

Massage Therapy License Application



City of Hopkins

1010 1st Street South • Hopkins, MN 55343 • 952.935.8474 • 952.935.1834 (fax)

www.hopkinsmn.com

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|--|-------------------------|--|------|
| <input type="checkbox"/> New – \$100 plus \$50 investigation fee | | <input type="checkbox"/> Renewal – \$100 | |
| Name: | | Date of Birth: | |
| Other names you have been known by: | | | |
| Home Address: | City: | State: | ZIP: |
| Home Phone Number: | Driver's License Number | | |
| Previous Addresses (past five years): | | | |
| Have you ever been arrested? <input type="checkbox"/> NO <input type="checkbox"/> YES If yes, explain: | | | |
| Massage Therapy Practice Address: | City: | State: | ZIP: |
| Massage Therapy Practice Phone Number: | Hours of Operation: | | |
| TENNESSEN WARNING | | | |
| <p><i>As an applicant for a license from the City of Hopkins, I have voluntarily supplied data about myself which may be public and/or private in nature. I understand that, as part of the licensing process, I am requested to supply this information. I understand that failure to provide accurate and adequate data may result in my license being denied. I further understand that this information will be used by the City of Hopkins in order to conduct a police background investigation. Finally, I understand that the data which I have provided may be shared in whole, or in part, by other agencies, by other private and public entities, and by other persons, for the purpose of conducting a background investigation. I, therefore, release the City of Hopkins and any of its agents or employees, from any and all liability or claims for any injury or damage which I may experience as a direct or indirect result of the intended use of this information. I authorize investigation of all statements contained in this application. I understand that the misrepresentation, or the omission of facts called for, will be just cause for denying me a license.</i></p> | | | |
| Applicant's Signature: | | Date: | |
| Submit the following items with your application: | | | |
| <input type="checkbox"/> Diploma or Certificate of Completion <input type="checkbox"/> Proof of Course Work showing hours for: Theory _____hrs. Anatomy and Physiology _____hrs. Hygiene and Sanitation _____hrs. Business Practices and Ethics _____hrs. <input type="checkbox"/> Fee of \$150 if you are applying for a new license or \$100 if you are renewing your license. | | | |