



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: \$95.00 (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.



ADDENDUM TO LICENSE APPLICATION

CONTAINS NONPUBLIC DATA

CITY OF SAINT PAUL
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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.

CREDIT CARD PAYMENT

Form with checkboxes for American Express, Discover, MasterCard, Visa, Expiration Month/Year, Security Code, and Enter Account Number.

Signature of Cardholder (required for all charges): _____

If paying by credit card, the above must be fully completed and signed then the entire application faxed to 651-266-9124.

If paying by check, make checks payable to the "City of St. Paul" and mail with the completed application.

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



MASSAGE PRACTITIONER LICENSE REQUIREMENT

CITY OF SAINT PAUL
Department of Safety & Inspections
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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 (\$95.00) 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 Barry Brown at 651-266-9143.



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:

(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)

Criminal History:

Date State Conviction(s)
Date State Conviction(s)

Ownership:

(Check all that apply:) 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 _____