

CITY OF BELLE PLAINE, MINNESOTA
218 NORTH MERIDIAN STREET/P.O. BOX 129, BELLE PLAINE, MN 56011
PHONE 952-873-5553 FAX 95-873-5509
MASSAGE THERAPY/THERAPIST APPLICATION

1. Applicant's Legal Name _____
2. Date of Birth _____ Any name other than legal name _____
3. Driver's License No. _____ Social Security No. _____
4. Name of Business _____ Phone No. _____
5. Address of Business Location _____
6. The type, name, and location of every business or occupation that you have engaged in during the preceding five years _____

7. The names and addresses of employers and partners, if any, for the preceding five years

8. List any crimes that you or your partners have been convicted of, including details.

9. Training/Educational Information - Name and Address of Training Institution

a. Dates of Attendance _____ Date of Graduation _____

Please Attach a Copy of Graduation Certification

10. Are you licensed to operate as a massage therapist in any other city? If yes, list name of city.

11. Have you ever been denied a business license or had such license revoked? If so, give details.

The applicant agrees that the information provided above is accurate and agrees to give consent to the Belle Plaine Police Department to do a background check:

Signature

Date

For Office Use Only

Amount of Fee _____ Fee Paid _____ Date _____ Receipt # _____

_____ Approved _____ Denied

City Authorized Signature

Date