

City of NEWPORT

APPLICATION FOR MASSAGE THERAPIST

Newport City Hall ♦ 596 7th Avenue ♦ Newport ♦ Minnesota ♦ 55055 ♦ Telephone 651-459-5677 ♦ Fax 651-459-9883

Application Date: _____

Applicant Information

Applicant's Full Name: _____ Applicant's Telephone: _____

Other Names the Applicant Goes By: _____ Applicant's Cell Phone: _____

Applicant's Address: _____

City/State/Zip: _____

Applicant's Place and Date of Birth: _____

MN or Federal Tax ID Number or Social Security Number (Required by the State of MN): _____

Type of Photo ID: _____ ID #: _____

Physical Description of Applicant:

Weight: _____ Height: _____ Hair Color: _____ Eye Color: _____

Current Employer's Name: _____

Current Employer's Address: _____

Current Employer's Telephone Number: _____

Have you ever been convicted of any crime, misdemeanor, or violation of any municipal ordinance, other than traffic violations: _____ Yes _____ No (If Yes, explain below)

The Applicant must provide the following information:

- Proof of Valid ID
- Address that the individual has lived at for the last ten years
- List of employers for the last ten years
- Proof of General Liability
- One of the following:
 - Proof of successful completion of a minimum of 500 credit hours of certified therapeutic massage training/course work that includes subjects of anatomy, physiology, hygiene, ethics, massage theory and research, and massage practice from an accredited institution or program;
 - A diploma or certificate of graduation for a comprehensive massage therapy program consisting of the course work stated above in Subd. 2(J)(1) issued to the applicant from an accredited institution or an accredited program; or
 - Proof of passing the National Certification Exam offered by the National Certification Board for Therapeutic Massage & Bodywork and a minimum of seven years of full-time work experience as a massage therapist within the United States; and

Applicant Statement and Acknowledgements

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, this will constitute a public record. The data is needed to distinguish this application from others, to identify this application in City license files, to verify the identity of the applicant, to contact the applicant if additional information is required and to determine if the applicant meets all ordinance requirements.

The undersigned applicant makes this application pursuant to all laws of the State of Minnesota and such rules and regulations as the City of Newport may from time to time prescribe.

Applicant/Agent Printed Name: _____ Signature: _____

For Office Use

Investigation Fee \$ _____ Permit Fee \$ _____ Receipt # _____ Date Paid _____

Investigation Completed By: _____

Date: _____ Approved: _____ Denied: _____

Reasons: _____



CITY OF NEWPORT
AUTHORIZATION TO RELEASE DATA

Name: _____
(First) (Middle) (Last)

Address: _____

D.O.B.: _____ Driver's License Number: _____ State: _____

I hereby authorize and grant consent to the Washington County Sheriff's Office and the MN Bureau of Criminal Apprehension (BCA) to provide criminal history information to the City of Newport. The information may include all data collected, created, received, retained or disseminated by your Department.

I understand that the information gathered will aid in determining my suitability for a license in the City of Newport.

This authorization shall be valid for a period of one year, but I reserve the right to cancel the authorization at any time prior to that expiration by providing written notice to the Washington County Sheriff's Office or to you. A photocopy or facsimile of this authorization will be treated in the same manner as the original.

Signature: _____ Date: _____