

## 2026 Massage establishment license

Thank you for being an integral part of the St. Louis Park business community. Enclosed is the 2026 massage establishment license application. Payment is due at the same time the application is submitted. Checks should be payable to the "City of St. Louis Park" or we accept Visa, MasterCard, Discover and American Express.

Renewal applications are required to be returned before Jan. 1, 2026. Any application postmarked after Jan. 1, 2026 will be subject to a late fee of either \$50 or 25 percent, whichever is greater.

### **\* Workers Compensation Form - Required**

The Minnesota Department of Labor and Industry requires all licensed businesses to complete and submit the attached "Certificate of Compliance" form providing evidence of compliance with the workers' compensation insurance coverage requirement under Minnesota Statutes Chapter 176. Please read, complete, and sign the enclosed form. This form is required with your application. If you have any questions regarding this policy, please contact the Minnesota Department of Labor and Industry at 651.284.5005 for details on how to complete this form. **Please note!** If your current policy expires during the duration of this license, you must resubmit this form or risk suspension of the license.

Please enclose a readable copy of a Minnesota or Wisconsin state government issued photo ID with a current address. These are the only two forms of identification the city will accept.

### **Submission checklist**

- ☐ Completed, signed, and dated 2026 massage establishment license application
- ☐ Completed, signed, and dated workers' compensation form
- ☐ A readable copy of a Minnesota state or Wisconsin state photo ID
- ☐ Payment
- ☐ I have read the ordinance and have been made aware of all the requirements
- ☐ **I understand the use of portable sinks is prohibited per the Minnesota State Plumbing Code**

Please return via one of the following methods:

- **Mail:** Mail application with check or ask that we call for credit card payment.  
City of St. Louis Park  
Attn: Building and Energy Dept.  
5005 Minnetonka Blvd.  
St. Louis Park, MN 55416
- **Email:** [inspections@stlouisparkmn.gov](mailto:inspections@stlouisparkmn.gov). Do not include credit card information in an email; we will call for payment.
- **Fax (secured):** 952.924.2663. You may submit credit card information on a cover sheet, or we will call for payment.

Please contact the St. Louis Park Building and Energy Department at 952.924.2588 with any questions you may have regarding the massage establishment license requirements or application.

## 2026 Massage establishment license application

License fee — \$465

**Business information (Name and address of business located in St. Louis Park)**

Applicant name (first, middle, last): \_\_\_\_\_

Business name: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email: \_\_\_\_\_

Federal tax ID number: \_\_\_\_\_ Minnesota State Tax ID number: \_\_\_\_\_

Social security number (if tax ID numbers are not available): \_\_\_\_\_

**Corporate information (if different from above)**

Corporate name: \_\_\_\_\_ Contact name: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email: \_\_\_\_\_

Name of manager/proprietor: \_\_\_\_\_ Phone number: \_\_\_\_\_

List the names of licensed massage therapist(s) and their St. Louis Park massage license number below.

| Name | St. Louis Park license number |
|------|-------------------------------|
|      |                               |
|      |                               |
|      |                               |
|      |                               |
|      |                               |

**Office use only:**Total fee paid: \_\_\_\_\_ Charge: ☐ Cash: ☐ Check number: \_\_\_\_\_ WC ☐ ID ☐

License number: \_\_\_\_\_ Date issued: \_\_\_\_\_ Initials: \_\_\_\_\_

Police dept.: Approval: \_\_\_\_\_ Denied: \_\_\_\_\_ Staff initials: \_\_\_\_\_ Date: \_\_\_\_\_

Is the applicant an: ☐ Individual ☐ Corporation ☐ Partnership ☐ Other form of organization  
If the applicant is an individual, list the true name, place of birth, address and phone number of applicant.

Has the applicant ever used or been known by any other name and, if so, what was such name and information concerning dates and places where used?

What is the name of the business if it is to be conducted under a designation, name or style other than the full individual name of the applicant? In such case, a certified copy of the Certificate of Assumed Name as required by Minnesota Stat. Ch. 333 must be attached to the application.

List the street addresses at which the applicant has lived during the past five years below.

| Address | Dates |
|---------|-------|
|         |       |
|         |       |
|         |       |
|         |       |
|         |       |

List the kind, name and location of every business or occupation the applicant has been engaged in during the past five years.

List the names and addresses of the applicant's employers and partners, if any, for the past five years.

Physical description of the applicant: \_\_\_\_\_

Is the applicant licensed in other communities to run a similar business, and, if so where?

Has the applicant previously been denied a massage license or had such a license or permit suspended or revoked, along with an explanation of any such denial, suspension, or revocation?

Have you ever been convicted of any felony, gross misdemeanor, or misdemeanor for which a jail sentence may have been imposed?    ☐ Yes    ☐ No    If yes, list details:

☐ I authorize the City of St. Louis Park to complete a background check for the purpose of obtaining a license as described in city ordinance Section 8-303. By signing this consent form, I release the City of St. Louis Park from any and all actions and causes of action, of every kind and nature whatsoever, past, present and future, arising out of the release of the information obtained with this consent.

**The applicant must provide a readable copy of a Minnesota or Wisconsin state issued photo ID with current address as part of the application.**

Some or all the information that you are asked to provide on the application is classified by state law as either private or confidential. Private data is information which generally cannot be given to the public but can be given to the subject of the data. Confidential data is information which generally cannot be given to either the public or the subject of the data. Our purpose and intended use of this information is to annually update our records and records of other governmental agencies required by law. If you refuse to supply the information, the license may not be issued.

The undersigned acknowledges that this application has been read and that the above is correct and agrees to comply with all the ordinances and laws of the City of St. Louis Park code.

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

E-mail: [dli.license@state.mn.us](mailto:dli.license@state.mn.us)  
Website: [www.dli.mn.gov](http://www.dli.mn.gov)  
Phone: (651) 284-5034

## 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 |
| <b>I am self-insured for workers' compensation.</b> (Attach a copy of the authorization to self-insure from the Minnesota Department of Commerce.) |                |                 |

**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.