

11. **Name and address** of the licensed Massage Therapy Establishment at which you expect to be employed:

12. Have you held any previous massage therapist licenses in the past five years? If yes, in which city(s) were you licensed?

Yes _____ No

NOTE: Failure to disclose previous licenses will result in an automatic denial of your application.

13. If you answered Yes to number 12 above, were any previous massage therapist licenses revoked, suspended or not renewed? **If yes, explain in detail on the back of this page.**

Yes No N/A

NOTE: Failure to disclose previous revocations, suspensions, or non-renewals will result in an automatic denial of your application

The information that you are asked to provide on the application is classified by State law as either public, private or confidential. All data, with the exception of driver's license numbers and social security numbers, will constitute public record if and when the license is granted. Our intended use of the information is to perform the background check procedures required prior to license issuance. If you refuse to supply the information, the license application may not be processed.

By signing below you certify that the above information is correct and authorize the City of Roseville Police Department to run your information for the required background checks. (**Note: Background checks and application review may take up to 30 days to complete**).

Signature _____

Date _____

Please print this form and mail or hand-deliver along with a certified copy of a diploma or certificate of graduation from a school of massage therapy including proof of a minimum of 600 hours in successfully completed course work as described in Roseville Ordinance 116, Massage Therapy Establishments.

**License Fee is \$100.00 (prorated quarterly)
Make checks payable to: City of Roseville**