
APPLICATION MUST BE SUBMITTED IN PERSON BY APPOINTMENT ONLY
INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

The following documents are required by city ordinance to obtain an individual Massage Therapist License in the City of Plymouth. Please allow 30 days for processing.

Complete the following

- ☐ 1. Massage Therapist Application - must be completed by the applicant.
- ☐ 2. National Criminal Background Check from your employer
- ☐ 3. Certificate of Insurance for Personal Professional Liability for \$1,000,000 (emailed copies not accepted)
- ☐ 4. \$150.00 Non-refundable Investigation Fee (for first application only)
- ☐ 5. \$75.00 License Fee
- ☐ 6. Proof of Legal Work Status (if you are not a U.S citizen or birthplace was not in the U.S., provide proof of immigration/employment status, such as a Work Authorization Card or Certificate of Naturalization)
- ☐ 7. Current MN issued driver's license or ID (if not a permanent resident of Minnesota, please indicate on the application).
- ☐ 8. Official Transcript showing a minimum of 500 hours of certified therapeutic massage training must be provided by the accredited institution or program and sent directly to: Plymouth Police Department
Attention: Licensing
3400 Plymouth Blvd
Plymouth, MN 55447
- ☐ 9. Schedule Appointment message@plymouthmn.gov or 763-509-5620

Review and Approval Process

Applications are processed and approved by the police department and may take up to 30 days to complete. Applications are processed in the order received. ***Applications that are incomplete or missing documents will not be approved.***

Approved Application: An email will be sent once the applicant is approved and the ID card must be picked up within 10 days of notice.

Denied Application: A letter will be mailed to the address provided on the application. The decision may be appealed to the City Manager in accordance with the Plymouth City Code.

Review and retain the Plymouth City Code Section 1135, regarding your responsibilities and the practice of massage within the city limits.



Massage Therapist New Application

APPLICANT INFORMATION				
First Name	Full Middle		Last Name	
Maiden Name(s) (if applicable) Or other names used			Date of Birth	Place of Birth
Home Address	City	State	Zip	Phone Number
Social Security Number	Driver's License Number		Email	
ADDRESSES WHICH YOU HAVE LIVED DURING THE PREVIOUS TEN (10) YEARS, INCLUDE SEASONAL OR PART-TIME LOCATIONS (Attach an additional sheet if you run out of room)				
From (Mo/Yr) – To (Mo/Yr)	Street Address	City/Township	State	Zip
PREVIOUS EMPLOYMENT. LIST EVERY BUSINESS OR OCCUPATION THAT YOU HAVE WORKED DURING THE PREVIOUS TEN (10) YEARS (Attach an additional sheet if you run out of room)				
Company Name	Your Occupation		Employment Dates - From (Mo/Yr) – To (Mo/Yr)	
Address	City	State	Phone Number	
Company Name	Your Occupation		Employment Dates - From (Mo/Yr) – To (Mo/Yr)	
Address	City	State	Phone Number	
Company Name	Your Occupation		Employment Dates - From (Mo/Yr) – To (Mo/Yr)	
Address	City	State	Phone Number	
Company Name	Your Occupation		Employment Dates - From (Mo/Yr) – To (Mo/Yr)	
Address	City	State	Phone Number	
Company Name	Your Occupation		Employment Dates - From (Mo/Yr) – To (Mo/Yr)	
Address	City	State	Phone Number	
<p align="center">For Office Use Only</p> <p align="center">Massage \$150 Investigation Fee – Code 100-50-510-5100-4100.600</p> <p align="center">Massage \$75 License Fee – Code 100-20-211-21100-4100.900</p>				

Additional Sheet (if needed)

PREVIOUS EMPLOYMENT. LIST EVERY BUSINESS OR OCCUPATION THAT YOU HAVE WORKED DURING THE PREVIOUS TEN (10) YEARS (Attach an additional sheet if you run out of room)			
Company Name	Your Occupation	Employment Dates - From (Mo/Yr) – To (Mo/Yr)	
Address	City	State	Phone Number
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Company Name	Your Occupation	Employment Dates - From (Mo/Yr) – To (Mo/Yr)	
Address	City	State	Phone Number

BUSINESS INFORMATION (where you intend to practice massage in Plymouth) If this is a home operated business, you must obtain an Interim Home Occupation License from the Planning Department.					
Business Name				Contact Person	
Business Address				Business Phone	
MASSAGE THERAPY EXPERIENCE AND TRAINING					
School Name		Degree Received		Date Degree Received	
Address	City	State	Zip	School Phone	
School Name		Degree Received		Date Degree Received	
Address	City	State	Zip	School Phone	
Describe your training and experience related to massage therapy.					
Are you a U.S. citizen or legally permitted to be in the U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO <ul style="list-style-type: none"> If yes, but birthplace was not in the U.S., please provide a Certificate of Naturalization, Certificate of Citizenship, or current U.S. Passport. If no, provide immigration/employment status. 					
Are you a resident of the State of Minnesota? <input type="checkbox"/> YES <input type="checkbox"/> NO <ul style="list-style-type: none"> If yes, how long have you been a continuous resident of Minnesota? If no, where do you currently reside? 					
Have you ever owned a massage therapy business in other communities? <input type="checkbox"/> YES <input type="checkbox"/> NO <ul style="list-style-type: none"> If yes, provide a list those communities: 					
Have you ever been licensed as a massage therapist in other communities? <input type="checkbox"/> YES <input type="checkbox"/> NO <ul style="list-style-type: none"> If yes, provide a list those communities: 					
Have you ever had a massage license revoked, denied, or suspended? <input type="checkbox"/> YES <input type="checkbox"/> NO <ul style="list-style-type: none"> If yes, provide date and explanation: 					
Have you ever been convicted of any felony, gross misdemeanor, misdemeanor, or violation of any ordinance? <input type="checkbox"/> YES <input type="checkbox"/> NO <ul style="list-style-type: none"> If yes, provide date, place and offense(s): 					
LIST TWO (2) PERSONS WHO ARE RESIDENTS OF THE STATE OF MINNESOTA, NOT RELATED TO YOU AND HAVE NO FINANCIAL INTEREST IN YOUR BUSINESS					
First Name		Last Name		Home Phone	
Home Address		City		State	Zip
First Name		Last Name		Home Phone	
Home Address		City		State	Zip
<i>I hereby swear that the statements herein are true to the best of my knowledge and belief. I have read and understand all laws and ordinances pertaining to the license for which I am applying. I agree to notify the City of any change in residence address, or a change in address of where massage therapy is practiced, 30 days prior to such change.</i>					
Signature of Applicant				Date	



**MASSAGE THERAPIST
DEPARTMENT OF PUBLIC SAFETY**

BACKGROUND INVESTIGATION CONSENT RELEASE

City of Plymouth • 3400 Plymouth Boulevard, Plymouth, MN 55447 • 763-509-5000

As a license applicant, I hereby give my consent for a personal background investigation, to include a criminal history check, to be used in the determination of whether my application is to be approved. The results of such investigation shall be made public pursuant to appropriate City Council approval or denial of the license application. I understand that I am under no legal obligation to consent to such investigation, but that my refusal to so consent may be the basis for denying my application.

Type of License **MASSAGE THERAPY LICENSE**

First Name	Full Middle	Last Name
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Maiden Name(s) (if applicable)	Date of Birth	Place of Birth
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Home Address	City	State	Zip	Phone
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Driver's License Number	Social Security Number
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Physical Attributes	Sex	Race	Height	Weight	Eye Color	Hair Color
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Have you ever been known by any other names not mentioned above? ☐ YES ☐ NO

- If yes, please list:

Have you ever been convicted of any felony, gross misdemeanor, misdemeanor, or violation of any ordinance? YES NO

- If yes, provide date, place and offense:

Have you ever been convicted of any crime relating to this type of license? ☐ YES ☐ NO

- If yes, provide date, place and offense:

TENNESSEN WARNING: In connection with your request for a license, the City has asked that you provide information about yourself which may be classified as private, confidential, nonpublic, or protected nonpublic under the Minnesota Government Data Practices Act. This means that this data is not ordinarily available to the general public. Accordingly, the City is required to inform you of the following:

1. The purpose and intended use of the information requested is to determine if you are eligible for a license from the City of Plymouth.
2. You are not legally obligated to supply the requested information.
3. The known consequences of supplying the requested information is that the information or further investigation could disclose information which could cause your application to be denied.
4. The known consequences of refusing to supply the requested information is that your request for a license cannot be processed.
5. A criminal charge, arrest, or conviction will not necessarily bar you from obtaining a license with the City, unless the conviction is related to the matter for which the license is sought, according to Minnesota Statute 364.03. However, failure to reveal the requested criminal information will be considered falsification of the application and may be used as grounds for the denial of the application.
6. Other governmental agencies necessary to process your application are authorized by law to receive the information provided.
7. The City is required by law to furnish some of this information to the Department of Labor and Industry and the Minnesota Commissioner of Revenue.

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

Signature

Date

These statements are true, correct and are made with the knowledge that this information may be made public. False disclosures are subject to perjury proceedings and forfeiture of the license application.