



**SAINT PAUL**  
SAFETY & INSPECTIONS

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

## Class "T" 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:

#### Application Requirements and supporting documents

1. Provide current licenses from other municipality, County or State with license provisions substantially similar to those required in Saint Paul.
2. Provide addresses and dates of massage or bodyworks services of fourteen (14) days or less in calendar year.
3. Provide certificate of insurance with general liability, professional liability, City of Saint Paul as an additional insured and a thirty (30) day cancellation notice.
4. License Application Fee

Are you currently licensed in Saint Paul?    Yes    No - If yes, Provide License #:

#### Name and locations of each company, home or events that you will be providing services:

- 1.
- 2.
- 3.
- 4.
- 5.

#### Requested dates of operations within Saint Paul:

**Note:** Additional licenses, permits, and/or inspections (not listed) may be required depending on your mode(s) of operation and location.

#### 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



**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.**