



SAINT PAUL
SAFETY & INSPECTIONS

Saint Paul, Minnesota 55101

Phone: 651-266-8989

Web: www.stpaul.gov/dsi

Massage Practitioner License Application

LICENSES ARE NOT TRANSFERRABLE

Payment must be received with each application. This application is subject to review by the public.

Applicant Information

Name and Title:

Home Address:

Mail to Address (if different from home address):

Primary Phone:

Alternative Phone:

Email Address:

Date of Birth:

Driver's License State/#:

Expiration Date:

Name and address of licensed Massage or Bodywork Center, licensed Home location, and/or supply storage facility from which you will be operating:

Application Requirements

You must submit proof of one (1) of the three (3) following education requirements options:

1. Valid massage practitioner license issued by the City of Saint Paul within the last five (5) years.
2. Successful completion of national certification examination(s) in therapeutic massage and bodywork per the city of Saint Paul Legislative Code.
3. Successful completion of postsecondary course of study that included five hundred (500) contact hours at an accredited or licensed school.

The following supporting documents and fees are required:

- Massage practitioner application
- Completion of Educational requirements
- Proof of insurance - 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 thirty (30) day cancellation notice.
- Acknowledgment form – applicant was given a copy of Section 414 of the City of Saint Paul Legislative Code
- License fee - \$106.00

Note: Additional licenses, permits, and/or inspections (not listed) may be required depending on your mode(s) of operation and location.

Background checks will be initiated shortly after the application has been received by DSI. Background checks may take up to two (2) to four (4) weeks to complete the process.

Applicant signature (required)

Date



Saint Paul, Minnesota 55101
Phone: 651-266-8989
Web: www.stpaul.gov/dsi

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:

Drivers License:

State:

License #

Work History:

(Past 5 years)

Company

Title

Dates Employed

Company

Title

Dates Employed

Company

Title

Dates Employed

Previous Addresses:

(Past 5 years)

(Number & Street)

(City)

(State)

(Zip)

(Number & Street)

(City)

(State)

(Zip)

(Number & Street)

(City)

(State)

(Zip)

Arrest History:

Date

State

Conviction(s)

Date

State

Conviction(s)

Ownership:

☐ Sole Owner

☐ Partner

☐ Officer

☐ Member (LLC Only)

☐ Other - Specify

(Check all that apply:)

☐ 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 _____



SAINT PAUL
SAFETY & INSPECTIONS

DEPARTMENT OF SAFETY & INSPECTIONS (DSI)
ANGIE WIESE, PE(MN), CBO, DIRECTOR

375 Jackson Street, Suite 220
Saint Paul, MN 55101-1806
Tel: 651-266-8989 | Fax: 651-266-9124
Visit our Web Site at: www.stpaul.gov/dsi

**ADDENDUM TO
LICENSE APPLICATION**

CONTAINS NON-PUBLIC DATA

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.

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: _____

Select 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, by the City and/or a third-party service provider.

If you are paying for your permit by *American Express, Discover, MasterCard or Visa*, please carefully fill in the form below, including your signature. You may fax your entire application to our office at: 651-266-9124.

If paying by check, please mail the application and payment to us at: 375 Jackson Street, Suite 220, St. Paul, MN 55101.

Zip Code:					Signature:												
<input type="checkbox"/> AMEX	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Discover	EXP (MM/YY)						Verification code (CVV2)							
Account Number:																	

Note: A 2.49% service fee will be charged for all credit/debit card transactions.