

**Applicant Information** 

#### Saint Paul, Minnesota 55101 **Phone**: 651-266-8989 Web: 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**

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.

#### 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 Informatio						
Previous Name(s):	(First)		(Middle)		(Last)	
		me, also known as (A	AKA's), "aliases".)			
Current Address:	(Number & Street)		(City)		(State)	(Zip)
Home Phone:			•	Cell Phone:		
Date of Birth:			Drive	ers License:	State: Licen:	se#
Work History:					States	
(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 (	II C Only)	☐ Other - Specify
(Check all that apply:)	☐ General Partner	☐ Director	☐ Financier/Lender	☐ Stockhold	•	
CONSENT TO BACKGR I hereby consent to and au provided to check criminal	OUND CHECK thorize the Saint Pa histories, arrest and ermine my eligibility	eding questions and aul Police Departm d driving records, a y for a Class N Lice	ent and the Department and warrant information, nse. I understand that t	t of Safety and and for the Po he information	Inspections (DSI) to olice Department to n contained in the cr	ne best of my knowledge and belief o use the information I have o provide these records to DSI riminal background investigation
Applicant Signature	:				Date:	
Subscribed and affire	med before me	in the county	of		, State of	
this	_ day of	, 2	0			
Notary Signature _ Commission Expira						



Account Number:

## 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 <b>Minnesota Tax Identification Number</b> , a <b>Federal Tax Identification Number</b> (FEIN), or a <b>Social Security Number (SSN)</b> .
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.
p Code: Signature:
☐ AMEX ☐ Visa ☐ MasterCard ☐ Discover EXP (MM/YY)