



Name & Tax ID #	Address/City/State	Dates of Operation

List the reasons for ending operations of any previously owned or operated massage therapy centers:

\_\_\_\_\_

\_\_\_\_\_

Has the applicant or manager/operator ever personally provided massage therapy services?

Yes\_\_\_ No\_\_\_

Does the applicant or manager/operator intend to provide massage therapy services at the Massage Therapy Center listed above?

Yes\_\_\_ No\_\_\_

Has the applicant or manager/operator ever been licensed as a massage therapist in another municipality? Yes\_\_\_ No\_\_\_

What city or cities: \_\_\_\_\_

What year(s): \_\_\_\_\_

Has the applicant or manager/operator ever had a license denied, revoked or suspended?

Yes\_\_\_ No\_\_\_ **If yes:**

Where? \_\_\_\_\_ When? \_\_\_\_\_

Type of license \_\_\_\_\_

Reason for denial, suspension or revocation \_\_\_\_\_

\_\_\_\_\_

Has the applicant or manager/operator ever been convicted of any felony, crime, or violation of any city ordinance other than traffic related? Yes\_\_\_ No\_\_\_ **If yes:**

Date of arrest \_\_\_\_\_ Municipality of arrest \_\_\_\_\_

Charge \_\_\_\_\_

Date of conviction \_\_\_\_\_ Sentence received \_\_\_\_\_

Has the applicant or manager/operator ever been committed for one of the following?

Psychological problems\_\_\_\_\_ Inebriation\_\_\_\_\_ Drug Use\_\_\_\_\_ Alcohol Use\_\_\_\_\_

Other: \_\_\_\_\_

List name, address and telephone number of two persons who are residents of Dakota County who can attest to the character of the applicant and the manager/operator:

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

Telephone No. \_\_\_\_\_ Telephone No. \_\_\_\_\_

Please provide the applicant's principal address for the last 10 years:

Street City, State Zip

Street City, State Zip

Street City, State Zip

Please provide the manager/operator's principal address for the last 10 years:

Street City, State Zip

Street City, State Zip

Street City, State Zip

Please carefully read the following. By signing below, you agree to and are bound by each item.

- I have received from the City of Lakeville a copy of the Therapeutic Massage Center Ordinance and will familiarize myself with its provisions.
- I understand that a criminal conviction will not bar me from obtaining a license unless the conviction is directly related to the occupation for which the license is sought and there is no showing of sufficient rehabilitation and present fitness to perform the duties of the occupation. I understand that failure to reveal a criminal conviction is falsification of the application and constitutes grounds for denial of the license.

- The information I have provided on this application is truthful. I authorize the City of Lakeville to investigate the information and contact persons/organizations named on this application.

Signature of Applicant \_\_\_\_\_

Subscribed and sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Notary Public \_\_\_\_\_

**All licenses expire on December 31.**

**Submit the following items along with this application:** *(These items will not be returned to the applicant)*

1. A copy of your photo ID
2. Documentation of any name change, if applicable
3. A list of the massage therapists that will be working at this location (please include their home address)
4. Documentation establishing your interest in the premises on which the business will be located, i.e. lease, deed, contract for deed, etc.
5. License fee \$150/Investigation fee \$150 (**\$300 Total**)

*Return completed application, along with attachments, to the City Clerk's office at City Hall, 20195 Holyoke Avenue, between the hours of 8:00 a.m. and 4:30 p.m., Monday through Friday. Phone 952-985-4404*



