

CITY OF FARMINGTON LICENSE PROCESS

Therapeutic Massage License

A license is not required for massage therapists working in a medical, chiropractic or dental office.

An applicant and all employees must have 100 hours of certified therapeutic massage training from an approved school recognized by a national or state professional therapeutic massage organization. Please review Title 3 Chapter 15 of the City Code for complete details. All licenses expire December 31 of each year. Following is the process to obtain a Therapeutic Massage license:

1. Application forms, fees and a Certificate of Insurance showing coverage through December 31 of the current year should be submitted to the city of Farmington at least three weeks prior to a City Council meeting.
2. A background check will be performed by the Farmington Police Department.
3. A public hearing is required to be held at a City Council meeting. The public hearing requires 10 days' notice prior to the meeting. The public hearing notice is submitted to the newspaper a week prior to this 10-day period. Council meetings are held the first and third Mondays of every month.
4. Upon City Council approval, a license is issued. The entire process takes approximately three weeks.
5. Fees: Business License \$50 (includes one therapist)
Business Investigation \$300
Therapist Investigation \$200
Additional Therapists \$50/each
Total fee upon application: \$550 (if one therapist)
Yearly Renewal Fee: \$50

If you have questions, please contact:

Shirley Buecksler, City Clerk
City of Farmington
430 Third Street
Farmington, MN 55024
651-280-6803
SBuecksler@FarmingtonMN.gov



Checklist for Therapeutic Massage License

Business Name: _____

Please return this list with your application materials. Incomplete applications cannot be processed until all of the items listed are received and complete.

<u>Required Documents</u>	<u>Applicant Initials</u>	<u>City Staff Initials</u>
1. Therapeutic Massage Practitioner License App. (Form MLIC2009)	_____	_____
2. Workers' Comp. Certificate of Compliance (Form FGTN2009)	_____	_____
3. Certificate of liability insurance	_____	_____
4. All applicable Fees (See fee schedule below)	_____	_____
5. Copy of Therapeutic Massage Ordinance	_____	_____ <u>N/A</u> _____
For New Applicants:		
Recent photo of applicant	_____	_____
Birth certificate or naturalization papers	_____	_____
Copy of lease for business space (if renting)	_____	_____
Evidence of educational qualifications listed on application; Including original or certified copies of degrees or diplomas.	_____	_____

License Fees

Renewal of existing license

Renewal \$50

New License:

Business License \$50 (includes 1 therapist)

Therapist License \$50 (for each additional therapist)

Business Investigation \$300

Therapist Investigation \$200



Application for Therapeutic Massage License
(Form MLIC2009)

APPLICANT INFORMATION

Applicant's Full Name: _____ Date of Birth ____/____/____
(First) (Middle) (Last)

Maiden Name or Any Other Names Used: _____

Address: _____
(Street) (City, State, ZIP) (County)

Home Phone: _____ Cell Phone: _____ Email: _____

Are you a U.S. citizen? ___Yes ___No

Naturalized? ___Yes ___No If yes, date/place _____

TRAINING / EXPERIENCE

1. Have you ever received formal training in massage? ___Yes ___No

If yes, please complete the following:

Name of school and address: _____

Dates attended: _____

Hours of training: _____

Diploma received: _____

By whom is the school accredited: _____

2. How long have you worked as a massage practitioner? _____

3. List all places of employment in this field during the last 5 years: _____

4. List your present employer, address and telephone number: _____

5. Have you worked as a massage therapist in another municipality? ____Yes ____ No
If yes, please provide name of municipality and dates: _____

6. Have you ever been convicted of any felony, crime, or violation of any city ordinance other than traffic related? ____Yes ____ No
If yes, please complete the following:
Date of arrest: _____ Municipality: _____
Charge: _____
Date of Conviction: _____ Sentence received: _____

7. Have you ever had a license denied, revoked or suspended? ____Yes ____ No
If yes, please complete the following:
Where: _____ When: _____
Type of license: _____
Reason: _____

8. Have you ever been committed for one of the following:
Psychological problems ____ Inebriation ____ Drug Use ____ Alcohol Use ____
Other, please explain _____

9. At what location(s) within the city of Farmington do you intend to perform massage: _____

10. Will you be leasing property for your therapeutic massage business? ____Yes ____ No
If yes, please provide a copy of the lease and the owner's name, address & phone number:

REFERENCES

11. List the name and address and phone number of two persons who can attest to your character:

**Please read the following statements carefully.
By signing below, you agree to, and are bound by each item:**

- I have received a copy of the city of Farmington Therapeutic Massage Ordinance and will familiarize myself with its provisions.
- I understand that a criminal conviction will not bar me from obtaining a license unless the conviction is directly related to the occupation for which the license is sought and there is no showing of sufficient rehabilitation and present fitness to perform the duties of the occupation. I understand that failure to reveal a criminal conviction is falsification of the application and constitutes grounds for denial of license.
- The information I have provided on this application is truthful. I authorize the city of Farmington to investigate the information and contact persons/organizations named on this application.

Name of Applicant (please print) _____

Signature _____ Date _____

Subscribed and sworn to before me this _____ day of _____, _____.

Signature of Notary Public _____

APPROVALS

Department	Signature	Date	Comments
Police	_____	_____	_____
City Clerk/Deputy Clerk	_____	_____	_____

Please return completed application to:
City of Farmington
Attn: Licensing
430 Third Street
Farmington, MN 55024

**CITY OF FARMINGTON
GENERAL AUTHORIZATION AND RELEASE OF DATA**

In order to comply with State and Federal Data Privacy Act Laws, the city of Farmington is requesting your authorization and consent to permit the city to conduct a background investigation. Please provide the following personal data, read the paragraphs below and sign where indicated.

Full Name: _____
(First, Middle, Last)

Address: _____
Number Street City County State Zip Code

Date of Birth: _____ Driver's License Number: _____
Month/Date/Year

Have you ever been convicted of any crime, either felony or misdemeanor? _____ If yes, please state place and nature of offense: _____

I, the undersigned, hereby authorize and grant my informed consent to permit the Bureau of Criminal Apprehension (hereafter "BCA") and the Farmington Police Department (hereafter "FPD") to release to and make available to the city of Farmington, Minnesota (hereafter "city") and/or its representatives all data classified as private which concerns me and which may be in your possession. The data, classified as private under M.S. 13.02, Subd. 12, includes all data which has been collected, created, received, retained or disseminated in whatever form which in any way relates to my dealings with the BCA and/or the FPD. I understand the purpose of permitting the city to have access to this information is to determine my suitability for licensure.

By signing this authorization, I hereby release the BCA and the FPD from any and all liability which otherwise may or does accrue as a result of the release of any and all data, regardless of its accuracy. I also release the city from any and all liability for its receipt and use of data received pursuant to this consent. I understand that if I am rejected on the basis of a criminal conviction, I will be notified in writing and be given rights of redress subject to applicable laws. I also understand that I am not legally required to sign this form, but if I do not, the city will not be able to determine whether my conviction record is a license-related consideration.

This authorization shall be valid for a period of one year, but I reserve the right, at any time prior to that expiration, to cancel the written authorization by providing written notice to the city of that intent.

(Signature)

(Date)

(Full Name Printed)

Please return to:
City of Farmington
Attn: Administration
430 Third Street
Farmington, MN 55024

CITY OF FARMINGTON – DATA PRACTICES ACT NOTICE

Minnesota law requires that you be informed of your rights as they pertain to private information (“private data”) collected from you by the city of Farmington (“the city”). Private data is that information held by the city which is available to you, but not to the public.

You have the right to refuse to provide the information requested on this application form, however, without certain information, the city may be unable to approve the license applied for. If you feel that certain information requested is an unwarranted invasion of privacy, please contact the Human Resources Director.

The dissemination and the use of private data we collect is limited to that necessary for the administration and management of the city’s licensing program. Persons or agencies with whom this information may be shared include:

- City personnel, including law enforcement personnel, administering the license program;
- The Bureau of Criminal Apprehension;
- The city attorney and support staff of the city attorney’s office;
- Federal, state, local, and contracted private auditors;
- Federal and state agencies with oversight or responsibility related to the licensed business;
- Those individuals or agencies as to whom you give your express written permission for release of the information.

Unless otherwise authorized by state statute or federal law, other governmental agencies utilizing the reported private data must also treat the information as private.

You may wish to exercise your rights as contained in the Minnesota Government Data Practices Act. These rights include:

- The right to see and obtain copies of data maintained about you;
- The right to be told the contents and meaning of the data; and
- The right to contest the accuracy and completeness of the data.

To exercise these rights, contact the Farmington Human Resources Director at 430 Third Street, Farmington, MN 55024 (651) 280-6800. I have read and I understand the above information regarding my rights as a subject of government data.

Applicant

Date

**CERTIFICATION OF COMPLIANCE
MINNESOTA WORKERS' COMPENSATION LAW**

Form FG TN2009

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 an activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Chapter 176. The information required will be collected by the licensing agency and retained in their files. The information required is: name of insurance company, policy number, and dates of coverage or permit to self-insure.

This information is required by law, and licenses and permits to operate a business may not be issued or renewed if it is not provided and/or is falsely reported. Furthermore, if this information is not provided or falsely stated, it may result in a \$2,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry.

Insurance Company Name: _____
(**Not** the insurance agent)

Policy Number: _____

Dates of Coverage: _____ to _____
(or)

I am not required to have workers' compensation liability coverage because:

- () I have no employees.
- () I am self-insured (include permit to self-insure).
- () I have no employees who are covered by the workers' compensation law, (these include: spouse, parents, children and certain farm employees).

I certify that the information provided above is accurate and complete and that a valid workers' compensation policy will be kept in effect at all times as required by law.

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

Doing business as (DBA): _____
(Business name if different than your name)

Business address: _____
(Street) (City, State, ZIP)

Phone: _____ **Email:** _____

Signature: _____ **Date:** _____

176.182 BUSINESS LICENSES OR PERMITS; COVERAGE REQUIRED

Every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Section 176.181, subdivision 2, by providing the name of the insurance company, the policy number, and the dates of coverage or the permit to self-insure. The commissioner shall assess a penalty to the employer of \$2,000 payable to the assigned risk safety account, if the information is not reported or is falsely reported.

Neither the state nor any governmental subdivision of the state shall enter into any contract for the doing of any public work before receiving from all other contracting parties acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Section 176.181, subdivision 2.

This section shall not be construed to create any liability on the part of the state or any governmental subdivision to pay workers' compensation benefits or to indemnify the special compensation fund, an employer, or insurer who pays workers' compensation benefits.

HIST: 1982 c 346 s 94; 1983 c 290 s 114; 1987 c 332 c 332 s 47; 1992 c 510 art 3 s 19; 1995 c 231 art 2 s 72