



CITY OF DULUTH  
 CITY CLERK'S OFFICE  
 318 City Hall  
 411 West First Street  
 Duluth, Minnesota 55802  
[www.duluthmn.gov](http://www.duluthmn.gov)  
 Phone: (218) 730-5500

For Office Use Only
Date: _____
License No. _____

## MESSAGE THERAPIST LICENSE APPLICATION

**GOVERNMENT DATA PRACTICES ACT - CLASSIFICATION WARNING:** The data you supply on this form will be used to process the license you are applying for. You are not legally required to provide this data, but we will not be able to process the license without it. Some of the data will be classified as public data if and when the license is granted. Private financial information including a social security number are classified as private data and will be available to governmental personnel and other governmental agencies whose access is necessary to perform their official duties.

**MESSAGE THERAPIST LICENSE**

**APPLICANT MUST FILE IN PERSON IN THE  
 CITY CLERK'S OFFICE .**

LICENSE FEE:	\$67.00
INVESTIGATION FEE:	\$36.00
<b>TOTAL DUE:</b>	<b>\$103.00</b>

**LICENSEE LEGAL NAME AND ADDRESS**

\_\_\_\_\_

D.O.B. \_\_\_\_\_

**PREVIOUS LEGAL NAME AND/OR ALIAS:**

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

EMAIL: \_\_\_\_\_

PHONE: \_\_\_\_\_

**PRIMARY BUSINESS ADDRESS:**

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

—  
**LICENSEE HEREBY SWEARS AND ATTESTS THAT ALL INFORMATION PROVIDED IN THIS LICENSE APPLICATION IS TRUE AND CORRECT TO THE BEST OF THEIR KNOWLEDGE AND THAT LICENSEE SHALL COMPLY WITH ALL PROVISIONS GOVERNING THEIR OPERATION UNDER A MESSAGE THERAPIST LICENSE AS SET FORTH IN CHAPTER 14 OF THE DULUTH CITY CODE, ALONG WITH ALL OTHER APPLICABLE PROVISIONS OF LOCAL, STATE OR FEDERAL LAW, AS MAY BE AMENDED.**

BY: \_\_\_\_\_  
**LICENSEE**

STATE OF \_\_\_\_\_ ]  
 ] ss:  
 COUNTY OF \_\_\_\_\_

On this \_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, before me, a Notary Public within and for said County and State, personally appeared \_\_\_\_\_, to me known to be the person named in and who executed the foregoing instrument, and acknowledged that they executed said instrument as their free act and deed, for the uses and purposes therein expressed.

\_\_\_\_\_  
 NOTARY PUBLIC  
 My Commission Expires \_\_\_\_\_

## MASSAGE THERAPIST APPLICATION CHECKLIST

Below is a list of all documents and items required by the City of Duluth to obtain an individual Massage Therapist License pursuant to Duluth City Code Chapter 14. Please ensure that you have completed all items listed below. Any missing documents will delay the processing of your application.

All massage licenses require a background investigation be conducted by the City of Duluth Police Department. Please allow a minimum of two to three weeks to process a new license application.

**LICENSE PAYMENT (ANNUAL LICENSE FEE + INVESTIGATION FEE).** Every question **must** be completed and the fee **must** be paid or the application will not be accepted.

**PROOF OF RESIDENCY AND AGE.** Applicant must be eighteen (18) years of age or older. Provide a color photocopy of applicant's valid Minnesota Driver's License or Minnesota ID (front and back), Passport, or any other government-issued ID evidencing applicant's age and residency.

**TAX IDENTIFICATION FORM PURSUANT TO MINN STAT. § 270C.72, SUBD. 3, AS MAY BE AMENDED**

**MASSAGE ESTABLISHMENT AFFILIATION FORM.** The full name and address of each massage establishment located within the city at which the licensee will perform massage.

**PROOF OF ACCREDITATION.**  
**CERTIFIED Official Transcript** showing a minimum of 500 hours or certified therapeutic massage training with content that includes the subject of anatomy, physiology, hygiene, ethics, massage theory and research, and massage practice from either:

1) An **Accredited Institution**, an Accredited Institution is an educational institution holding accredited status with the United States Department of Education or Minnesota Office of Higher Education;

**OR,**

2) An **Accredited Program**, proof from an educational institution showing a professional massage program is or was accredited by the Commission on Massage Therapy Accreditation (COMTA) at the time of attendance and proof of attendance.

**Note: Transcript must be sent directly from the Institution to the City Clerk's Office. Copies will not be accepted.**

**APPLICANT AFFIDAVIT INCLUDING ATTESTATION OF CITIZENSHIP/RESIDENCY.** Must be signed and notarized.

**BACKGROUND INVESTIGATION.**  
Applications must include results of a Minnesota Public Criminal History Record search from the Minnesota Bureau of Criminal Apprehension (screenshots are acceptable). Criminal history record searches can be completed online with no fee at: <https://dps.mn.gov/divisions/bca/Pages/criminal-history-search.aspx>

## MN STATUTE 270C.72 TAX IDENTIFICATION FORM

**PURSUANT TO Minnesota Statute 270C.72, Tax Clearance Required:** The licensing authority is required to provide the Minnesota Commissioner of Revenue the business tax identification number and social security number of each 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.**

License applied for or renewed: \_\_\_\_\_

Licensing authority: City of Duluth, St. Louis County, Minnesota

License renewal date: \_\_\_\_\_

### **Personal Information (if applicable)**

Applicants Name: \_\_\_\_\_

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

Social Security Number: \_\_\_\_\_

### **Business Information (if applicable)**

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

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

MN Tax Identification Number: \_\_\_\_\_

Federal Tax Identification Number: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_





7. Have you ever been the subject of an investigation, public or private, criminal or non-criminal, regarding massage therapy? Yes No .

8. I attest, that I am (check one of the following boxes):

1. A citizen of the United States.
2. A noncitizen national of the United States.
3. A lawful permanent resident.
4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): \_\_\_\_\_

**LICENSEE HEREBY SWEARS AND ATTESTS THAT ALL INFORMATION PROVIDED ON THIS AFFIDAVIT IS TRUE AND CORRECT TO THE BEST OF THEIR KNOWLEDGE AND THAT LICENSEE SHALL COMPLY WITH ALL PROVISIONS GOVERNING ITS OPERATION UNDER THE MASSAGE THERAPIST LICENSE AS SET FORTH IN CHAPTER 14 OF THE DULUTH CITY CODE, ALONG WITH ALL OTHER APPLICABLE PROVISIONS OF LOCAL, STATE OR FEDERAL LAW, AS MAY BE AMENDED.**

BY: \_\_\_\_\_  
LICENSEE

STATE OF \_\_\_\_\_ ]  
] ss:  
COUNTY OF \_\_\_\_\_

On this \_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, before me, a Notary Public within and for said County and State, personally appeared \_\_\_\_\_, to me known to be the person named in and who executed the foregoing instrument, and acknowledged that they executed said instrument as their free act and deed, for the uses and purposes therein expressed.

\_\_\_\_\_  
NOTARY PUBLIC  
My Commission Expires \_\_\_\_\_