

**CITY OF RAMSEY  
APPLICATION FOR  
2020 THERAPEUTIC MASSAGE THERAPIST LICENSE**

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

Application is hereby submitted for a Therapeutic Massage Therapist license within the City of Ramsey, in accordance with the Ordinances of said city regulating the same. License application must be submitted a minimum of 30 days prior to date needed. Business licenses are issued upon approval by City Council. Refer to City Code [Chapter 26 Article XVIII](#) for ordinance details. Incomplete applications will not be accepted.

Enclose with this completed, notarized application:

- License fee of \$50
- Background check fee of \$35
- A completed and signed “background check authorization” form and color copy of driver’s license
- Certified copy of Therapeutic Massage Training certificate or transcript from a U.S. accredited school

1. Applicant’s **Full** Name: \_\_\_\_\_

Last First Middle Name

2. Applicant’s Phone Number(s): ( ) \_\_\_\_\_ ( ) \_\_\_\_\_

Cell Home

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

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

5. Applicant’s Date of Birth: \_\_\_\_\_

6. Applicant’s Place of Birth: \_\_\_\_\_

7. Applicant’s Social Security #/Tax ID: \_\_\_\_\_

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

\_\_\_\_\_ Residential Home – Provide address: \_\_\_\_\_

\_\_\_\_\_ Business – Provide address: \_\_\_\_\_

9. Number of years of experience as a Massage Therapist: \_\_\_\_\_

10. Name and Address of any training institutions attended (include dates of attendance):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Previous employment as a Massage Therapist (list names, addresses & dates):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Other communities where applicant is/has been licensed or has applied to be licensed & status:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. Has applicant previously been denied a license to perform massage services, or had a license revoked or suspended? Yes: \_\_\_\_ No: \_\_\_\_

If Yes, list date & location of such denial, revocation, or suspension.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. Describe the services you will be providing, including specific techniques and equipment you will be using.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. Applicant's Position with Company: \_\_\_\_\_

16. Has applicant been convicted of a crime (other than a traffic violation) within the last five (5) years?

Yes: \_\_\_\_ No: \_\_\_\_ If Yes, list offense(s) with dates & locations:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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: \_\_\_\_\_

Subscribed and sworn to before me, a notary public, on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
**NOTARY PUBLIC**

My Commission expires: \_\_\_\_\_

Return completed application and requested information along with the fee to:

**City of Ramsey**  
**Attn: Business Licenses**  
**7550 Sunwood Drive NW**  
**Ramsey, MN 55303**

*Make check or money order payable to "City of Ramsey". VISA, MasterCard, Discover accepted.*

**This license will expire on December 31, 2020**

**Findings by Ramsey Police Department:**

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**CITY OF RAMSEY**

**TENNESSEN WARNING**

In connection with your request for a license, the City of Ramsey has asked that you provide information about yourself which is classified as either *private or confidential* by the Minnesota Government Data Practices Act (M.S.A. 13.04). Accordingly, the City is required to inform you of the following:

1. The private or confidential information requested includes, but may not necessarily be limited to, the following: *Your social security number or Minnesota business identification number.*
2. The purpose and intended use of the information requested is: *To comply with Minnesota Statutes, Section 270.72.*
3. You are required to supply the requested information.
4. The known consequences of supplying the requested information are as follows: *Loss or denial of the requested license if you owe the State of Minnesota delinquent taxes, penalties or interest.*
5. The known consequences of refusing to supply the requested information is: *Your request for a license cannot be processed.*
6. The following persons and entities are authorized by law to receive the information if provided: *State of Minnesota - Department of Revenue and other government agencies as provided by law.*

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Print Name

Form SP:C1  
LICENSE APPLICANT:

Pursuant to Minnesota Statute 270.72 Tax Clearance; Issuance of Licenses, the licensing authority is required to provide to the Minnesota Commissioner of Revenue your Minnesota business tax identification number and the Social Security Number of each license applicant.

Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we are required to advise you of the following regarding the use of this information:

1. This information may be used to deny the issuance, renewal, or transfer of your license in the event you owe the Minnesota Department of Revenue delinquent taxes, penalties, or interest.
2. Upon receiving this information, the licensing authority will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Agreement the Department of Revenue may supply this information to the Internal Revenue Service.
3. Failure to supply this information may jeopardize or delay the processing of your licensing issuance or renewal application.

Please supply the following information and return along with your application to the agency issuing the license.

**DO NOT RETURN TO THE DEPARTMENT OF REVENUE.**

License being applied for or renewed: Therapeutic Massage Therapist

Licensing Authority: City of Ramsey

License Renewal Date: \_\_\_\_\_

**1. PERSONAL INFORMATION** (if applicable):

Applicant's Name: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

\_\_\_\_\_

City	State	ZIP
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**2. BUSINESS INFORMATION** (Local store information):

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

\_\_\_\_\_

City	State	ZIP
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Local Store Contact: \_\_\_\_\_

Name (Owner/Manager) Phone No.

Minnesota Tax Identification No.: \_\_\_\_\_

(If a MN Tax ID number is not required, please explain on the reverse side)

Federal Tax Identification No.: \_\_\_\_\_

**3. CORPORATION INFORMATION** (if applicable)

Corporation Name: \_\_\_\_\_

Corporation Address: \_\_\_\_\_

\_\_\_\_\_

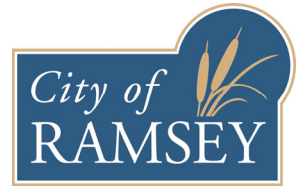
City	State	ZIP
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Corporation Contact: \_\_\_\_\_

Name Phone No.

\_\_\_\_\_

Signature	Position (Officer, Partner, etc.)	Date
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**CITY OF RAMSEY  
REQUEST FOR BACKGROUND CHECK INFORMATION**

**DATA PRIVACY ADVISORY:** The data supplied on this form 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. 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.

**INFORMATION TO BE USED FOR BUSINESS LICENSE PROCESSING ONLY**

**Ramsey Police Department Records Division**

*Please Print – All Fields Must Be Completed (Enter “N/A” if not applicable)*

Type of License Applied For: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

**Applicant Information:**

Driver's license, State ID, or Military ID Number (*attach copy*): \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
*First Middle Last*

Phone(*daytime*): \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street City State Zip Code*

Other Names Used (*in past 5 years*): \_\_\_\_\_

Other Addresses (*in past 5 years*): \_\_\_\_\_  
(Attach separate sheet if necessary)

I, the undersigned, do hereby authorize the RAMSEY POLICE DEPARTMENT to disclose all criminal history record information for the purpose of licensing with the City of Ramsey. This authorization shall be valid for one year from the date of my signature.

\_\_\_\_\_  
*Applicant Signature*

\_\_\_\_\_  
*Date*

**FOR OFFICE USE ONLY**

Checks: Criminal History  Local Police Records

Comments: \_\_\_\_\_  
\_\_\_\_\_

Application Processed by: \_\_\_\_\_ Date: \_\_\_\_\_