



MASSAGE PRACTITIONER LICENSE APPLICATION

THIS APPLICATION IS SUBJECT TO REVIEW BY THE PUBLIC

PLEASE TYPE OR PRINT IN INK

CITY OF SAINT PAUL

Department of Safety & Inspections
375 Jackson Street, Suite 220
Saint Paul, Minnesota 55101-1806
(651) 266-8989 Fax (651) 266-9124
Web: www.stpaul.gov/dsi

APPLICANT INFORMATION

Name and Title: _____
First Middle (Maiden) Last Title

Home Address: _____
Street (#, Name, Type, Direction) City State Zip+4

Mail to Address: _____
(if different than home address) Street (#, Name, Type, Direction) City State Zip+4

Primary Phone: () _____ Alternative Phone: () _____

Email Address: _____ Date of Birth: / /

Driver's License State/#: _____ Expiration Date: _____

Name of company and address or : _____
address you will be based from

APPLICATION REQUIREMENTS

- One of the following:
 - Proof of a valid Saint Paul Massage Practitioner License in the past 5 years.
 - Proof of the ability to have been licensed as a Massage Practitioner in the City of Saint Paul based the successful completion of national certification examination(s) in therapeutic massage and bodywork as previously stipulated in Saint Paul Ordinance.
 - Successful completion of postsecondary course of study that included 500 contact hours at an accredited or licensed school.
- Certificate of insurance with general liability of \$1,000,000, and professional liability of \$1,000,000. The City of Saint Paul must be listed as an additional insured, and 30 days notice of cancellation is required.
- Required fee

ORDINANCE REQUIREMENTS

To review all applicable license requirements, the CITY OF SAINT PAUL LEGISLATIVE CODE is available online at www.stpaul.gov and www.municode.com. Information on the license types is contained in the Chapters listed below, otherwise, you may contact the Department of Safety and Inspections to request more detail.

Chapter 414 - Therapeutic Massage Practitioners

Applicant Signature (REQUIRED)

Date

**Cost, payable at the time of application: \$97.00 (license fee for a period of one year).
Payment by cash, check payable to the "City of Saint Paul," or approved credit card will be accepted.**



MASSAGE PRACTITIONER LICENSE REQUIREMENT

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Section 414.03 of the Saint Paul Legislative Code requires that any person seeking a license to practice massage must complete the following:

- ✓ Complete Massage Practitioner Application
- ✓ Complete all Educational requirements
- ✓ Provide proof of insurance
- ✓ Pay license fee

You must complete the Massage Practitioner License Application. A background check will be initiated when the application is submitted to DSI. The background process can take from two to four (2 to 4) weeks to complete. A Minnesota Workers' Compensation Law form is required for this application. For this license only, omit numbers one (1) and two (2) on the Minnesota Workers' Compensation Law form.

You must provide one of the following 3 options to meet the education requirements:

- Proof a valid Saint Paul Massage Practitioner License in the past 5 years.
- Proof of the ability to have been licensed as a Massage Practitioner in the City of Saint Paul based the successful completion of national certification examination(s) in therapeutic massage and bodywork as previously stipulated in Saint Paul Ordinance.
- Proof of successful completion of postsecondary course of study that included 500 contact hours at an accredited or licensed school.

You must have proof of insurance (General liability \$1,000,000 & Professional liability \$1,000,000) executed by an insurance company authorized to do business in the state. The insurance policy shall include the City of Saint Paul as an Additional Insured and have a 30 day cancellation notice.

You must make a payment of ninety five dollars (\$97.00) to the City of Saint Paul for the license fee.

If you have questions regarding the Massage License process, contact Barbara McMonigal-St. Dennis at 651-266-9137 or Akbar Muhammad at 651-266-9139.



CITY OF SAINT PAUL

Department of Safety and Inspections

375 Jackson Street, Suite 220

Saint Paul, Minnesota 55101

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Personal Affidavit

Personal Information:

Full Name: (First) (Middle) (Last)
Previous Name(s): (Include maiden name, also known as (AKA's), "aliases".)
Current Address: (Number & Street) (City) (State) (Zip)
Home Phone: Cell Phone:
Date of Birth: (MM/DD/YYYY) Drivers License: State: License Number

Work History:

Table with 3 columns: Company, Title, Dates Employed. Rows for past 5 years.

Previous Addresses:

Table with 4 columns: (Number & Street), (City), (State), (Zip). Rows for past 5 years.

Criminal History:

Table with 3 columns: Date, State, Conviction(s). Rows for criminal history.

Ownership:

Ownership options: Sole Owner, Partner, Officer, Member (LLC Only), Other - Specify, General Partner, Director, Financier/Lender, Stockholder %.

FALSIFICATION OF ANSWERS GIVEN OR MATERIAL SUBMITTED WILL RESULT IN DENIAL OF APPLICATION

I hereby state that I have answered all of the preceding questions and that the information contained herein is true and correct to the best of my knowledge and belief.

CONSENT TO BACKGROUND CHECK

I hereby consent to and authorize the Saint Paul Police Department and the Department of Safety and Inspections (DSI) to use the information I have provided to check criminal histories, arrest and driving records, and warrant information; and for the Police Department to provide these records to DSI and its City Attorney to determine my eligibility for a Class N 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. This consent expires one year from the date below.

Applicant Signature: Date:

Subscribed and affirmed before me in the county of _____, State of _____

this _____ day of _____, 20_____

Notary Signature

Commission Expiration

Certificate of Compliance Minnesota Workers' Compensation Law

PRINT IN INK or TYPE.

Minnesota Statutes, Section 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business or engage in any activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minnesota Statutes, Chapter 176. The required workers' compensation insurance information is the name of the insurance company, the policy number, and the dates of coverage, or the permit to self-insure. If the required information is not provided or is falsely stated, it shall result in a \$2,000 penalty assessed against the applicant by the commissioner of the Department of Labor and Industry.

A valid workers' compensation policy must be kept in effect at all times by employers as required by law.

BUSINESS NAME (Individual name only if no company name used)	LICENSE OR PERMIT NO (if applicable)
DBA (doing business as name) (if applicable)	
BUSINESS ADDRESS (PO Box must include street address) CITY STATE ZIP CODE	

YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WITHOUT THE FOLLOWING INFORMATION. You must complete number 1, 2 or 3 below.

NUMBER 1 COMPLETE THIS PORTION IF YOU ARE INSURED:

INSURANCE COMPANY NAME (not the insurance agent)		
WORKERS' COMPENSATION INSURANCE POLICY NO.	EFFECTIVE DATE	EXPIRATION DATE

NUMBER 2 COMPLETE THIS PORTION IF SELF-INSURED:

I have attached a copy of the permit to self-insure.

NUMBER 3 COMPLETE THIS PORTION IF EXEMPT:

I am not required to have workers' compensation insurance coverage because:

I have no employees.

I have employees but they are not covered by the Workers' Compensation law. (See Minn. Stat. § 176.041 for a list of excluded employees.) Explain why your employees are not covered: _____

Other: _____

ALL APPLICANTS COMPLETE THIS PORTION:

I certify that the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify that I am authorized to sign on behalf of the business.

APPLICANT SIGNATURE (mandatory)	TITLE	DATE
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NOTE: If your Workers' Compensation policy is cancelled within the license or permit period, you must notify the agency who issued the license or permit by resubmitting this form.

This material can be made available in different forms, such as large print, Braille or on a tape. To request, call 1-800-342-5354 (DIAL-DLI) Voice or TDD (651) 297-4198.

MN LIC 04 (11/08)



ADDENDUM TO LICENSE APPLICATION

CONTAINS NONPUBLIC DATA

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Please Type or Print In Ink

Licensee's Name: _____

DBA: _____

Business Address: _____

Business Phone: _____ Preferred Phone: _____

TAX IDENTIFICATION NUMBER

Minnesota Statutes section 270C.72 requires licensing authorities to collect a tax identification number for each license applicant. You may provide one of the following three identification types: a Minnesota Tax Identification Number, a Federal Tax Identification Number (FEIN), or a Social Security Number (SSN).

This data will be provided to the Minnesota Department of Revenue for tax administration purposes and may be used to deny the issuance or renewal of your license in the event you owe Minnesota sales, employer's withholding or motor vehicle excise taxes. Refusal to provide a tax identification number will result in denial of your license application. Under the Federal Exchange of Information Agreement, the Department of Revenue may also supply this information to the Internal Revenue Service.

More information can be obtained from the Minnesota Department of Revenue at 651-296-6181 or www.revenue.state.mn.us.

Tax Identification Number: _____ Circle Type: MN Tax Id / FEIN / SSN

PAYMENT INFORMATION

You must pay all applicable fees before your license will be issued. You may pay by cash, check or credit card. Account information will be used to process your payment, either by the City or a third-party service provider. The City will not share nonpublic account information with other individuals or agencies unless required to do so by a court or other competent authority.

Form with signature line and credit card details table. Includes a note about a 2.49% service fee for credit/debit card transactions effective April 3, 2021.

CREDIT CARD PAYMENT

If you are paying for your permit by American Express, Discover, Mastercard or Visa you may fax your application. The credit card information section must be filled in and signed.

If paying online, applicants will also have the option to pay by e-check. There is no service fee for this payment type.

Our FAX number is 651-266-9124.

If paying by check, please mail the application and the check to us

ANY FALSIFICATIONS OF ANSWERS GIVEN OR MATERIAL SUBMITTED WILL RESULT IN DENIAL OF THIS APPLICATION

I have read and understand this document and provided complete, correct, and truthful information as requested.

Signature (REQUIRED for all applications)

Date