



SAINT PAUL
SAFETY & INSPECTIONS

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

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.

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:

(Check all that apply): Sole Owner Partner Officer Member (LLC Only) Other - Specify _____
 General Partner Director Financier/Lender Stockholder ____ % _____

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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 _____

