



**APPLICATION FOR MESSAGE THERAPIST CERTIFICATION/LICENSE
CITY OF CENTERVILLE**

_____ Date

MESSAGE LOCATION/ADDRESS _____

HOURS/DAYS OF OPERATION _____

NAME OF APPLICANT _____
(first) (middle) (last)

DATE OF BIRTH _____ HOME TELEPHONE #: _____

SCHOOL ATTENDED AND DEGREES RECEIVED: _____

LIST QUALIFICATIONS TO PRACTICE MESSAGE: _____

LIST THREE CHARACTER REFERENCES (INCLUDE ADDRESS AND BIRTH DATE): _____

HAS APPLICANT EVER BEEN CONVICTED OF A CRIME, OTHER THAN A TRAFFIC VIOLATION?

YES _____ NO _____

IF YES, PLEASE GIVE AN EXPLANATION ON A SEPARATE PIECE OF PAPER, INCLUDING TIME, PLACE AND NATURE OF SUCH CRIME OR OFFENSE AND DISPOSITION THEREOF.

THE APPLICANT SHALL PROVIDE THE FOLLOWING INFORMATION:

- A. EVIDENCE OF APPLICANT'S EDUCATION INCLUDING CONTINUING EDUCATION IF APPLICABLE.
- B. EVIDENCE OF APPLICANT'S QUALIFICATIONS AND CHARACTER REFERENCES.
- C. EVIDENCE IN THE FORM OF A CURRENT CERTIFICATE FROM A LICENSES PHYSICIAN PRACTICING IN MINNESOTA INDICATING THAT SAID MESSAGE THERAPIST WAS EXAMINED AND IS FREE OF ANY COMMUNICABLE DISEASE THAT WOULD DISQUALIFY THE APPLICANT FROM ENGAGING IN THE PRACTIC OF MESSAGE.

A RENEWAL CERTIFICATE WILL BE REQUIRED EACH CALENDAR YEAR, ALONG WITH A PHYSICAL EXAMINATION CERTIFICATE, COMPLETED APPLICATION AND RENEWAL FEE OF \$50. APPLICANTS WILL STRICTLY COMPLY WITH ALL REGULATIONS PROMULGATED BY THE CITY COUNCIL OF THE CITY OF CENTERVILLE AND ALL ORDINANCES OF SAID MUNICIPALITY.

I hereby certify that I have read the foregoing questions and that the answers to said questions are true of my own knowledge.

Signature of Applicant

Subscribed and sworn to before me
This _____ day of _____, 2006

Notary Public Signature

(Seal)

My Commission Expires _____