



Administration Department, License Division
2660 Civic Center Drive, Roseville, MN 55113
(651) 792-7023

Massage Therapist License Application

☐ New License ☐ Renewal

Applicant must apply in person for an ID photo

For License year Ending June 30, 2026

This section to be completed by Establishment Owner or Manager:

Employee name _____ is currently employed as a Massage Therapist at:

Business name _____

Owner/Manager Printed name _____

Owner/Manager Signature _____ Date _____

Business Address _____

Business Phone _____

Email Address _____

To be completed by Applicant:

First Name _____ Last Name _____ Middle Name _____

Street address _____

City, State, ZIP _____

Phone Number _____ Email _____

MN or WI Driver's License Number _____

Other Identification _____

Social Security Number _____

Date of birth _____ Place of birth _____

Are you a U.S. citizen? ☐ Yes ☐ No

If yes, but birthplace was not in the U.S., please provide a Certificate of Naturalization, Certificate of Citizenship, or current passport. If no, present proof of immigration/ employment status.

Have you ever used or been known by a name or names other than the name given above? ☐ Yes ☐ No

If yes, list such name(s) and information concerning dates and places used:

What is your preferred language? _____

Have you held any previous massage therapist licenses in the past five years? If yes, in which city(s) were you licensed?
☐ Yes ☐ No

If you answered Yes to the question 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

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

Address(es) at which you have lived during the preceding five years:

Street	City	County	State	Zip
Street	City	County	State	Zip
Street	City	County	State	Zip
Street	City	County	State	Zip

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.

CONSENT TO BACKGROUND CHECK I hereby consent to and authorize the Roseville Police Department or other qualified service providers in conducting and completing criminal background checks to use the information I have provided to check criminal histories, arrest and driving records, and warrant information; and for the City to consider these records to determine my eligibility for a License. I understand that the information contained in the criminal background investigation is not public, except that it may be conveyed to other law enforcement or licensing agencies.

By signing below you certify that the above information is correct.

(**Note:** Background checks and application processing may take up to 30 days to complete).

Applicant Signature_____ Date_____

- *New applicants please attach the following items:**
- Proof of at least 600 hours of certified therapeutic massage training from an accredited institution approved by the issuing authority (Original transcript showing dates, name and address of the training institute.)
 - Copy of your MN or WI Driver’s License

Make checks payable to: City of Roseville, Payment due at the time of application:

Initial Background Check Fee	\$50.00
Annual License Fee	\$125.00
October-December	\$93.75
January-March	\$62.50
April-June	\$31.25