



LICENSING DIVISION
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 Oakdale, MN 55128
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www.ci.oakdale.mn.us

FOR OFFICE USE ONLY
NOTES:

MESSAGE & BODYWORK THERAPY / PREMISES LICENSE RENEWAL APPLICATION

License Term: October 1st – September 30th, Annually

*If you are able to answer "No" to [Section B and or C](#), this form may be used in place of the full application for the renewal of a previously issued Massage Therapist & Bodywork / Premises License. **If you answer "Yes" to any of the following questions in "Section B and or C," a full Massage Therapy & Bodywork / Premises License application must be completed.***

SECTION A. PERSONAL INFORMATION		
First Name:	Middle:	Last:
Maiden Names or Names Known by Others:		
Home Address:		
City:	State:	Zip:
Home Phone:	Cell Phone:	
E-Mail:		
Select the following type of license(s) to renew: <input type="checkbox"/> Massage & Bodywork Therapist – Complete Section B <input type="checkbox"/> Premises – Complete Section C		

SECTION B. MASSAGE & BODYWORK THERAPY LICENSE INFORMATION	
<i>If this section does not apply to you, skip to the next section.</i>	
Location(s) where you practice massage / bodywork therapy (for multiple locations, please attach additional documents):	
<input type="checkbox"/> I do not have a specific location. Please list the reason: _____ <input type="checkbox"/> I have specific location(s) where I practice massage / bodywork therapy – Please list company information below.	
Company Name:	
Doing Business As:	
Address:	
Phone:	Fax:
E-Mail:	
Website / Social Media Site (Facebook, Twitter, etc....):	
Federal Tax ID:	Minnesota Tax ID:
Were there any changes to your name, address, or work location? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Were you charged with a violation of state or local laws regulating the practice of massage, or of any law prohibiting criminal sexual conduct, prostitution, pandering, indecent conduct, or keeping of a disorderly house? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Did you have a similar license denied or revoked by another agency? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Were you charged with any violation of any other law or ordinance not related to the operation of the business? <input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION C. BUSINESS PREMISES INFORMATION	
<i>Only complete this section if you currently hold an existing premises license.</i>	
Company Name:	
Doing Business As:	
Address:	
Phone:	Fax:
E-Mail:	
Website / Social Media Site (Facebook, Twitter, etc....):	

Federal Tax ID:	Minnesota Tax ID:
Were there any changes in the name, location, or ownership of the licensed premises (different license applicant from before)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was any employee, owner or officer of the business or corporation, or the business as an entity, charged with a violation of state or local laws regulating the practice of massage, or of any law prohibiting criminal sexual conduct, prostitution, pandering, indecent conduct, or keeping of a disorderly house?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did any employee, owner or officer of the business or corporation, or the business as an entity, have a similar license denied or revoked by another agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was any employee, owner or officer of the business or corporation, or the business as an entity, charged with any violation of any other law or ordinance not related to the operation of the business?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION D. MANAGER
For premises renewal applicants only. If this does not apply to you, skip to the next section.

List the person who will serve as manager(s) for this business establishment. If the manager has changed, complete a supplemental form:

Full Name	Phone	Address	State	Date of Birth
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

SECTION E. LICENSING POINT OF CONTACT
List the person who will serve as the licensing point of contact. This person will handle all licensing questions and materials from the City.

Full Name:	Job Title/ Relationship to Applicant:		
Address:			
City:	State:	Zip Code:	
Phone Number:	Fax Number:		
E-Mail:			
Preference for receiving licensing materials: <input type="checkbox"/> E-Mail <input type="checkbox"/> Mail			

SECTION F. EMERGENCY CONTACT
List the emergency contact information for the business / applicant. This person CANNOT be the same person as the applicant.

Full Name:	Job Title/ Relationship to Applicant:		
Address:			
City:	State:	Zip Code:	
Phone Number:	Fax Number:		
E-Mail:			

SECTION G. INSURANCE INFORMATION

I have general liability insurance coverage – *Please submit a copy of certificate liability insurance.*
 I do NOT have general liability insurance coverage.

I do have workers' compensation liability coverage – *Please submit a copy of certificate liability insurance.*
 I am not required to have workers' compensation liability coverage because:

- I have no employees
- I am self-insured (include permit to self-insure)
- I have no employees who are covered by workers' compensation law (these include: Spouse, Parents, Children and certain farm employees).

By signing below you are indicating that the answers to Section B is "No". Any inaccurate information contained on this form shall constitute grounds for the non-renewal or revocation of the massage & bodywork therapy / premises license and potential criminal prosecution.

Applicant Signature

Date

TENNESSEN WARNING

Pursuant to Minn. Statutes, 13.04, Subd. 2 and other applicable divisions of the Minnesota Government Data Practices Act, license applicants must be informed of their rights concerning the provision of private or confidential data requested in this application.

Private and confidential data requested in this application is required for the following purposes:

1. To confirm the applicant's identity and qualifications to perform the functions regulated under this license.
2. To allow the city to perform necessary investigation of applicants for the protection of public health and safety.
3. To limit city liability arising from failure to exercise due care with respect to the regulation of commerce or public conduct.

Private information requested, including identification, medical and criminal history data, will be used by law enforcement personnel in investigating the qualifications, moral conduct, and suitability of applicants to provide service to the public. Applicants can decline to provide the information requested in this application form, however, if an applicant fails to provide the requested information or supplies incomplete or inaccurate information, the license may be denied, suspended, or revoked. If information supplied in this application is subsequently used in a criminal prosecution of the applicant, the result may include a fine, imprisonment, or other penalty order by the court subsequent to conviction. Individuals authorized access to the private or confidential data contained in this application includes city employees whose duties require such access; local, state, and federal public safety personnel conducting related investigations; state and federal revenue authorities; and lawfully mandated reporting agencies. A specific exception to the confidentiality of data supplied in this application exists as follows:

Minn. Statute 13.41, Subd. 5.

Any licensing agency may make any data classified as private or confidential, pursuant to this section, accessible to an appropriate person or agency if the licensing agency determines that failure to make the data accessible is likely to create a clear and present danger to public health or safety.

Questions concerning this warning, or the effect of providing or failing to provide requested information should be directed to the Chief of Police, Oakdale, Minnesota 55128, telephone (651) 738-1022.

By signing below, I have read and understood the Tennessee warning.

Applicant Signature

Date

INFORMED CONSENT

The City of Oakdale requires criminal background checks for all massage & bodywork therapy / premises license applicants. The Oakdale Police Department is responsible for maintaining all criminal history data retrieved during the criminal background check.

First Name:	Middle:	Last:
Maiden Name or Names Known by Others:		
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (mm/dd/yyyy):	
ID / Driver's License Number:	State of ID / License Issuance:	
Social Security Number:		

By signing below, I acknowledge that I understand the Tennessee Warning. I authorize the Oakdale Police Department to access the Minnesota Bureau of Criminal Apprehension criminal history record information for the purpose of obtaining a massage & bodywork therapy / premises license in the City of Oakdale. The expiration of this authorization shall be for a period no longer than one year from the date of my signature.

Applicant Signature

Date

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 Minnesota Statutes 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		

YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WITHOUT THE FOLLOWING INFORMATION. *You must complete number 1 or 2 below.*

Number 1 – Workers' compensation insurance policy information

Insurance company name (not the insurance agent)	NAIC number	
Policy number	Effective date	Expiration date

Number 2 – Reason for exemption from workers' compensation insurance

If you have questions regarding the need to obtain workers' compensation coverage, including exemptions, call (651) 284-5032 or 1-800-342-5354.

- I have no employees. (See [Minnesota Statute § 176.011, subd. 9](#) for the definition of an employee.)
- I am self-insured for workers' compensation (attach a copy of the authorization to self-insure from the [Minnesota Department of Commerce](#)).
- I have employees but they are not covered by the workers' compensation law. (See [Minnesota Statute § 176.041](#) for a list of excluded employees.) Explain why your employees are not 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
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NOTE: You must notify the authority issuing your license if there is any change to your workers' compensation insurance information or an employee status change by resubmitting this form. This material can be made available in different forms, such as large print, Braille or audio.

LICENSE RENEWAL PROCESS

Once a completed renewal application packet has been received, applicants will undergo a background investigation conducted by the Oakdale Police Department, and then your renewal application will be forwarded to City Council to approve. Please note that the licensing renewal process may take 4 weeks.

RENEWAL CHECKLIST

Before you submit your renewal application packet, please check off the following to ensure everything has been completed. **All incomplete renewal applications will be returned and a late fee will be charged if a completed renewal application isn't received by the due date.**

- Renewal Form** – If you can answer “YES” to any of the questions in Section B and or Section C, please complete a new full application.
- Tennessee Warning and Informed Consent Form**
- Certificate of Compliance Form**
- State / Driver’s License** - Attach a copy of driver’s license with a CURRENT address.
- Photo** - Attach one front face photograph in color of the applicant, measuring not less than 2 1/2" by 2 1/2", *taken within the past 30 days.*
- CPR Certification** (*massage / bodywork therapist applicants only*) – Certification must be accredited by the American Heart Association.
- Certificate of Liability Insurance** - Attach a current copy of certificate of liability insurance showing worker’s compensation, general liability, and professional liability insurance. Please list the City of Oakdale as the Certificate Holder.
- Supplemental Form** (premises renewal applicants only) – If there has been a change in manager from the prior year, this form must be completed.
- License Fee** – Per Therapist: \$36.75, Per Premises: \$157.50
- Application Due Date:** Monday, 8/20/18
Late Fee - \$ 50.00 will be charged to late renewal applications. Payment must be made separately. Late renewal applications will not be processed until the late fee is received.
- Renewal Checklist** – read, check off list, sign, and date.

Please mail, drop off, or e-mail renewal forms and required documents when completed.

By signing below, I agree that I have received a copy of the city ordinance and I understand that it’s my responsibility to review it. I have also looked over the renewal checklist and I understand what I need to submit. I’m aware of the renewal application due date and about the late policy. I also understand that if my renewal application is incomplete, it will be returned.

Applicant Signature

Date

FOR OFFICE USE ONLY	
PM:	AMT:
PD:	RD:
NOTES:	