



City of White Bear Lake  
4701 Highway 61  
White Bear Lake, MN 55110

City Clerk  
[clerk@whitebearlake.org](mailto:clerk@whitebearlake.org)  
(651) 429-8508

### Massage Therapist License Application

It is unlawful for any person to perform as a massage therapist in the City of White Bear Lake without having first secured a license as provided in Chapter 1127 of the Municipal Code. Licenses are valid through March 31.

**Instructions:** Return completed application with requested copies of supporting documentation and payment.

- Attach verification of one of the following:
  - A. Current certification from National Certification Board for Therapeutic Massage and Bodywork; or
  - B. Membership with one of the following accredited professional associations:
    - a. American Massage Therapy Association (AMTA), or:
    - b. Associated Bodywork and Massage Professionals (ABMP)
  - C. Certification of graduation from an accredited institution, which is either registered with the MN Higher Education Office, or recognized by AMTA or ABMP.
- Attach proof of professional liability insurance with coverage of up to \$1,000,000 per occurrence.
- Attach applicable application fee as provided in Fee Schedule; checks made payable to the City of White Bear Lake.

1. Full Legal Name (Please print) \_\_\_\_\_

2. Have you ever used or been known by any name other than your full legal name?

- No
- Yes, list each name along with dates and places where used: \_\_\_\_\_  
\_\_\_\_\_

3. Home Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

4. Daytime Phone \_\_\_\_\_ 5. E-mail \_\_\_\_\_

6. Have you ever worked at a massage therapy establishment, been licensed as a massage therapist or practiced massage professionally?

- No
- Yes, list the past five years below. If you were licensed, include your license status (active, suspended, revoked, not renewed). Attach additional form(s) if needed.

Name of business	Address of business	Status of License
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. If suspended/revoked license listed above, provide the reason: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Licensed Massage Therapy Establishment at which you expect to practice:

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Name of business

Address of business

**Background Check Authorization and Consent for Release of Consumer Credit Information**

Unless otherwise indicated, the data in this application will be used to approve your license or permit. Upon approval of the license or permit, the information contained in this application shall be deemed public unless classified as private by state law. Private data is available to you and the City or State who need this information to perform their duties, but is not available to the public. You are not legally required to provide this data, but the City may not be able to approve your license or permit if you do not provide it.

By signing below, you are acknowledging having received a copy of White Bear Lake Municipal Code 1127: "Massage Therapist/Massage Therapist Businesses" and have familiarized yourself with the provisions. You may sign up for "Notify Me" on the City's website at [www.whitebearlake.org](http://www.whitebearlake.org) to receive email notifications anytime the City posts a Public Notice. Public Notices may contain information relating to Ordinance revisions or updates, which could potentially modify business license fees and requirements.

Minnesota Statute section 270C, subd. 4 requires all licensing authorities to require applicants to provide their social security number or individual taxpayer identification number and Minnesota business identification number as applicable and to provide that information to the Minnesota Department of Revenue upon request. Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, the City is required to advise you of the following regarding the use of the information requested herein.

1. This information may be used to deny the issuance or renewal of your license in the event you owe Minnesota sales tax, employer's withholding or motor vehicle excise taxes;
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 Minnesota Department of Revenue may supply this information to the Internal Revenue Service; and
3. Failure to supply this information may jeopardize or delay processing of your license or renewal.

I declare that the information I have provided on this application is truthful and I understand that falsification of answers or failure to provide the required data may result in denial of the application. I authorize the City of White Bear Lake to investigate and make whatever inquiries necessary to verify accuracy of the information provided. Please note that background checks may take up to 30 days to complete.

**By signing below, applicant agrees to this background check authorization above and authorizes the White Bear Lake Police Department to request a copy of your consumer credit report for purpose of conducting a license background investigation.**

Applicant's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Attach copy of driver's license. # \_\_\_\_\_ State \_\_\_\_\_

If applicant has no driver's license, attach copy of government issued identification.