sign up to receive notices through this electronic notification system on the City's website at https://service.govdelivery.com/accounts/MNROCH/subscriber/new This includes notice of proposed ordinances at least 10 days prior to final adoption by the City Council in accordance with Minn. Stat. 415.19.

A SIGNATURE IS REQUIRED IN ORDER TO PROCESS THIS LICENSE APPLICATION

I, (print name) _____, have read and understand the above information regarding my rights as a subject of government data. I acknowledge I have been provided information about what is required to obtain a business license from the City of Rochester, and how to receive notifications of proposed City ordinances. I agree I will strictly comply with all the laws of the State of Minnesota the ordinances of the City of Rochester relating to the performance of my duties as a massage therapist and understand I can review all City ordinances on the City website or in the City Clerk's Office.

I understand that by submitting this application, I hereby consent to allow the appropriate City personnel, or any authorized representative or agents, to conduct a background investigation as authorized by RCO 5-15-9.

I hereby certify that I have read and understand every question in this application and that the answer to every question is true to my knowledge, information and belief. I further understand that the giving of false information as part of this application, regardless of when it is discovered, and/or failure to give required pertinent information can constitute cause for denial, suspension, or revocation of any license.

Signature of Applicant _____ Date _____