8301 Valley Creek Road • Woodbury, MN 55125-3330 • woodburymn.gov
651-714-3500 • TDD 651-714-3568 • FAX 651-714-3501

Thank you for your interest in obtaining a massage therapy business and/or therapist license from the City of Woodbury. Below are step by step instructions for completing the application. **All application materials must be received before your application will be processed.**

License Fees:

Massage Therapy Business License:

1. Application Fee	$100
2. Investigation Fee	$100

Once a business license has been approved, it is the owner's responsibility to contact the City Clerk with any changes in new owners, officers and/or on-site manager. All new owners, officers and on-site managers are required to complete a Part II application packet with the required documents. Fees for changes to massage therapy business license are:

Massage therapy business license changes:

1. Additional owner/new officer	$ 50
2. Change in on-site manager	$ 50
3. Amendment to license	$ 50

Note: In the case of a massage therapy business that is wholly owned and operated by the massage therapist, as defined in city code, and does not have any employee or contracted person other than the massage therapist licensed owner providing massage therapy services for or through the massage therapy business, the massage therapy business license fees shall not be required and only the massage therapist license fees shall be required.

Massage therapist license:

1. Application Fee	$50
2. Investigation Fee	$25

All applicants (on-site manager, agent for a massage therapy business, natural person signing the application, massage therapist) shall produce at the time of filing the business and/or therapist license application proof of identification (photo copies will be made and attached to the license application materials):

1. A valid driver's license or identification card issue by Minnesota, another state, or a province of Canada, and including the photograph and date of birth of the license;
2. A valid military identification card issued by the United States Department of Defense;
3. A valid passport issued by the United States; or
4. In the case of a foreign national, by a valid passport

The City Clerk and Woodbury Police Department will review the materials submitted and conduct a background investigation. You will be notified if additional information is needed.

If the City Clerk approves the license, the license will be mailed to your place of business. As required by City Code, the license of Massage Therapy Business and of every Massage Therapist employed thereby shall be displayed in an open and conspicuous place on the premises and shown to law enforcement officer upon request.

Note: If you need a notary public, there are several available at Woodbury City Hall. Business hours are Monday through Friday, 8:00 a.m. to 4:30 p.m.

Questions regarding Massage Therapy business and/or therapist licenses may be directed to Jennifer Torning, Administrative Technician II, at 651-414-3471 or email at jennifer.torning@woodburymn.gov

Massage Therapy Business License Application

Part I – General

If applicant is an individual, this application shall be completed by such person; if a corporation, by an officer; if a partnership, by one of the general partners; if an unincorporated association, by the manager or managing officer.

1. Type of applicant ☐ Individual ☐ Partnership ☐ Corporation ☐ Other Organization

2. Legal name of licensee (name of individual, partnership, corporation, or organization)

_____

3. Business name _____ Phone (_____) _____

Attach: *If business is to be operated under a name or designation other than name of the applicant, attach a certified copy of the certificate required by Minn. Stat. §§ 333.01 and 333.02.*

4. Business address _____ Woodbury MN _____
Street *City* *State* *Zip*

Attach: *If applicant does not own premises, attach copy of lease.*

5. Are any property taxes, special assessments, or other financial claims of the state, county, or City of Woodbury delinquent or unpaid for the premises to be licensed? ☐ Yes ☐ No *If yes, give years and unpaid amounts.*

_____

6. Mailing address (if different) _____
Street *City* *State* *Zip*

6.a.. Email Address:_____

7. MN Business Tax ID Number (*per Minn. Stat. § 270C.72*)_____ Applicant's Social Security Number _____

8. Has the applicant made an application for any massage therapy business license which was denied? ☐ **Yes** ☐ **No**
If yes, provide date, place and explanation.

_____

_____

9. Has the applicant had any massage therapy business license suspended or revoked within the last 10 years? ☐ **Yes** ☐ **No**
If yes, provide date, place, and explanation.

_____

_____

10. Has the applicant been convicted as an adult of any felony, gross misdemeanor, or misdemeanor violations of any state or federal statute or any local ordinance other than non-moving vehicle minor traffic offenses? Please exclude any juvenile or expunged cases. *If yes, provide date, place, and nature of offense.* ☐ **Yes** ☐ **No**

_____

_____

Section 1: Complete Information for Applicable Applicant Type

Refer to Question No. 1 for applicant type and complete only the section below 11a, 11b or 11c that applies.
NOTE: A Part II-Personal History form is required for each person listed in this section.

11a. **Individual:** If applicable, complete this section, then proceed to Section 2. A *Part II-Personal History* form is required.

Name _____
Last *First* *Full Middle* *Maiden Name*

11b. **Partnership:** If applicable, complete this section, then proceed to Section 2. List the names and financial interest of each partner. A *Part II-Personal History* form is required from each partner.

Name _____
Last *First* *Full Middle* *Maiden Name*

Financial interest _____ %

Name _____
Last *First* *Full Middle* *Maiden Name*

Financial interest _____ %

Name _____
Last *First* *Full Middle* *Maiden Name*

Financial interest _____ %

Name _____
Last *First* *Full Middle* *Maiden Name*

Financial interest _____ %

For additional partners, attach separate sheet.

Attach: *Copy of Partnership Agreement.*

11c. **Corporation/Other Organization**: If applicable, complete this section for corporations, then proceed to Section 2.

Name of corporation or organization _____ State of incorporation _____

List the officers of the corporation and all persons or entities with a financial interest of five percent (5%) or more. A *Part II-Personal History* form is required from each.

President (or other title _____) Financial interest _____ %

Name _____
Last *First* *Full Middle* *Maiden Name*

Vice President (or other title _____) Financial interest _____ %

Name _____
Last *First* *Full Middle* *Maiden Name*

Secretary (or other title _____) Financial interest _____ %

Name _____
Last *First* *Full Middle* *Maiden Name*

Treasurer (or other title _____) Financial interest _____ %

Name _____
Last *First* *Full Middle* *Maiden Name*

Owner (or other title _____) Financial interest _____ %

Name _____
Last *First* *Full Middle* *Maiden Name*

Owner (or other title _____) Financial interest _____ %

Name _____
Last *First* *Full Middle* *Maiden Name*

For additional officers, persons, or entities attach separate sheet.
Attach: *1. Copy of Certificate of Incorporation.*
2. Foreign corporations, attach a Certificate of Authority as required by Minn. Stat. § 303.06.

Section 2: Person(s) In Charge of Licensed Premises

12. Designated on-site manager in charge of the licensed premises. *The on-site manager is a) responsible for the conduct of the licensed premises and operation; b) serves as agent for service of notices and other processes relating to the license; and c) must be a resident of the State of Minnesota or one of the following Wisconsin counties: Pierce, St. Croix, Pepin, Dunn or Polk.*

Name _____
Last *First* *Full Middle* *Maiden Name*

For additional manager(s) or agent(s), attach separate sheet.
Attach: *Part II-Personal History form is required from each person in charge.*

Section 3: Massage Therapists

13. The name of each person employed or who the applicant intends to employ as a massage therapist at the premise. A *Massage Therapist License Application* is required from each therapist.

Name _____
Last *First* *Full Middle* *Maiden Name*

Name _____
Last *First* *Full Middle* *Maiden Name*

Name _____
Last *First* *Full Middle* *Maiden Name*

Name _____
Last *First* *Full Middle* *Maiden Name*

For additional therapists, attach separate sheet.

Section 4: Insurance

14. **Attach:** ***Certificate(s) of Liability Insurance*** showing:
    1. ***General Liability*** insurance coverage with a $300,000 combined single limit per occurrence.
    2. ***Workers' Compensation*** insurance coverage **Certificate of Compliance** as required by Minnesota law.

       OR I am ***not*** required to have *Workers' Compensation* insurance coverage because:

       ☐ I have no employees covered by the law ☐ Other (*Specify on reverse side*)

Section 5: Notice and Notarized Signature

I hereby acknowledge that I have received and/or reviewed Chapter 11, Licenses, Permits and Miscellaneous Business Regulations, Article XIV Massage Therapy Business and Massage Therapist Licenses of the City Code, and am familiar with the provisions thereof.

The information requested on this form will be used by the City of Woodbury to approve or deny the applicant's license. The information I have provided on this application is truthful. I understand that the falsification or misrepresentation of information submitted with my application constitutes grounds for denial of the license. I authorize the City of Woodbury to verify any and all of the information requested on this application, including the ordering of criminal background checks, and to conduct any necessary investigation to assure this application complies with the City's licensing and zoning ordinances.

The information supplied on this form will become public information when received by the City of Woodbury. Under Minnesota law (Minn. Stat. § 270.72), the City may be required to provide the business tax identification number and/or social security number of each applicant to the Minnesota Commissioner of Revenue.

X_____
Applicant Signature

_____
Print Name

_____
Date

Subscribed and sworn to before me this

_____ day of _____, 20____

(Seal)

_____
(Notary Public/City Clerk)

For office use only

Date Appl. Rec'd _____ Date Fee Paid _____ Amount _____ Receipt No. _____

Name of Entity Paying Fee_____

Appl. to Police _____ Bldg. Inspection _____ Approve/Deny_____ License No. _____

Massage Therapy Business License Application

Part II – Personal History

To be completed by the sole owner, each partner, each officer or director, each general or on-site manager, proprietor, manager or any other individual or agent in charge of the business or premises and by all persons or entities that have a five percent (5%) or more financial interest in the massage therapy business.

Section 1: Business

1. Complete the following for the massage therapy business you are employed by, affiliated with, or own:

   Business name _____ Phone (_____) _____

   Business address _____ Woodbury MN 55125
   Street *City* *State* *Zip*

2. What percentage (%) of financial interest do you have in this massage therapy business? _____ %

Section 2: Applicant

3. Complete the following personal information:

   Legal name _____
   Last *First* *Full Middle* *Maiden Name*

   Address _____
   Street *City* *County* *State* *Zip*

   Phone (_____) _____ Social Security No. _____

   Driver License No. _____ State of issue _____

   Weight _____ Height _____ Eye color _____

   Date of birth _____ Place of birth _____
   mm/dd/yyyy *City/State/Country*

   Email address _____

4. **Have you ever used or been known by a name(s) other than the legal name given above?** ☐ **Yes** ☐ **No**
   If yes, list such name(s) and information concerning dates and places used.

   _____

5. **Are you a U.S. citizen or legally permitted to be in the U.S?** *If yes, but birthplace was not in the U.S., please provide a Certificate of Naturalization, Certificate of Citizenship, or current passport. If no, present proof of immigration/employment status.* ☐ **Yes** ☐ **No**

6. **Are you a resident of the State of Minnesota or a resident of one of the following Wisconsin counties: Pierce, St. Croix, Pepin, Dunn, Polk?** ☐ **Yes** ☐ **No**

7. **Address(es) at which you have lived during the preceding ten (10) years**. *Attach additional sheets if necessary.*

Street	*City*	*State*	*Zip*	*Dates*
Street	*City*	*State*	*Zip*	*Dates*
Street	*City*	*State*	*Zip*	*Dates*
Street	*City*	*State*	*Zip*	*Dates*

8. **Employers for the preceding ten (10) years.** *Include name, address, and dates of employment.*

Employer	*Address*	*Dates*
Employer	*Address*	*Dates*
Employer	*Address*	*Dates*
Employer	*Address*	*Dates*

9. **Have you been convicted as an adult within the last five years of any felony, gross misdemeanor, or misdemeanor violations of any state or federal statute or any local ordinance other than non-moving vehicle minor traffic offenses? Please exclude any juvenile or expunged cases?** *If yes, please list below.* ☐ **Yes** ☐ **No**

10. **Have you ever been engaged in the operation of massage services?** ☐ **Yes** ☐ **No**
If yes, provide name, place, and length of time of involvement in such establishment.

11. **Have you individually, or with others, made an application for a massage therapy license which was denied?** ☐ **Yes** ☐ **No** *If yes, provide date, place and explanation.*

12. **Have you had a massage therapy license suspended or revoked within the last 10 years?** ☐ **Yes** ☐ **No**
If yes, provide date, place, and explanation.

Section 3: Identification Required

13. **You are required to produce one of the following means of identification at time of filing this application:**
(The City will make a copy of this document and attach it to your application.)
- ☐ Valid Driver's License or Identification Card
- ☐ Valid Passport
- ☐ Valid Military ID Card

Notice and Notarized Signature

I hereby acknowledge that I have received and/or reviewed Chapter 11, Licenses, Permits and Miscellaneous Business Regulations, Article XIV Massage Therapy Business and Massage Therapist Licenses of the City Code, and am familiar with the provisions thereof.

The information requested on this form will be used by the City of Woodbury to approve or deny the applicant's license. The information I have provided on this application is truthful. I understand that the falsification or misrepresentation of information submitted with my application constitutes grounds for denial of the license. I authorize the City of Woodbury to verify any and all of the information requested on this application, including the ordering of criminal background checks, and to conduct any necessary investigation to assure this application complies with the City's licensing and zoning ordinances.

The information supplied on this form will become public information when received by the City of Woodbury. Under Minnesota law (Minn. Stat. § 270.72), the City may be required to provide the business tax identification number and/or social security number of each applicant to the Minnesota Commissioner of Revenue.

X_____
Applicant Signature

_____
Print Name

_____
Date

Subscribed and sworn to before me this

_____ day of _____, 20_____

_____
(Notary Public/City Clerk)

For office use only

Date Appl. Rec'd _____ Date Fee Paid _____ Amount _____ Receipt No. _____

Name of Entity Paying Fee_____

Appl. to Police _____ Bldg. Inspection _____ Approve/Deny_____ License No. _____

Department of Administration – Clerk Division – Licensing
8301 Valley Creek Road, Woodbury, MN 55125 - 651-414-3471
Jennifer.Torning@woodburymn.gov

Background Investigation Consent Release and Tennessen Warning to be completed by Massage Therapy Business Owner(s) and Massage Therapy Business Manager

As a Massage Therapy Business and/or Massage Therapy Business Manager License applicant for a Massage Therapy Business License, and/or Massage Therapy Business Manager License, I hereby give my consent for a personal background investigation, to include a criminal history check, to be used in the determination of whether my application is to be approved. Some information attained in such an investigation may be considered public data under the Minnesota Government Data Practices Act before the City acts to approve or deny the license application. I understand that I am under no legal obligation to consent to such investigation, but that my refusal to so consent may be the basis for denying my application.

Personal Information – Please Print

First Name:	Middle Name:	Last Name:
Current Address (street address, city, state, zip code, and county)		Telephone Number
Alias Name(s)	Former Name(s)	
Driver's License Number and State of Issuance	Date of Birth	

Tennessen Warning: In connection with your request for a Massage Therapy Business and/or Massage Therapy Business Manager license, the City has asked that you provide information about yourself which may be classified as private, confidential, nonpublic, or protected nonpublic under the Minnesota Government Data Practices Act. This means that this data is not ordinarily available to the general public. Accordingly, the City is required to inform you of the following:

1. The purpose and intended use of the information requested is to determine if you are eligible for a Massage Therapy Business and/or Massage Therapy Business Manager License within the City of Woodbury.
2. You are not legally obligated to supply the requested information.
3. The known consequences of supplying the requested information is that the information or further investigation could disclose information which could cause your application to be denied.
4. The consequences of refusing to supply the requested information is that your request for a Massage Therapy Business and/or Massage Therapy Business Manager License cannot be processed.
5. A criminal charge, arrest, or conviction will not necessarily bar you from a Massage Therapy Business and/or Massage Therapy Business Manager License within the City, unless the conviction is related to the matter for which the license is sought, according to Minnesota Statute 364.03. However, failure to reveal the requested criminal information will be considered falsification of the application and may be used as grounds for the denial of your application.
6. Other governmental agencies necessary to process your application are authorized by law to receive the information provided.
7. The City is required by law to furnish some of this information to the Department of Labor and Industry and the Minnesota Commissioner of Revenue.

The undersigned, by signing this notice, acknowledges that he/she has read and understood the contents of this notice and has received a copy of this notice. I may revoke this authorization in writing at any time and in no event will it be valid for more than one year from the date below. Copies of this release shall be as effective as the original.

Signature _____ Date Signed _____

State of Minnesota
License Applicant Information

Under Minnesota law (M.S. 270.72), the agency issuing you this license is required to provide to the Minnesota Commissioner of Revenue your Minnesota business tax identification number and the Social Security number of each license applicant.

Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we must advise you that:

- This information may be used to deny the issuance, renewal or transfer of your license if you owe the Minnesota Department of Revenue delinquent taxes, penalities, or interest;
- The licensing agency will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Act, the Department of Revenue is allowed to supply this information to the Internal Revenue Service;
- Failing to supply this information may jeopardize or delay the issuance of your license or processing your renewal application.

Please fill in the following information and return this form along with your application to the agency issuing the license. **DO NOT RETURN THIS FORM TO THE DEPARTMENT OF REVENUE.**

Please print or type

Name of license being applied for and license number (if renewal): License Number #:

Licensing Authority (name of city, county, or state agency issuing license):

License Renewal Date:

PERSONAL INFORMATION:

Applicant's last name, Applicant's first name and middle initial, Social Security Number (- -)

Applicant's address, City, State, Zip Code

BUSINESS INFORMATION:

Business name

Business address, City, State, Zip Code

Minnesota tax identification number, Federal tax identification number

If a Minnesota tax identification is not required, please explain on the reverse side of this form.

Applicant Signature:

Signature, Title, Date

Reset

Certificate of Compliance
Minnesota Workers' Compensation Law

This form must be completed by the business license applicant.

Print in ink or type

Minnesota Statutes § 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minn. Stat. chapter 176. 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.

License or certificate number (if applicable)	Business telephone number	Alternate telephone number

Business name (Provide the legal name of the business entity. If the business is a sole proprietor or partnership, provide the owner's name(s), for example John Doe, or John Doe and Jane Doe.)

DBA ("doing business as" or "also known as" an assumed name), if applicable

Business address (must be physical street address, no P.O. boxes)	City	State	ZIP code

County	Email address

You must complete number 1 or 2 below.

Note: You must resubmit this form to the authority issuing your license if any of the information you have provided changes.

1. ☐ **I have a workers' compensation insurance policy.**

Insurance company name (not the insurance agent)

Policy number	Effective date	Expiration date

☐ **I am self-insured for workers' compensation.** (Attach a copy of the authorization to self-insure from the Minnesota Department of Commerce; see www.mn.gov/commerce/industries/insurance/licensing/self-insurance.)

2. I am not required to have workers' compensation insurance because:

☐ I only use independent contractors and do not have employees. (See Minn. Stat. § 176.043 for trucking and messenger courier industries; Minn. Stat. § 181.723, subd. 4, for building construction; and Minnesota Rules chapter 5224 for other industries.)

☐ I do not use independent contractors and have no employees. (See Minn. Stat. § 176.011, subd. 9, for the definition of an employee.)

☐ I use independent contractors and I have employees who are not required to be covered by the workers' compensation law. (Explain below.)

☐ I only have employees who are not required to be covered by the workers' compensation law. (Explain below.) (See Minn. Stat. § 176.041 for a list of excluded employees.)

Explain why your employees are not required to be covered

I certify the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify I am authorized to sign on behalf of the business.

Print name

Applicant signature (required)	**Title**	**Date**

If you have questions about completing this form or to request this form in Braille, large print or audio, call (651) 284-5032 or 1-800-342-5354.

Massage Therapy Business

On-Site Manager Consent Form

REQUEST FOR CHANGE IN ON-SITE MANAGER

_____, located at
Business Name

_____ in Woodbury, Minnesota,
Street Address

designates the following individual, who is a resident of Minnesota, or one of the following Wisconsin counties: Pierce, St. Croix, Pepin, Dunn, Polk, as the on-site manager. The on-site manager is responsible for the conduct of the licensed premises and operation; and serves as agent for service of notices and other processes relating to the massage therapy business license.

On-site manager's name _____
Last *First* *Middle*

Address _____

City, State, Zip _____

The information requested on this form will be used by the City of Woodbury in the issuance of your license. The information supplied on this form will become public information when received by the City of Woodbury.

X_____ _____
Applicant Signature *Title*

_____ _____
Print Name *Date*

Note: The on-site manager must complete a *Part II-Personal History* form and a *Background Investigation Consent to Release and Tennessen Warning* form. There is a $50 fee.