



City Clerk's Office  
 221 East Clark Street  
 Albert Lea, MN 56007-2496  
 Telephone: 507-377-4335  
 dmaras@ci.albertlea.mn.us

**LICENSE APPLICATION**  
*Massage Therapist*  
 Fee: \$100.00

*Please Type or Print Legibly*

**Applicant:**

Full Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ City, State, Zip Code: \_\_\_\_\_  
 Home Telephone Number (Daytime): \_\_\_\_\_

**Business:**

Business Name: \_\_\_\_\_  
 Business Address: \_\_\_\_\_ City, State, Zip Code: \_\_\_\_\_  
 Business Telephone Number (Daytime): \_\_\_\_\_  
 Tax ID: \_\_\_\_\_

**Questions:**

1) Including your present business/employment, please list the businesses you have worked for during the past five years:

<u>Employer</u>	<u>Address</u>	<u>City, State, Zip Code</u>

2) Number of Tables: \_\_\_\_\_  
 3) Please list your experience as a masseur or masseuse: \_\_\_\_\_ years \_\_\_\_\_ months  
 4) Have you ever been convicted, fined, imprisoned, or placed on probation for violation of any law excluding a traffic or parking violation? \_\_\_\_\_  
 a. If 'Yes', please list the dates of convictions, where, and the sentence imposed: \_\_\_\_\_  
 \_\_\_\_\_

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State of Minnesota)  
 County of Freeborn) ss  
 City of Albert Lea)  
 THE UNDERSIGNED HEREBY AGREES TO COMPLY WITH THE LAWS OF THE STATE OF MINNESOTA AND THE ALBERT LEA CITY CODE AS THEY RELATE TO THE LICENSING AND OPERATION OF LICENSES BEING APPLIED FOR. I UNDERSTAND THAT FALSIFICATION OF ANY PART OF THIS APPLICATION IS CAUSE FOR DENIAL OR REVOCATION.

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

**Office Use**

Date Received: \_\_\_\_\_ Check #/Cash/CC: \_\_\_\_\_ Processor Initials: \_\_\_\_\_  
 Council Approval Date: \_\_\_\_\_ Fee Received: \_\_\_\_\_ for \_\_\_\_\_