



City of White Bear Lake
4701 Highway 61
White Bear Lake, MN 55110

City Clerk
clerk@whitebearlake.org
(651)429-8508

Massage Therapist Establishment License Application

Instructions: *The owner of the establishment must complete this form and include the following supporting documents with your application. Return completed form to the business license agent at the City of White Bear Lake. License required for all places of business where massage therapy services are provided to the public for a fee. This includes businesses which rent/lease space to an individual licensed massage therapist.*

1. Copy of a valid driver's license or other valid government issued identification.
2. Names of massage therapists you employ or intend to employ at this time. All massage therapists must apply for an individual practitioner's license through the City of White Bear Lake.
3. Proof of professional liability insurance with coverage of up to \$1,000,000 per occurrence.
4. Proof of superior possessory interest in the premises at the location being licensed (lease).
5. Initial \$25.00 application/background check fee (fee waived if owner is applying for his/her own massage therapist license).
6. Annual license fee \$25.00. Credit cards are not accepted. Please pay cash or make check payable to: City of White Bear Lake.

1. Federal Tax ID number _____
2. State Tax ID number _____
3. Business name (Please Print) _____
4. Business address _____

(Street)
(City)
(State)
(Zip)
5. Business telephone _____
6. Email address _____
7. Company website address _____
8. Please provide the full names of each massage therapist you intend to employ at your business:

Business owner's information:

9. Full legal name (Print): _____
(Last) (First) (Middle)

10. Home address _____
(Street) (City) (State) (Zip)

11. Daytime telephone _____ 11. Date of birth _____
(mm/dd/yyyy)

12. Email address _____

13. Driver's License Number _____ State of Issuance _____

14. Have you ever used or been known by any name other than the legal name given in number 9?

No

Yes – If yes, list each full name along with dates and places where used:

15. As the owner, have you ever held a massage therapist establishment license? If yes, please list all current and past businesses within five years and the status of each license (current, suspended, revoked, or not renewed).

No

Yes (list the past five years below, attach an additional form if needed)

Name of Business City/State of Business Status of License

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Name of Business City/State of Business Status of License

Name of Business City/State of Business Status of License

10. If you answered yes to number 9 above, for suspended or revoked licenses, please explain:

**Background Check Authorization
and Consent for Release of Consumer Credit Information**

The information that you are asked to provide on the application is classified by State law as either public, private or confidential. All data, with the exceptions of driver's license numbers, will constitute public record if and when the license is granted. Our intended use of the information is to perform the background check procedures required prior to license issuance. If you refuse to supply the information, the license application may not be processed.

The undersigned applicant makes this application pursuant to all laws of the State of Minnesota and regulation as the Council of the City of White Bear Lake may from time to time prescribe, including Minnesota Statute #176.182. In addition, the applicant acknowledges that they are responsible for reviewing the background and work history of their employees, including those that have received a massage therapist license from the City.

By signing below, you certify that the above information is accurate and complete; you authorize the City of White Bear Lake to verify the accuracy and completeness of this information; you further authorize the City of White Bear Lake Police Department to conduct a background check and request a copy of your consumer credit report for the purpose of conducting a license background investigation.

Signature _____ Date_____

Please Note: Background checks may take up to 30 days to complete. Once completed, the item is scheduled for approval by the City Council, which can take an additional two weeks depending on timing. City Council meetings are conducted in the evenings of the 2nd and 4th Tuesday's every month except December.