



MASSAGE PRACTITIONER
TEMPORARY
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

Mail to Address: \_\_\_\_\_
Street (#, Name, Type, Direction) City State Zip+4

Primary Phone: ( ) Alternative Phone: ( )

Email Address: \_\_\_\_\_ Date of Birth: / /

Driver's License State #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Currently operating in (City & State): \_\_\_\_\_

Practitioner License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name and address of each company you will be practicing at: \_\_\_\_\_

OR

Name and address of each event you will be practicing at: \_\_\_\_\_

Requested date(s) of operation in Saint Paul: \_\_\_\_\_

APPLICATION REQUIREMENTS

- Currently licensed in another municipality, county or state with license provisions substantially similar to those required in Saint Paul.
Will be providing massage or bodywork services for a period of less than 15 days in a calendar year.
Certificate of insurance with general liability, professional liability, City of Saint Paul as an Additional Insured and a 30 day cancellation notice.
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: \$45.00 (temporary license fee).

Payment by cash, check payable to the "City of Saint Paul," or approved credit card will be accepted.



ADDENDUM TO LICENSE APPLICATION

CITY OF SAINT PAUL
Department of Safety & Inspections
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CONTAINS NONPUBLIC DATA

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, and fields for 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 \_\_\_\_\_

## 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 |
|---------------------------------|-------|------|

**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)



## **TEMPORARY MESSAGE PRACTITIONER LICENSE REQUIREMENTS**

**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](http://www.stpaul.gov/dsi)

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

- ✓ Provide proof of licensure in another municipality county or state
- ✓ Provide services for a period of less than 15 days in a calendar year
- ✓ Provide proof of insurance
- ✓ Pay license fee

You must complete the Temporary Massage Practitioner License Application. 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 show proof of a current massage practitioner license in another municipality, county or state with the license provisions substantially similar to those required in Saint Paul.

You will be providing massage or bodywork services for a period of less than 15 days in a calendar year. You must list all locations in which you will be practicing. Multiple applications may be submitted throughout the calendar year, dates requested must be consecutive for each application and total less than 15 days in the calendar year.

You must have proof of insurance (General liability & Professional liability) 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 forty five dollars (\$45.00) 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.