

**CITY OF WOODBURY**  
**DEPARTMENT OF ADMINISTRATION**  
**CLERK DIVISION**  
**8301 VALLEY CREEK ROAD, WOODBURY, MN 55125**  
**Telephone: 651-714-3524**

**MASSAGE THERAPY BUSINESS**  
**LICENSE APPLICATION**  
**Part I - General**

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*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.*

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1. Type of applicant    Individual    Partnership    Corporation    Other Organization

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

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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.*

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6. Mailing address (if different) \_\_\_\_\_  
Street City State Zip

6a. Email address \_\_\_\_\_

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

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

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

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10. Has the applicant ever been convicted of or charged with a felony, crime, or violation of any ordinance other than a minor traffic violation?

Yes  No If yes, provide date, place, and nature of offense.

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### Section 1: Applicant

Complete only one question number "11" in this section. Refer to question 1 for type of applicant.  
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 responsible for the conduct of the licensed premises and operation; and serves as agent for service of notices and other processes relating to the license. He/she must be a resident of the State of Minnesota or one of the following Wisconsin counties: Pierce, St. Croix, Pepin, Dunn, 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 of Liability Insurance* showing:

1. *General Liability* insurance coverage with a minimum of \$300,000 combined single limit per occurrence
2. *Workers' Compensation* insurance coverage as required by Minnesota law.

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

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

## 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

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. _____

## 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, penalties, 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:	

<b>PERSONAL INFORMATION:</b>			
Applicant's last name	Applicant's first name and middle initial	Social Security Number	
Applicant's address	City	State	Zip Code

<b>BUSINESS INFORMATION:</b>			
Business name			
Business address	City	State	Zip Code
Minnesota tax identification number		Federal tax identification number	
<b>If a Minnesota tax identification is not required, please explain on the reverse side of this form.</b>			

Applicant Signature:

Signature	Title	Date
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# 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)
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DBA (doing business as name) (if applicable) \_\_\_\_\_

BUSINESS ADDRESS (PO Box must include street address)	CITY	STATE	ZIP CODE
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**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
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**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
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**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.

**CITY OF WOODBURY**  
**DEPARTMENT OF ADMINISTRATION**  
**CLERK DIVISION**  
**8301 VALLEY CREEK ROAD, WOODBURY, MN 55125**  
**Telephone: 651-714-3524**

**MESSAGE 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.**

Street	City	State	Zip	Dates

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

Employer	Address	Dates

**9. Have you ever been convicted of or charged with a felony, crime, or violation of any ordinance other than a minor traffic violation?**  Yes  No  
*If yes, provide the date, place, and nature of offense.*

**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

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 \_\_\_\_\_ Approve/Deny \_\_\_\_\_ License No. \_\_\_\_\_

**CITY OF WOODBURY  
DEPARTMENT OF ADMINISTRATION  
CLERK'S DIVISION  
APPLICATION FOR LICENSE  
DATA PRACTICES ADVISORY**

In accordance with the Minnesota Government Data Practices Act, the City of Woodbury is required to inform you of your rights as they pertain to the private information collected from you. Private data is that information which is available to you, but not to the public. Public data is available to anyone. All data pertaining to the application for a license is classified as private data on individuals while the application is being processed. Once the application has been acted on, all data on it becomes public.

The information collected from you or from other agencies or individuals authorized by you is used to determine your eligibility to obtain a license. You are not required to provide the information requested on the application forms, however, this information is vital to determine your eligibility to obtain a license. Failure to provide this information could result in denial of your application.

The dissemination and use of private data collected is limited to what is necessary to determine your eligibility to obtain a license. Persons or agencies to which this information may be disseminated include but is not limited to:

1. Woodbury Police Department Personnel
2. Washington County Sheriff's Department
3. Minnesota Bureau of Criminal Apprehension
4. The National Crime Information Center
5. Other agencies or individuals that may provide Information relevant to determining your suitability to obtain a license.

Unless otherwise authorized by state statute or federal law, other governmental agencies utilizing the private data must also treat the information as private.

I HAVE READ AND UNDERSTAND THAT INFORMATION ABOVE REGARDING MY RIGHTS AS A SUBJECT OF GOVERNMENT DATA.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant



**AUTHORIZATION TO RELEASE INFORMATION**

Name (first, middle, last)	
Current Address (street address, city, state, zip code, and county)	Telephone Number
Alias Name(s)	Former Name(s)
	Date of Birth

I, \_\_\_\_\_, authorize all requested agencies to release criminal history (Print Name) data, as defined by Minnesota Statute 13.87, subd. 1 and driver's license data to the Police Department and authorized personnel of the City of Woodbury. I understand that some of this data may be classified as private data under Minnesota Statutes and I hereby give my informed consent to the release of that private data by the authorized agency to the City of Woodbury Police Department and its consultants.

This consent for the release of data is for the purpose of determining my suitability for obtaining a Massage Therapy Business license in the City of Woodbury. This information cannot be used for any other purposes.

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

Notary:

State of \_\_\_\_\_

County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, \_\_\_\_\_ personally appeared before me,  
 \_\_\_\_\_ who is personally known to me,  
 \_\_\_\_\_ whose identity I verified on the basis of \_\_\_\_\_,  
 \_\_\_\_\_ whose identity I verified on the oath/affirmation of \_\_\_\_\_, a credible witness,  
 to be the signer of the foregoing document and he/she acknowledged that he/she signed it.

Seal

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My Commission Expires



8301 Valley Creek Road • Woodbury, Minnesota 55125-3330 • www.ci.woodbury.mn.us  
(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 Kim Blaeser, City Clerk, at 651-714-3524 or email at [kblaeser@ci.woodbury.mn.us](mailto:kblaeser@ci.woodbury.mn.us).

# **Instructions for Applying for a Massage Therapy Business and/or Therapist License**

## **Massage Therapy Business:**

### **Complete City of Woodbury Application Part I - General Information**

This form must be completed and signed in the presence of a notary public by the following person:

Individual App.:	by such individual
Partnership App.:	by one of the partners
Corporation App.:	by an officer of the corporation
Other organization:	by the manager or managing officer

- If business is to be operated under a name or designation other than name of applicant, attach a certified copy of the certificate required by Minnesota Statute 333.01 and 333.02.
- If applicant does not own premises, attach copy of lease.

### **Complete Certificate of Compliance – Minnesota Workers' Compensation Law Form**

### **Complete State of Minnesota License Applicant Information Form**

### **Complete City of Woodbury Application Part II - Personal History Information**

This form must be completed and signed in the presence of a notary public by:

- Sole owner
- Each partner
- Each officer or director
- Proprietor
- Manager or any other individual or agent in charge of the business or premises and by all person or entities that have a five percent (5%) or more financial interest in the massage therapy business.

**Each person required to complete the Part II application must also submit:**

- Authorization to Release Information Form
- Data Practices Advisory Form

**Massage Therapist License Applicant Must Submit:**

- **Massage Therapist License Application - This form must be completed and signed in the presence of a notary public**
- **General Authorization and Release Background Reference and Verification Form**
- **Authorization to Release Information Form**
- **Data Practices Advisory**