



**SAINT PAUL**  
SAFETY & INSPECTIONS

Saint Paul, Minnesota 55101  
**Phone:** 651-266-8989  
**Web:** [www.stpaul.gov/dsi](http://www.stpaul.gov/dsi)

## Class "R" License Application

### LICENSES ARE NOT TRANSFERRABLE

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

## Massage Practitioner License Application

### 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:

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 in which you operate. Please contact (651) 266-8989 for additional information.

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.

### 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.

Applicant Signature

Title

Date



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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:

#### 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](http://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](http://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.**