



2022 RENEWAL

APPLICATION FOR INDIVIDUAL MASSAGE THERAPIST LICENSE OR THERAPEUTIC MASSAGE BUSINESS LICENSE

City of Inver Grove Heights

8150 Barbara Ave, Inver Grove Heights, MN 55077 • (651) 450-2500 • Fax (651) 450-2502 • www.ighmn.gov

All persons performing massage in the City of Inver Grove Heights must be licensed. If you have previously been granted a massage therapy license or massage therapy business license in the City of Inver Grove Heights, complete this form. If you have not yet applied for and been granted a massage therapy license or a massage therapy business license, you must fill out a new application form that is found on the City's website. For more information, search for the Massage Therapy ordinance at https://www.sterlingcodifiers.com/codebook/index.php?book_id=542.

IMPORTANT: The renewal process may take up to 60 days to complete.

Choose Which License:	<input type="checkbox"/> Massage Therapist License - Individual RENEWAL ONLY	<input type="checkbox"/> Therapeutic Massage Business License RENEWAL ONLY
Fees:	\$ 50/Background Check Fee + \$ 55/Individual License Fee= \$105 TOTAL	\$ 50/Background Fee + \$200/License Fee = \$250 TOTAL *Therapists pay the Individual License fees.
Complete Parts:	Part 1, Part 2, Part 4, Part 5	Part 1, Part 3, Part 4, Part 5, Part 6

Submit this completed form with a color copy of driver's license or government issued photo ID attached.

Part 1 ALL APPLICANTS COMPLETE PART 1						
PERSONAL INFORMATION						
First Name	Middle Name	Last Name	Place of Birth (City, State):	Date of Birth:		
Height:	Weight:	Eye Color:	Hair color:			
Residential Street Address:			City:	State:	Zip Code:	
Phone Number:	U.S. Citizen: YES NO		If non-U.S. citizen, list home country and attach proof of eligibility to work in U.S.:			
Email Address:						
Social Security Number (SSN):			Individual Tax Identification Number (ITIN) if applicable:			
List your first, middle, and/or last names you have ever used or been known by - (please copy form as needed)						
First:		Middle:		Last:		
First:		Middle:		Last:		
First:		Middle:		Last:		
List your Residences for the past Five (5) Years - (please copy form as needed)						
Street Address	City	State	Zip	From (MM/YY)	To (MM/YY)	
List Name and Address of Employer and Occupation for the past Five (5) Years - (please copy form as needed)						
Employer & Occupation	Phone Number	Street Address	City/State	Zip	From (MM/YY)	To (MM/YY)

RENEWAL APPLICATION FOR THERAPEUTIC MASSAGE LICENSE

**PART 1 CONTINUED
ALL APPLICANTS COMPLETE PART 1**

Criminal History, Arrest Records, Warrant Information, and Other Relevant Records - (please copy form as needed)

Have you ever been convicted of any felony crimes or ordinance violations, other than traffic offenses?

Yes No

If yes, list - *Attach additional sheets if necessary*

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

Have you been convicted of violation of any federal, state, or local law relating to the operation of any business requiring a license?

Yes No

If yes, list - *Attach additional sheets if necessary*

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

REFERENCES

List three (3) references of good moral character who are not related to you and do not have a financial interest in the premises of the business who can attest to your character. These individuals must live within the Twin Cities Metropolitan area

Name (First/Last)	Phone Number	Street Address	State	Zip

CERTIFICATE OF PROFESSIONAL LIABILITY

Are you currently insured for professional liability to practice massage? YES NO

If yes, list insured information- Attached Certificate of Profession Liability with \$1,000,000.00 insurance coverage

Insurer	Phone Number	Street Address	State	Zip

ADDITIONAL INFORMATION

Additional information you want to include that was not required in Part 1:

RENEWAL APPLICATION FOR THERAPEUTIC MASSAGE LICENSE

PART 2 ONLY MESSAGE THERAPIST LICENSE APPLICANTS COMPLETE PART 2							
THERAPEUTIC MASSAGE BUSINESS INFORMATION							
Therapeutic Massage Business Name (DBA) where applying to be an Individual Therapist:							
Street Address of Licensed Premises:				Business Contact (first and last name):			
Zip Code:		Business Phone:		Contact's Phone Number:			
THERAPEUTIC MASSAGE ACADEMIC INFORMATION							
<i>Attach diploma/certificate of graduation showing completion of a program of at least 500 hours of certified therapeutic massage training AND certified copy of transcript of academic record from accredited institution.</i>							
Name of School Attended:				Dates Attended:			
Street Address:				Contact (first and last name):			
Zip Code:		Business Phone:		Business Contact's Phone Number:			
INDIVIDUAL MESSAGE THERAPIST LICENSE HISTORY							
Are you currently licensed as a Massage Therapist in another city? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list City's information - <i>(please copy form as needed)</i>							
City	Street Address			State	Zip		
Have you ever been denied or rejected for an individual Massage Therapist License? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list - <i>(please copy form as needed)</i>							
City	Street Address			State	Zip		
Have you as an individual or as part of a corporation, partnership, association, enterprise, business or firm ever had a Massage Therapist License revoked or suspended within the last (5) years of this application? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list - <i>(please copy form as needed)</i>							
City	Street Address			State	Zip		
Have you ever owned and/or operated a Therapeutic Massage Business? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list - <i>(please copy form as needed)</i>							
Employer & Occupation	Phone Number	Street Address		City/State	Zip	From (MM/YY)	To (MM/YY)

RENEWAL APPLICATION FOR THERAPEUTIC MASSAGE LICENSE

PART 3 ONLY THERAPEUTIC MASSAGE BUSINESS LICENSE APPLICANTS COMPLETE PART 3			
TYPE OF THERAPEUTIC MASSAGE BUSINESS <i>Check one box.</i>			
<input type="checkbox"/> Individual/Sole Proprietorship	<input type="checkbox"/> Business/Firm	<input type="checkbox"/> Partnership	
<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Other Entities	
ADDITIONAL REQUIREMENTS FOR THE FOLLOWING THERAPEUTIC MASSAGE BUSINESS APPLICANTS			
Partnerships	1. All partners must complete Part 1 of application in conjunction with one (1) partner completing entire application.		
	2. Managing Partners need to be designated: <i>(please copy form as needed)</i>		
	Managing Partner (First/Last)	Title	
	3. Each Partner (General and Limited) shall have their interest disclosed: <i>(please copy form as needed)</i>		
	Partner who controls an Interest (First/Last)	Percent of Interest	
	4. Attach: 1. A true copy of the Partnership Agreement and a copy 2. A true copy of trade name under MN Statute §333.02 (Certified by the Clerk of District Court)		
Corporations and other Organizations or Entities	1. Corporation/Association/Other Organization Name	2. State of Incorporation (Must be authorized to do business in Minnesota)	
	3. Attach: 1. A true copy of the certificate of incorporation and if a Foreign corporation a certificate of authority as described in MN Statute §303.02 2. Articles of Incorporation of Association Agreement 3. By-laws of the Corporation		
	4. All persons (General Manager, corporate officers, proprietor and other persons in charge) must complete Part 1 of application in conjunction with one (1) person completing entire application.		
NAME/ADDRESS OF THERAPEUTIC MASSAGE BUSINESS			
Therapeutic Massage Business Name (DBA):			
Street Address of Premises:		Business Contact (first and last name):	
Zip Code:	Business Phone:	Contact's Phone Number:	
Floor Number (if applicable):	Suite Number (if applicable):	Business Email Address & Website Address:	
MESSAGE THERAPIST BUSINESS LICENSE HISTORY			
Is the corporation, partnership, association, enterprise, business or firm currently licensed as a Massage Therapist Business in another city? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, list City's information - <i>(please copy form as needed)</i>			
City	Street Address	State	Zip

RENEWAL APPLICATION FOR THERAPEUTIC MASSAGE LICENSE

**PART 3 CONTINUED
ONLY THERAPEUTIC MASSAGE BUSINESS
LICENSE APPLICANTS COMPLETE PART 3**

Has the corporation, partnership, association, enterprise, business or firm ever been denied or rejected for a Therapeutic Massage Business License? Yes No
If yes, list - (please copy form as needed)

City	Street Address	State	Zip

Has the corporation, partnership, association, enterprise, business or firm ever had a Therapeutic Massage Business License revoked or suspended within the last (5) years of this application? Yes No
If yes, list - (please copy form as needed)

City	Street Address	State	Zip

BUSINESS PREMISES INFORMATION

Business premises is owned by

Owner (First/Last Name)	Phone Number	Street Address	State	Zip

Is the business premises in the construction planning phase or currently under construction? Yes No (the premises is already constructed)

If business premises is preexisting will there be any building changes/modifications to your work space? Yes No

If yes, explain the scope of work;

Are the business premises design plans on file with the city's building and inspections department? Yes No

If No, Attach plan/sketch showing dimensions, location of buildings, street access, parking facilities configuration, interior dimension & total floor space.

Are there any real estate taxes, personal property taxes, special assessments, or other financial claims delinquent or unpaid for the premises to be licensed? If yes, give details:

PROFESSIONAL LIABILITY

Are you currently insured for professional liability to practice massage? Yes No

If yes, list insurer information - **Attach certificate of professional liability with \$1,000,000.00 limits**

Insurer	Phone Number	Street Address	State	Zip

LIST OF THERAPISTS THAT WILL BE WORKING AT MASSAGE THERAPIST BUSINESS - (please copy form as needed)

Name (First/Last)	Contact number	Address

RENEWAL APPLICATION FOR THERAPEUTIC MASSAGE LICENSE

PART 4 ALL APPLICANTS COMPLETE PART 4

DATA PRIVACY ADVISORY

Review the Attached:
Massage License/Permit - Data Privacy Advisory
Complete the Attached:
Massage License/Permit Applicant General Authorization and Release and Criminal History Background Check Consent Form.

PART 5 ALL APPLICANTS COMPLETE PART 5

TENNESSEN WARNING AND AUTHORIZATION (VERIFICATION)

The data you furnish on this application will be used by the City of Inver Grove Heights to assess your qualifications for licensure. 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 Inver Grove Heights may be unable to process this application. Disclosure of your Social Security number, Minnesota Tax ID Number, or Individual Tax ID Number is required by Minnesota Statutes 270C.72 and your Social Security number may be requested by and released to the Department of Revenue. Upon submission of this application, all information except your Social Security Number will be public information pursuant to Minnesota Statutes, Chapter 13.

I have no intention or agreement to transfer the license to another person, or to allow any other person or entity to operate under the authority of the license.

I understand that by submitting this application as an individual and operating a massage business in the City of Inver Grove Heights, I hereby consent to allow the appropriate City personnel, or any authorized representative or agents, to inspect the licensed premises for the purpose of ensuring compliance with the law, at any time the business is occupied and/or open for business. I also understand that a denial of permission for such a lawful inspection of the premises is a violation of the license provisions.

I have received from the City of Inver Grove Heights a copy of the ordinance that regulates the activity for which I am applying for licensure and I agree to familiarize myself with the provisions of said ordinance.

I will strictly comply with all the laws of the State of Minnesota governing the rules and regulations of operating a massage business and all ordinances of the City of Inver Grove Heights. I hereby certify or declare under penalty of perjury under the laws of the State of Minnesota that I have read and understand every question in this application and that the answer to every question and in all supplemental documents submitted on behalf of this application are true and correct to the best of my knowledge, information and belief. I further understand that the giving of false information in this application, regardless of when it is discovered, and or the failure to give required pertinent information constitutes cause for the immediate revocation of any and all licenses and/or permits issued hereunder and may be grounds for prosecution for perjury. All information given is subject to verification by the State of Minnesota.

A NOTARIZED SIGNATURE IS REQUIRED IN ORDER TO PROCESS THIS APPLICATION

Signature _____ Date _____

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ day of _____, 20_____

Signature of Notary Public My Commission expires On: _____

(Stamp)

PART 6 ONLY THERAPEUTIC MASSAGE BUSINESS LICENSE APPLICANTS COMPLETE PART 6

VCI FINANCIAL RELEASE

Review the Attached:
Disclosure Regarding Background Investigation
Complete the Attached:
Verified Credentials, Authorization To Collect, Use And Release Financial Information



City of Inver Grove Heights Police Department

8150 Barbara Ave, Inver Grove Heights, MN 55077

(651) 450-2525 Fax

(651) 450-2543

Massage License/Permit Data Privacy Advisory

The Minnesota Data Practices Act requires the City of Inver Grove Heights to inform you of your rights about the private data we are requesting on the **Applicant General Authorization and Release and Criminal History Background Check Consent Form.**

As part of this application, you are asked to provide private and/or confidential information about yourself that will be used to check driving history, criminal history, arrest records, warrant information, other relevant records from third party law enforcement databases.

You may refuse to provide this information. However, should you refuse; our investigation cannot be completed and will result in your application not being processed. The information you provide is public and will be used by the City of Inver Grove Heights Police Department, Licensing Department, the Inver Grove Heights City Council, and the general public.

Complete the attached: **Massage License/Permit Applicant General Authorization and Release and Criminal History Background Check Consent Form.**



City of Inver Grove Heights Police Department

8150 Barbara Ave, Inver Grove Heights, MN 55077

(651) 450-2525

Fax (651) 450-2543

Massage License/Permit

Applicant General Authorization and Release
and Criminal History Background Check Consent Form

To: The City of Inver Grove Heights, the Inver Grove Heights Police Department and the Minnesota Bureau of Criminal Apprehension:

I, _____, hereby authorize and grant my informed consent to permit you to obtain, release to and make available to the City of Inver Grove Heights and/or its agents and/or representatives, data classified as private which concerns me and which may be in or come into your possession. The data, which by my signature, I authorize to be released, consists of *both public and private* data as defined in Minnesota Statutes 13.02, Subdivision 12 and has been collected by you as a result of my contact and associations with you and/or your representatives. The information for which release is authorized includes all data which has been collected, created, received, retained or disseminated in whatever form it exists.

That information to be released may relate to my dealing with any law enforcement agency and specifically includes criminal history data that will be obtained from the MN Bureau of Criminal Apprehension.

I understand that the purpose of permitting the City of Inver Grove Heights to have access to this information is to determine my suitability for issuance of a **Massage License** from the City of Inver Grove Heights.

By signing this authorization, I hereby release the MN Bureau of Criminal Apprehension, the City of Inver Grove Heights, its officers and its agents from any and all liability resulting from the release, receipt or use of all data, regardless of accuracy.

Failure to sign this authorization form will disqualify me from receiving a City License/ Permit from the City of Inver Grove Heights.

This authorization shall be valid for the period of **one year**, but I reserve the right to, at any time prior to that expiration, cancel the written authorization by providing written notice pursuant to this consent to the City of Inver Grove Heights.

PLEASE NEATLY PRINT THE INFORMATION REQUESTED BELOW. INCOMPLETE OR ILLEGIBLE FORMS WILL BE RETURNED AND WILL SLOW YOUR APPLICATION PROCESS.

_____ Last Name	_____ First Name	_____ Full Middle Name
_____ Date of Birth (mm/dd/year)	_____ Male/Female	_____ Driver's License Number
_____ Street Address		_____ City, State, ZIP

NOTE: THIS IS A LEGALLY BINDING AUTHORIZATION. YOU MAY WISH TO CONSULT WITH A LAWYER BEFORE SIGNING.

Signature

Date

PLEASE ATTACH COPY OF YOUR DRIVER'S LICENSE, COLOR PREFERRED, WITH PICTURE OF LICENSE HOLDER AND DATA
CLEARLY VISIBLE AND LEGIBLE.

DISCLOSURE REGARDING FINANCIAL BACKGROUND INVESTIGATION

The City of Inver Grove Heights ("the City") may obtain information about you from a third-party consumer reporting agency for employment or licensing purposes. Thus, you may be the subject of a "consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living. These reports may contain information regarding your criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks.

You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you and to request a copy of your report. These searches will be conducted by **Verified Credentials, 20890 Kenbridge Court, Lakeville, MN 55044, 800-473-4934, www.verifiedcredentials.com**. The scope of this disclosure is all-encompassing, however, allowing the City to obtain from any outside organization all manner of consumer reports throughout the course of your employment to the extent permitted by law.

Para informacion en espanol, visite www.ftc.gov/credit o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment - or to take another adverse action against you - must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

**CITY OF INVER GROVE HEIGHTS
AUTHORIZATION TO COLLECT, USE AND RELEASE
FINANCIAL INFORMATION**



Last Name		First Name	Full Middle Name
Other names used (e.g. Maiden)	Purpose of Application (job title or license type)		Supervisor's Name (or N/A)

Date of Birth*		Social Security Number*	
Phone number		Email	

**This information will be used for background screening purposes only*

Please list ALL of the addresses where you have lived during the past 7 years:				
	Street Address	City	State	Zip Code
Current				
Previous				
Previous				

Licensing Applicants: Attach a copy of your Driver's License. Job Applicants: Complete if position requires driving.		
Driver's License Number	State Issued	Expiration Date

Job Applicants Only: If employed, may your current employer be contacted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK

I acknowledge receipt of the separate document entitled DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand that information. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the City of Inver Grove Heights (the "City") at any time after receipt of this authorization and throughout my employment (or volunteering), if applicable, or within one year of application for licensing. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by **Verified Credentials, 20890 Kenbridge Court, Lakeville, MN 55044, 800.473.4934, www.verifiedcredentials.com** (and/or the City of Inver Grove Heights, 8150 Barbara Avenue, I.G.H., MN 55077). I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original. Further, I give my consent to the City to review my background information as needed to make a determination regarding my suitability for employment or licensing, including information which may be classified as Private Data under MN Statutes Chapter 13. If I am rejected on the basis of a criminal conviction, I will be notified and informed of any rights I may have. This authorization may be subsequently revoked via written request; however this will result in all processing being stopped.

Please check this box if you would like to receive a copy of a consumer report if one is obtained.

Signature _____ **Date** _____

RENEWAL APPLICATION FOR THERAPEUTIC MASSAGE LICENSE

FOR CITY USE ONLY			
Tentative Due Date:	Date received and license fee paid:	Deposit Required:	
		<input type="checkbox"/> Yes Amount collected: _____ <input type="checkbox"/> No	
Financials: <input type="checkbox"/>	Other: <input type="checkbox"/>	Other: <input type="checkbox"/>	
FOR POLICE DEPARTMENT USE ONLY			
Case File #:	Investigator:	Date assigned:	Date completed:
BACKGROUND CHECKS			
RMS <input type="checkbox"/>	CCH <input type="checkbox"/>	QDP <input type="checkbox"/>	
Third Party LE Database <input type="checkbox"/>	My BCA <input type="checkbox"/>	Statewide Supervision <input type="checkbox"/>	
Social Media <input type="checkbox"/>	Current Employers <input type="checkbox"/>	Previous Employers <input type="checkbox"/>	
Current City of employment <input type="checkbox"/>	Past City of employment <input type="checkbox"/>	Business documents <input type="checkbox"/>	
Other: <input type="checkbox"/>	Other: <input type="checkbox"/>	Other: <input type="checkbox"/>	
Other: <input type="checkbox"/>	Other: <input type="checkbox"/>	Other: <input type="checkbox"/>	
INVESTIGATION SUMMARY			
Approval Recommended			
The investigation is complete and <i>there is nothing</i> in the background of the applicant <i>which excludes</i> them from obtaining a license (see incident report for further information).			<input type="checkbox"/>
Denial Recommended			
The investigation is complete and <i>there is information</i> in the background of the applicant <i>which excludes</i> them from obtaining a license (see incident report for further information).			<input type="checkbox"/>
CHIEF'S REVIEW			
I respectfully submit the investigation findings to the City Council for use in determining whether the applicant should be granted a new or renewed license.			
Signature: _____ Chief of Police		Date: _____, 20____	

FOR USE BY THE CITY OF INVER GROVE HEIGHTS ONLY

City Clerk Report

I have examined the foregoing **RENEWAL** application and have found it to be complete and the application may proceed for Council approval.

Signature _____
CITY CLERK

_____ Title:
DATE