



APPLICATION FOR  
2020-2021 THERAPEUTIC MASSAGE THERAPIST LICENSE

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

Application is hereby submitted for a Therapeutic Massage Establishment License within the City of Monticello, in accordance with the Ordinance of said City regulating the same.

Enclose with the application:

- The license fee of \$50
- A completed and signed “background check authorization” form and copy of driver’s license
- Fee for therapist background check: \$25
- Copy of certification of transcript of academic record and transcript of hours or proof/demonstration of hours

1. **Applicant’s Full Name:** \_\_\_\_\_  
Last First Middle

2. **Applicant’s Phone Number:** \_\_\_\_\_

3. **Applicant’s Email Address:** \_\_\_\_\_

4. **Applicant’s Home Address:** \_\_\_\_\_

5. **Address for prior 5 years:** \_\_\_\_\_

6. **Applicant’s Date of Birth:** \_\_\_\_\_

7. **Applicant’s Place of Birth:** \_\_\_\_\_

8. **I will be working as a Massage Therapist at:** \_\_\_\_\_  
\_\_\_\_\_

9. **Number of Years of Experience as a Massage Therapist:** \_\_\_\_\_

10. **Name and Address of any training institutions attended and the date of attendance.**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Previous employment as a massage therapist (list name, address, and position held)(previous five):

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12. Other communities you are licensed in, or have been licensed in to perform massage services and status of that license.

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13. Have you ever been denied a license to perform massage services, or have you had a license revoked or suspended, and if so, state the circumstances of such denial, revocation or suspension.

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14. Applicant's Position with the Company: \_\_\_\_\_

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15. Have you had an interest in, as an individual or as part of a corporation, partnership, association, enterprise, business or firm a massage license that was revoked or suspended within the last five (5) years of the date the license application is submitted to the Issuing Authority?

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16. Are you a U.S. Citizen or resident alien or have the legal authority to work in the United States?

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17. Have you ever used or been known by a name other than the applicant's name, and if so, the name or names and information concerning dates and places where used?

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18. Description of any crime or other offense, including the time, place, date, and disposition for which the applicant has been arrested and convicted.

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**DATA PRACTICES ADVISORY:** *The data supplied in this application will be used to assess the qualifications for a license. This data is not legally required but the City will not be able to grant the license without it. If a license is granted, the data will constitute a public record.*

I hereby certify that the foregoing statements are true and correct to the best of my knowledge and that the giving of false information or the failure to give pertinent information constitutes cause for revocation of this permit. Further, I agree to comply with all the provisions of the ordinance under which this license is granted.

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

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

***Return completed application and requested information along with the fee to: Jennifer Schreiber, City Clerk, City of Monticello, 505 Walnut Street, Monticello, MN 55362  
Phone: 763-271-3204***

**Make check or money order payable to "City of Monticello"**

*OFFICE USE ONLY*

\_\_\_\_\_  
Approved by/Date

**Findings of Background check:**

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\_\_\_\_\_

**This license will expire on June 30, 2021**