



LICENSING DIVISION
 1584 Hadley Avenue N.
 Oakdale, MN 55128
 Phone: 651-730-2739
 Fax: 651-730-2820
 E-Mail: licensing@ci.oakdale.mn.us
www.ci.oakdale.mn.us

FOR OFFICE USE ONLY		

MESSAGE OR BODYWORK THERAPY LICENSE AND PREMISES LICENSE RENEWAL APPLICATION

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

LICENSE RENEWAL PROCESS

Applicants will undergo a background investigation conducted by the Oakdale Police Department before City Council approval. The renewal process may take up to four weeks or longer.

APPLICATION CHECKLIST

The following materials must be submitted with your application in order to be considered complete. If you have any questions or concerns regarding the necessary materials please contact City Staff. All incomplete applications will be returned.

AP – Applicant check list, CTY – City check list

AP	CTY	MATERIALS
<input type="checkbox"/>	<input type="checkbox"/>	Application
<input type="checkbox"/>	<input type="checkbox"/>	Tennessee Warning and Informed Consent Form
<input type="checkbox"/>	<input type="checkbox"/>	Minnesota Worker’s Compensation Certificate of Compliance Form
<input type="checkbox"/>	<input type="checkbox"/>	Insurance - Attach a current copy of certificate of liability insurance showing worker’s compensation and general liability insurance. Please list the City of Oakdale as the Certificate Holder.
<input type="checkbox"/>	<input type="checkbox"/>	State Issued ID / Driver’s License – Must have a current address.
<input type="checkbox"/>	<input type="checkbox"/>	Photo – Attach a front face photograph of the applicant, in color, measuring not less than 2 1/2" by 2 1/2", taken within the past 30 days.
<input type="checkbox"/>	<input type="checkbox"/>	CPR Certification Card – Attach copy of CPR Certificate Card. Certification must be accredited by the American Heart Association.
<input type="checkbox"/>	<input type="checkbox"/>	Additional Documents: <input type="checkbox"/> Tennessee Warning and Informed Consent Form (premises renewal applicants only) - Any applicant’s spouse, partner, officer, person in charge of premises, or any person(s) controlling or owning an interest in excess of five (5) percent must complete this form and attach a copy of a current state issued ID.
<input type="checkbox"/>	<input type="checkbox"/>	Fees: <input type="checkbox"/> License Fee (annual fee) – Per Therapist: <u>\$36.75</u> ; Per Premises: <u>\$157.50</u> <input type="checkbox"/> Late Fee (late renewal applicants only, non-refundable) – <u>\$50.00</u>
<input type="checkbox"/>	<input type="checkbox"/>	Checklist – read, check off list, sign, and date.

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Application |
| <input type="checkbox"/> | <input type="checkbox"/> | Tennessee Warning and Informed Consent Form |
| <input type="checkbox"/> | <input type="checkbox"/> | Minnesota Worker’s Compensation Certificate of Compliance Form |
| <input type="checkbox"/> | <input type="checkbox"/> | Insurance - Attach a current copy of certificate of liability insurance showing worker’s compensation and general liability insurance. Please list the City of Oakdale as the Certificate Holder. |
| <input type="checkbox"/> | <input type="checkbox"/> | State Issued ID / Driver’s License – Must have a current address. |
| <input type="checkbox"/> | <input type="checkbox"/> | Photo – Attach a front face photograph of the applicant, in color, measuring not less than 2 1/2" by 2 1/2", taken within the past 30 days. |
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<input type="checkbox"/> Late Fee (late renewal applicants only, non-refundable) – <u>\$50.00</u> |
| <input type="checkbox"/> | <input type="checkbox"/> | Checklist – read, check off list, sign, and date. |

You may mail, drop off, or e-mail license application materials when completed.

Need another application? You can find more online at www.ci.oakdale.mn.us/293/Message-Therapy-Bodywork

Thank you for doing business in Oakdale!

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Bkgd. Fee:	M:	#:
Lic. Fee:	M:	#:
P.H. Fee:	M:	#:



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Company Name: _____ DBA: _____

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NOTES:

MESSAGE OR BODYWORK THERAPY LICENSE AND PREMISES LICENSE RENEWAL APPLICATION

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

Type of license(s) to renew: Massage or Bodywork Therapy Business Premises Massage or Bodywork Therapy

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:		

SECTION B. MESSAGE OR BODYWORK THERAPY LICENSE INFORMATION	
<i>Only complete this section if you currently hold an existing massage or bodywork therapy license. If this does not apply to you, skip to the next section. If you answer "yes" to any of the following questions in this section, a full application must be completed.</i>	
Location(s) where you practice massage or 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 or bodywork therapy – Please list company information below.	
Owner Name:	Doing Business As:
Address:	Phone:
Were there any changes to your name, address, or work location? - If "YES," please call 651-730-2739 or email at licensing@ci.oakdale.mn.us	
<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. If this does not apply to you, skip to the next section. If you answer "yes" to any of the following questions in this section, a full application must be completed.</i>	
Company Name:	Doing Business As:
Address:	Phone:
Website:	E-Mail:
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)? - If "YES," please call 651-730-2739 or email at licensing@ci.oakdale.mn.us	
<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. All managers must complete a release form as well.

List the person(s) who will serve as manager for this business establishment: N/A

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			

I hereby certify that I have read the foregoing questions and that the answers to said questions are true of my own knowledge.

***Electronic Signature:** _____
 Please type your full name _____ Date _____

I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above statement.

TENNESSEN WARNING

(License holders, partners, and store managers are required to complete this form)

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, telephone (651) 738-1022.

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

***Electronic Signature:**

 Please type your full name

 Date

I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above statement.

INFORMED CONSENT RELEASE FORM

(License holders, partners, and store managers are required to complete this form)

The City of Oakdale requires criminal background checks for all city issued 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 checked="" 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 authorize the Oakdale Police Department to access the Minnesota Bureau of Criminal Apprehension criminal history record information for the purpose of obtaining a city issued 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.

***Electronic Signature:**

 Please type your full name

 Date

I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above statement.

**** Attach copy of state issued ID****

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
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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
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County	Email address
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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
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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.

***Electronic Signature:**

Type Full Name	Title	Date
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I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above statement.

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.