



2015 First Avenue, Anoka, MN 55303  
Phone: (763) 576-2700 Website: [www.ci.anoka.mn.us](http://www.ci.anoka.mn.us)

## MASSAGE THERAPIST LICENSE APPLICATION

NOTE: Once the license is approved and issued, it is the Licensee’s responsibility to be aware of the license expiration date and to the contact the City of Anoka Licensing Department at least thirty (30) days prior to the expiration date of the license to obtain a renewal application. Renewal applications may be requested by calling: 763-576-2712.

|   |  |
|---|--|
| Applicant’s Name (first, middle, last): | Date of Birth:                             |
| Home Address:                           | City, State, Zip:                          |
| Mailing Address (if different):         | City, State, Zip:                          |
| Phone Number (including area code):     | Alternate Phone Number (or email address): |

### BACKGROUND INFORMATION ON APPLICANT

- Have you ever been known by a name other than your true name listed above?  No  Yes (provide details)

|          |
|----------|
| Aliases: |
|----------|

- List two (2) of your previous addresses, immediately prior to your present address:

|             |
|-------------|
| Address #1: |
| Address #2: |

- Have you ever been convicted of a misdemeanor or felony violation of local ordinances or state laws, with the exception of misdemeanor traffic violations?  No  Yes (provide details)

|                          |
|--------------------------|
| Type of conviction:      |
| Date of conviction:      |
| Location (City & State): |

4. In the past five (5) years, have you applied for or held a license to conduct a like or similar activity in any other City or State, not including Anoka?  No  Yes (provide details - attach additional sheets as necessary)

|                          |               |
|--------------------------|---------------|
| Business Name:           | Date(s) held: |
| Location (City & State): |               |
| Business Name:           | Date(s) held: |
| Location (City & State): |               |
| Business Name:           | Date(s) held: |
| Location (City & State): |               |

5. In the past five (5) years, have you been denied a license, or had a license suspended or revoked, to conduct a like or similar activity in any other City or State, not including Anoka?  No  Yes (provide details, attach additional sheets as necessary)

|  |                                       |
|--|---------------------------------------|
| City & State:                            | Date of denial/suspension/revocation: |
| Reason for denial/suspension/revocation: |                                       |
| City & State:                            | Date of denial/suspension/revocation: |
| Reason for denial/suspension/revocation: |                                       |
| City & State:                            | Date of denial/suspension/revocation: |
| Reason for denial/suspension/revocation: |                                       |

6. Please list all current/active memberships in local or national massage organizations.

|              |
|--------------|
| Memberships: |
|--------------|

## **BUSINESS/PROPERTY INFORMATION**

*\* Pertains to the location where applicant will be providing Massage Therapy Services.*

|                                     |
|-------------------------------------|
| Business Name:                      |
| Business Address:                   |
| Mailing Address (if different):     |
| Phone Number (including area code): |

---

**STATEMENT OF APPLICANT APPLYING FOR LICENSURE**

(I) do hereby swear that the answers in this application are true and correct to the best of my knowledge. I do authorize the City of Anoka, its agents, and employees, to obtain any necessary information and to conduct an investigation, if necessary, into the truth of the statements set forth in this application and the qualifications for said license. I do understand that providing false information shall be grounds for denial of my license. I fully understand that it is my responsibility to be familiar with and abide by the requirements of the City, which is detailed in the pertinent section of the Anoka City Code, which is available on the City website at [www.ci.anoka.mn.us](http://www.ci.anoka.mn.us) or upon request from the City Clerk and to be familiar with and abide by the laws of the City of Anoka and the State of Minnesota relating to this licensure. I further understand that I must submit any changes in my application within thirty (30) days of the effective date of the change and that I will abide by all requirements regarding the approval of such change as stated in the Anoka City Code and State Law.

Signature of Applicant: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

---

**REQUIRED DOCUMENTATION**

- City Application
- Payment (\$25.00 investigation fee and \$125.00 annual license fee)
- Photocopy of Certificate Issued, or a certified or notarized transcript or statement, showing successful completion of a minimum of 150 training hours in massage, from a school of massage registered with or approved by the Minnesota Department of Education. For new applicants only.
- Worker's Compensation Form (attached)
- SP:C1 Tax Clearance Form (attached)
- Tennessee Warning (must be signed and submitted by all persons associated with this license)
- Current Photo Identification (Driver's License, State Issued I.D. or Passport)



REAL. CLASSIC.

# CERTIFICATE OF COMPLIANCE MINNESOTA WORKER'S COMPENSATION LAW

## PRINT LEGIBLY IN INK OR TYPE

Minnesota Statute, Section 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business or engage in any activity in Minnesota until the applicant presents acceptable evidence of compliance with the worker's compensation insurance coverage requirement of Minnesota Statutes, Chapter 176. The required worker's compensation insurance information is the name of the insurance company, the policy number, and the dates of coverage, or the permit to self-insure. If the required information is not provided or is falsely stated, it shall result in a \$2,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry.

**ALL APPLICANTS:** I certify that the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify that I am authorized to sign on behalf of the business.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

I am not required to have worker's compensation insurance coverage because:

- I have no employees
- I have employees but they are not covered by worker's compensation law.  
(see Minnesota Statute 176.041 for a list of excluded employees)

Explain why your employees are not covered: \_\_\_\_\_  
\_\_\_\_\_

**COMPLETE THIS PORTION ONLY IF YOU ARE INSURED:** *A valid worker's compensation policy must be kept in effect at all times by employers as required by law*

Business Name (Individual name only if no company name is used):  
\_\_\_\_\_

DBA (if applicable): \_\_\_\_\_

Address (must include street address): \_\_\_\_\_

Insurance Company Name (not agent): \_\_\_\_\_

Workers Compensation Policy No.: \_\_\_\_\_

Effective Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

## IF SELF-INSURED - ATTACH A COPY OF THE PERMIT TO SELF-INSURE

NOTE: If your worker's compensation policy is cancelled within the license period, you must notify the agency who issued the license/permit by resubmitting this form.



**SP:CI TAX CLEARANCE FORM**  
**(This form may contain private data – do not release to public)**

**PRINT LEGIBLY IN INK OR TYPE**

Pursuant to Minnesota Statute, Section 270.72 Tax Clearance; Issuance of Licenses, the licensing authority is required to provide to the Minnesota Commissioner of Revenue your Minnesota Business Tax Identification Number and/or the Social Security Number of each license applicant.

Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we are required to advise you of the following regarding the use of this information:

1. This information may be used to deny the issuance, renewal, or transfer of your license in the event you owe the Minnesota Department of Revenue delinquent taxes, penalties, or interest.
2. Upon receiving this information, the licensing authority will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Agreement, the Department of Revenue may supply this information to the Internal Revenue Services.
3. Failure to supply this information may jeopardize or delay the processing of your license, its' issuance or renewal.

Please supply the information and return this form along with your application to the agency issuing your license. **DO NOT RETURN TO THE DEPARTMENT OF REVENUE.**

Licensing Authority: CITY OF ANOKA, MINNESOTA

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

**PERSONAL INFORMATION:** *Complete this section only if you are applying as an individual and/or do not hold a Minnesota Tax Identification # or Federal Tax Identification #.*

Applicant Name: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

**BUSINESS INFORMATION:** *Complete this section only if you are applying as a business.*

Business Name: \_\_\_\_\_

Db: \_\_\_\_\_

Minnesota Tax Identification #: \_\_\_\_\_

Federal Tax Identification #: \_\_\_\_\_

**For businesses: If a Minnesota Tax Identification # is not required, you must submit a written explanation.**



REAL. CLASSIC.

**APPLICATION FOR LICENSE INVOLVING  
PRIVATE OR CONFIDENTIAL INFORMATION  
(Tennessee Warning)**

**THIS FORM MUST BE COMPLETED BY ALL INDIVIDUALS LISTED IN APPLICATION**

In connection with your request for a license/registration the City of Anoka has asked that you provide it with 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.*

**The undersigned, by signing this notice, acknowledges that he/she has read and understood the contents of this notice.**

Applicant's Signature: \_\_\_\_\_

Printed Name of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_