

# ROCHESTER



## Office of the City Clerk

### MASSAGE THERAPIST LICENSE RENEWAL APPLICATION

Rochester Code of Ordinances, [Chapter 115A](#) applies to Massage Therapist 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. The current biennial license fee is \$50. Required fees must be paid at the time an application is submitted.

#### CHECKLIST OF REQUIRED ITEMS THAT MUST BE SUBMITTED WHEN APPLICATION IS SUBMITTED

- 1.** Fully complete all parts of the application (*Every question must be answered – write 'N/A' or 'not applicable' if necessary on any questions*):
- License Application must be signed by applicant and notarized – applications submitted in person can be notarized by the City Clerk's Office
- 2.** Current 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.** Two year License Fee of \$50 – license expires on December 31 of the following year

#### ADDITIONAL STEPS TO BE COMPLETED BY THE CITY PRIOR TO ISSUING A LICENSE:

- 4.** Review of the application by City Clerk staff to ensure completeness
- 5.** Updated background investigation completed on the Applicant
- 6.** 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.
- 7.** Confirmation that all requirements of [RCO 85.25](#) have been met, including that the applicant has paid all fees, charges, taxes, special assessments, or other debt or obligation owed to the City regarding any other matter
- 8.** Approval of the license application by the City Council
- 9.** Issuance of license once all other steps are complete (YOU ARE NOT LICENSED UNTIL YOU HAVE RECEIVED A LICENSE CERTIFICATE, AND YOU MUST HAVE YOUR CERTIFICATE WHENEVER PROVIDING MASSAGE SERVICES)

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

A. LICENSE INFORMATION			
1. Name of individual to whom license will be issued (First, Middle, Last)			
2. Home Address	3. City	4. State	5. Zip Code
6. Email Address	7. Primary Telephone Number		8. Alternate Phone Number
9. Mailing Address (if different than Home Address)	10. City	11. State	12. Zip Code
13. Please send official notices relating to this license to (check all that apply): <input type="checkbox"/> Home Address <input type="checkbox"/> Mailing Address <input type="checkbox"/> Email	14. Are you using this license working in or for a business? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of business _____		
15. Current Proof of identification must be provided pursuant to RCO 115.06 subd. 2.A.(7) from one of the following: <input type="checkbox"/> 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 <input type="checkbox"/> A valid identification card including a photo & date of birth, issued by Minnesota, another state, a province of Canada, or a state of Mexico <input type="checkbox"/> A valid military identification card issued by the U.S. Department of Defense <input type="checkbox"/> A valid U.S. passport, or, <input type="checkbox"/> In the case of a foreign national, a valid passport			
ATTACH ADDITIONAL SHEETS FOR ANY QUESTIONS THAT REQUIRE MORE SPACE THAN PROVIDED			
16. Have you ever had any business license or individual massage therapist license denied, revoked, or suspended by any local unit of government or state? <input type="checkbox"/> Yes <input type="checkbox"/> 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. _____ _____			
17. Any Additional Addresses used in the last two years			
<u>Dates</u>	<u>Addresses</u>		
_____	_____		
_____	_____		
_____	_____		
_____	_____		
_____	_____		
18. Any Additional Employment History for Last Two years, beginning with current employment			
Name of employer _____		Dates of employment _____	
Address _____		Phone number _____	
Name of employer _____		Dates of employment _____	
Address _____		Phone number _____	

Name of employer _____	Dates of employment _____
Address _____	Phone number _____
Name of employer _____	Dates of employment _____
Address _____	Phone number _____

19. 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

20. Provide details on any arrests, charges, or criminal conviction(s) of any state, county, or local law or regulations in last 2 years

<u>Date</u>	<u>Offense</u>	<u>Location</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

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

<b>B. INFORMATION ABOUT APPLICANT INCLUDING NOT PUBLIC INFORMATION</b>	
Date of Birth (MM/DD/YYYY)	Social Security Number or Individual Tax ID Number

**C. 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 <http://www.rochestermn.gov/i-want-to/sign-up-for/email-updates> 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 115A.07 subd. 1.

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 \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_

\_\_\_\_\_  
(NOTARY PUBLIC)

(NOTARY SEAL)