

MASSAGE THERAPY LICENSE APPLICATION

January 1, _____ to December 31, _____

Business Name		Street Address	
Mailing Address		Business Phone	
Applicant Name		Applicant DOB	
Home Phone			

Please provide the following documentation with your application.

- A medical certificate from a physician duly licensed to practice medicine in the State of Minnesota stating the applicant has no communicable disease.
- A diploma or certificate, of graduation from a school approved by the American Massage Therapist Association or similar reputable massage association; or;
- A diploma or certificate, of graduation from a school which is either accredited by a recognized education accrediting association or agency, or a licensed by the State or local government agency having jurisdiction over the school.
- Proof of a minimum of 100 hours successfully completed course work in the following areas:
 - a. The theory and practice of massage, including, but not limited to, Swedish, Esalen, Shiatsu, and or Foot Reflexology techniques; and,
 - b. Anatomy, including, but not limited to, skeletal and muscular structure and organ replacement; and,
 - c. Hygiene.

\$200.00 annual application fee

By signing below, you are authorizing the City of St. Francis to verify any criminal or court records.

Signature

Date

For City Use Only

Date application received: _____

All required documents received: YES NO

Receipt #: _____

License #: _____

Date of Council approval: _____