

**General Information for a
Massage Therapist/Enterprise License**

You have requested information about a therapeutic massage license in the City of Crystal. Here is some basic information. Please read the ordinance regulating this type of business (attached).

I. Definition of Massage Therapist

A person who practices or administers massage with recognized and standardized training in therapeutic massage (400 hours), health, and hygiene and provides a legitimate and necessary service to the general public.

II. Definition of Massage Therapy Enterprise

A place of business providing massage services to the public.

III. Inspection

The Environmental Health Specialist must conduct an inspection of the property where massage therapy will be conducted before the license can be issued.

IV. Investigation

The Police Department must conduct an investigation on the applicant of a massage enterprise/therapist license.

V. Council Approval

Council must approve the license before it is issued. Council meetings are typically conducted on the first and third Tuesday of each month.

VI. Insurance

A current certificate of insurance is required with professional coverage over \$1,000,000 that runs concurrent with the license year (January -- December)

VII. Annual Fees

| | |
|----------------------------|--------------------------------------------------------------|
| Massage Therapist | \$60.00 (pro-rated if issued after 6/30 @ \$5.00/month) |
| Massage Therapy Enterprise | \$120.00 (pro-rated if issued after 6/30 @ \$10.00/month) |

VIII. One-Time Fee Background Investigation

| | |
|----------------------|----------|
| Enterprise/Therapist | \$120.00 |
|----------------------|----------|

IX. Educational Certificate

Must provide a certificate demonstrating proof of 400 hours of training from an accredited school for massage therapy.

X. Questions? Please call:

| | |
|-------------------------------------|--------------|
| Environmental Health Specialist | 763-493-8072 |
| Administrative Services Coordinator | 763-531-1131 |

(please turn over)

For Home-Based Businesses

Subsection 515.33 Subd. 3 d) of city code:

Home occupation. An occupation, profession, activity or use that is clearly a customary, incidental and secondary use of a dwelling and which does not alter the exterior of the property or affect the residential character of the neighborhood. Permissible home occupations shall not include the conducting of a retail business (other than by mail), manufacturing or repair shop. Standards applicable to home occupations are as follows:

- 1) No home occupation shall be permitted which results in or generates more traffic than one car at any one given point in time.
- 2) Only persons residing on the premises shall be employed.
- 3) No home occupation shall be permitted which is noxious, offensive or hazardous by reason of vehicular traffic, generation or emission of noise, vibration, smoke, dust or other particulate matter, odorous matter, heat, humidity, glare, refuse, radiation or other objectionable emission.
- 4) No mechanical, electrical or other equipment shall be used which produces noise, electrical or magnetic interference, vibration, heat, glare or other nuisance outside the residential structure.
- 5) The home occupation shall be conducted entirely within the residential portion of the principal building.
- 6) No more than 25% or 400 square feet of the floor area of the dwelling, whichever is less, shall be devoted to the home occupation.
- 7) Such home occupation shall not require internal or external alterations or involve construction features not customarily found in dwellings, and no alteration of the principal residential building shall be made which changes the character and appearance thereof as a dwelling.
- 8) The entrance to the space devoted to such occupations shall be from within the dwelling.
- 9) There shall be no exterior storage or display of equipment, goods or materials used in the home occupation.
- 10) One sign, not to exceed 4 square feet in area, may be placed on the premises. The sign may identify the home occupation, resident and address but may contain no other information. The sign may not be illuminated and must be set back a minimum of 10 feet from a property line abutting a public street. If the sign is freestanding, the total height may not exceed 5 feet.



APPLICATION FOR LICENSE

City of Crystal

4141 Douglas Drive N, Crystal, MN 55422

Telephone: (763) 531-1000 / Facsimile: (763) 531-1188

Deaf and hard of hearing callers may call Minnesota Relay at 711.

PLEASE PRINT CLEARLY

| | | |
|------------------------------------------------------------------------------------------------------------|---------------------|-----------------------------------------------------------------|
| Applicant's Name: | Fee:* (0100-4105) | \$120.00 (plus \$120.00 investigation fee for new applicant) |
| Home Address: | Home Phone: () | |
| City/State/Zip: | Cell Phone: () | |
| Business Name: | Business Phone: () | |
| Doing Business As: | Fax Phone: () | |
| Business Address, including zip code: | | |
| MN Tax ID #: (NOTE: you must provide a copy of the confirmation letter from the State.) | Federal Tax ID #: | |
| If a Minnesota Tax ID number is not required, please explain here and provide your social security number: | | |

I enclose the sum of _____ and ____/100 dollars to the City of Crystal as required by the Ordinances of said City and have complied with all the requirements of said Ordinances necessary for obtaining this License.

I hereby make application to **OPERATE A THERAPEUTIC MASSAGE ENTERPRISE** at the above business address for the period _____ through December 31, 20____, subject to all conditions and provisions of said Ordinance.

ADDITIONAL REQUIREMENTS

1. Proof of Insurance (over \$1,000,000)
2. Authorization and Release Form
3. Supplemental Application Form

The information in this Application For License is true and complete to the best of my knowledge.

Signature of Applicant

Date

*Fee: **If exempt, fill out Licensing Fee Exemption Form**
(\$120; pro-rated if issued after 6/30 @ \$10.00/month)

APPLICATION FOR LICENSE INVOLVING PRIVATE OR CONFIDENTIAL INFORMATION (Includes Tennessee Warning)

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 or 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 this information 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;
- Failure to supply this information may jeopardize or delay the issuance of your license or the processing of your renewal application.

(ALSO FILL OUT REVERSE SIDE OF THIS FORM.)

| | | |
|----------------|----------------|---------------------|
| City Use Only: | JDE# _____ | Date Entered: _____ |
| | PIMS ID# _____ | Council Date: _____ |



APPLICATION FOR LICENSE

City of Crystal
 4141 Douglas Drive N, Crystal, MN 55422
 Telephone: (763) 531-1000 / Facsimile: (763) 531-1188
 Deaf and hard of hearing callers may call Minnesota Relay at 711.

PLEASE PRINT CLEARLY

| | | |
|------------------------------------------------------------------------------------------------------------|---------------------|----------------------------------------------------------------|
| Applicant's Name: | Fee:* (0100-4105) | \$60.00 (plus \$120.00 investigation fee for new applicant) |
| Home Address: | Home Phone: () | |
| City/State/Zip: | Cell Phone: () | |
| Business Name: | Business Phone: () | |
| Doing Business As: | Fax Phone: () | |
| Business Address, including zip code: | | |
| MN Tax ID #: (NOTE: you must provide a copy of the confirmation letter from the State.) | Federal Tax ID #: | |
| If a Minnesota Tax ID number is not required, please explain here and provide your social security number: | | |

I enclose the sum of _____ and ___/100 dollars to the City of Crystal as required by the Ordinances of said City and have complied with all the requirements of said Ordinances necessary for obtaining this License.

I hereby make application to **OPERATE AS A THERAPEUTIC MASSAGE THERAPIST** at the above business address for the period _____ through December 31, 20____, subject to all conditions and provisions of said Ordinance.

ADDITIONAL REQUIREMENTS

1. Proof of Insurance (over \$1,000,000)
2. Authorization and Release Form
3. Supplemental Application Form
4. Certification to practice massage therapy

The information in this Application For License is true and complete to the best of my knowledge.

Signature of Applicant

Date

*Fee: **If exempt, fill out Licensing Fee Exemption Form**
 (\$60/year; pro-rated if issued after 6/30 @ \$5.00/month)

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- Failure to supply this information may jeopardize or delay the issuance of your license or the processing of your renewal application.

(ALSO FILL OUT REVERSE SIDE OF THIS FORM.)

| | | |
|----------------|----------------|---------------------|
| City Use Only: | JDE# _____ | Date Entered: _____ |
| | PIMS ID# _____ | Council 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, 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 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 NO (if applicable) | BUSINESS TELEPHONE NO. | FAX TELEPHONE NO. |
| BUSINESS NAME (Use the person(s) name if business structure is sole proprietor or partnership (i.e., John Doe, or John Doe and Jane Doe), otherwise it is the legal name of the business entity.) | | |
| DBA ("doing business as" or also known as an assumed name) (if applicable) | | |
| BUSINESS ADDRESS (must be physical street address, no PO boxes) | CITY | STATE ZIP CODE |
| COUNTY | E-MAIL 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 NO. | 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, contact 651.284.5032 or 1-800-342-5354.

- I have no employees. (See Minn. Stat. § 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 Minn. Stat. § 176.041 for a list of excluded employees.) Explain why your employees are not covered:

Other: _____

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.

| | | |
|--------------------------------|-------|------|
| PRINT NAME | | |
| APPLICANT SIGNATURE (required) | TITLE | DATE |

NOTE: You must notify us if there is any change to your Workers' Compensation Insurance Information or Employee Status Change by resubmitting this form. This material can be made available in different forms, such as large print, Braille or on a tape.



City of Crystal
Supplemental Application
For Therapeutic Massage License

Select type(s) of license: [] Therapeutic Massage Enterprise [] Therapeutic Massage Therapist

Select Type of Business: [] Individual [] Partnership [] Corporation [] Other _____

Name of Business _____

Business Address _____

(If the business is to be conducted under a designated name or style other than the full individual name of the applicant, attach a copy of the certification required by MS Chapter 333 and certified by the Clerk of the District Court)

SECTION I (All applicants must complete this section.)

Applicant's Name _____ Home Phone _____

Date of Birth _____ Place of Birth _____

Home Address _____
Street City State Zip Code

Have you ever used/been known by a name other than your true name? [] Yes [] No
If yes, list the name(s) and any information concerning the date(s) and place(s) where used.

List street addresses at which you have lived during the preceding five years:

List the type, name, and location of every business or occupation you have been engaged in during the preceding five years:

List the names and addresses of your employers and partners, if any, for the preceding five years:

Have you ever been convicted of a crime? [] Yes [] No

If yes, give details as to type(s) of crime, time(s), place(s), and sentence(s):

Give your training and/or experience in performing massage services (furnish names, places, and length of time involved):

Legal description of the premises to be licensed (attach a plan of the area showing dimensions, location of buildings, street access, and parking facilities). If the premises is being planned, under construction, or undergoing substantial alterations, preliminary plans must show the design of the proposed premises (if building plans are on file with the building inspector, please indicate this).

Are all real estate and personal property taxes that are due and payable (for the premises to be licensed) paid? Yes No If no, list the year(s) and the amount(s) that are unpaid:

SECTION II (If applicant is a partnership, complete this section.)

List the names and addresses of general and limited partnership and percentage of interest:

| Name | Address | Percentage of interest |
|------|---------|------------------------|
| | | |
| | | |
| | | |

Note: Each partner must complete an individual Section I. A true copy of the partnership agreement must be attached to this application; also a certified copy of the certificate as to a trade name under MS 333.02, if applicable.

Name of managing partner

SECTION III (If applicant is a corporation or other organization, complete this section.)

Name of Corporation

State in which incorporated

Name of Manager or Proprietor

Note: This person must also complete Section I – individual

List all parties who control or own an interest in excess of five percent in such corporation or organization.

SECTION IV *(If applying for therapeutic massage therapist license, complete this section.)*

Social Security Number _____ - _____ - _____

Weight Height Hair color Eye Color

Current Employer Address

Please submit evidence of the following with your application:

1. Current insurance coverage of at least \$1,000,000 for professional liability in the practice of massage
2. Training:
 - (a) Certificate of Completion of 400 hours in certified therapeutic massage training from a recognized school that has been approved by the city manager; **OR**
 - (b) One year of experience practicing massage therapy as established by an affidavit. Must document within two years of obtaining the license that you have completed the 400 hours of certified therapeutic massage training from a recognized school.

Signature of Applicant

Date



4141 Douglas Drive North • Crystal, Minnesota 55422-1696

Tel: (763) 531-1000 • Fax: (763) 531-1188 • www.crystalmn.gov

The following information is required per Crystal City Code Section 311.01, Subd. 3, which authorizes a Minnesota Computerized Criminal History background investigation for approval or denial of a city license or permit.

AUTHORIZATION AND RELEASE

The undersigned, having filed an application with the City of Crystal ("City") for a city license, does hereby authorize and request anyone having control of any documents or information pertaining to me to furnish copies of any such documents or information to representatives of the City, and to permit said representatives of the City to inspect and make copies of any such documents or information. I further authorize any such persons to answer any inquiries concerning the undersigned, which may be submitted to them by representatives of the City. I fully understand that the City may use this information in its evaluation of my city license application. I hereby release and exonerate any person who complies with this Authorization and Release from any and all liability pertaining to the furnishing or inspection of such documents or information.

Applicant's Signature: _____ Dated: _____, 20____

PLEASE PRINT:

Applicant's Name: _____
First Middle Last Suffix

If known by previous name, provide: _____

Home Address: _____
City State Zip

Daytime Telephone Number: (____) _____ Date of Birth: _____

Driver's License: _____
Number State Where Issued

Organization Associated With: _____

Type of City License Applied For: _____

I have lived in MN for _____ years. If less than 10 years, list previous addresses:



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Certification of Financial Responsibility

This form must be completed and returned with a City license application.

To the best of my knowledge, based upon a review of the status of the property/business located in the City of Crystal at _____, I attest that the foregoing property/business is financially responsible as outlined in Crystal City Code 1005.29 (a), printed in full on the reverse of this form.

I hereby certify that I/we are current on the following financial obligations:

(Circle answers)

- Yes No Property Taxes paid
- Yes No Utility Bills paid
- Yes No State Taxes paid
- Yes No Federal Taxes paid
- Yes No Other governmental obligations or claims concerning me or the business entity named on this license application

If "NO" is circled for any of the above, describe the payment plan or other agreement approved by the applicable governmental entity.

See entire Crystal City Code 1005.29 (a) on the reverse side of this form.

I certify under penalty of perjury that the foregoing is true and correct.

Executed on: _____ (date)

Print Name

Signature

Note: Filing a false statement with a government agency is a criminal offense.

Staff use only:
 __UB __PrevUB __UB Cert __Tax __PrevTax
 Verified compliance _____ <date>
 Staff initials: _____

The City of Crystal has adopted the following ordinance:

Crystal City Code 1005.29 Financial responsibility; applicability. (a) Prior to the issuance of a license the applicant must file with the city clerk satisfactory evidence of financial responsibility. "Satisfactory evidence of financial responsibility" shall be shown by a certification under oath that the property taxes, public utility bills, and all state and federal taxes or other governmental obligations or claims concerning the business entity applying for the license are current, and that no notice of delinquency or default has been issued, or if any of the financial obligations stated in this subsection are delinquent or in default, that any such delinquency or default is subject to a payment plan or other agreement approved by the applicable governmental entity. "Satisfactory evidence of financial responsibility" as required by this subsection shall in addition be shown by any individual applicant and all individual owners and/or shareholders of the business entity. Operation of a business licensed under this section without having on-going evidence on file with the City of the financial responsibility required by this subsection is grounds for revocation or suspension of the license.

What does this mean for a City-issued business license?

Prior to issuance of a City-issued business license or renewal license, license holders are required to certify that the property taxes, utility bill, and all state and federal taxes for the property or the business entity applying are current. Also, the applicant must certify that no notice of delinquency or default has been issued or is subject to a payment plan.

What will happen if a license holder is not financially responsible?

A hearing is granted before the City Council. The Council may deny, suspend or revoke the City-issued business license. Upon providing satisfactory evidence of financial responsibility, the business owner may re-apply for the license.

Section 1195: Therapeutic Massage
(Added, Ord. No. 96-10, Sec. 1)

1195.01. Findings. It is found and determined that:

- a) persons who have recognized and standardized training in therapeutic massage, health and hygiene provide a legitimate and necessary service to the general public;
- b) health and sanitation regulations governing therapeutic massage enterprises and massage therapists will minimize the risk of the spread of communicable diseases and promote health and sanitation;
- c) license qualifications for therapeutic massage enterprises and massage therapists will minimize the risk that such businesses and persons may facilitate prostitution and other criminal activity in the city; and
- d) massage services provided by persons without recognized and standardized training in massage can endanger citizens by facilitating the spread of communicable diseases, by exposing citizens to unhealthy and unsanitary conditions, and by increasing the risk of personal injury.

1195.03. Definitions. Subdivision 1. The terms defined in this section have the meanings given them.

Subd. 2. "Clean" means the absence of dirt, grease, rubbish, garbage and other offensive, unsightly or extraneous matter.

Subd. 3. "In good repair" means free of corrosion, breaks, cracks, chips, pitting, excessive wear and tear, leaks, obstructions and similar defects.

Subd. 4. "Massage" means the rubbing, stroking, kneading, tapping or rolling of the body of another person with the hands for the purpose of physical fitness, health-care referral, relaxation and for no other purpose.

Subd. 5. "Operate" means to own, manage or conduct, or to have control, charge or custody over.

Subd. 6. "Therapeutic massage enterprise" means a place of business providing massage services to the public for consideration: the term does not include a hospital, sanitarium, rest home, nursing home, boarding home or other institution for the hospitalization or care of other human beings duly licensed under the provisions of Minnesota Statutes, Sections 144.50 through 144.69.

Subd. 7. "Therapeutic massage therapist" means a person who practices or administers massage to the public for consideration.

Subd. 8. "In the city" means physical presence as well as telephone referrals such as phone-a-massage operations in which the business premises, although not physically located within the city, serves as a point of assignment of employees who respond to requests for services from in the city.

1195.05. License required. Subdivision 1. Therapeutic massage enterprise. It is unlawful to operate, offer, engage in or carry on massage services in the city without a therapeutic massage enterprise license.

Subd. 2. Therapeutic massage therapist license. It is unlawful to practice, administer or provide massage services in the city without a therapeutic massage therapist license.

1195.07. Exemptions. A therapeutic massage enterprise license or massage therapist license is not required for the following persons and places:

- a) persons licensed by the state to practice medicine, surgery, osteopathy, chiropractic, physical therapy or podiatry, provided that the massage is administered in the regular course of the medical treatment not provided as part of a separate and distinct massage business;
- b) persons licensed by the state as beauty culturists or barbers, provided the persons do not hold themselves out as giving massage treatments and provided that massage by beauty culturists is limited to the head, hand, neck and feet and the massage by barbers is limited to the head and neck;
- c) persons working solely under the direction and control of a person duly licensed by the state to practice medicine, surgery, osteopathy, chiropractic, physical therapy or podiatry;
- d) places licensed or operating as a hospital, nursing home, hospice, sanitarium or group home established for hospitalization or medical care; and
- e) athletic coaches, directors and trainers employed by public or private schools.

1195.09. General rule. The owner or operator of a licensed therapeutic massage enterprise may employ only licensed therapeutic massage therapists to provide massage services. The owner or operator of a licensed therapeutic massage enterprise need not be licensed as a therapeutic massage therapist unless that owner or operator personally provides massage services.

1195.11. License application. Subdivision 1. Therapeutic massage enterprise. The application for a therapeutic massage enterprise license must contain the following information:

- 1) For all applicants:
 - i) whether the applicant is an individual, corporation, partnership or other form of organization;
 - ii) the legal description of the premises to be licensed together with a plan of the area showing dimensions, location of buildings, street access and parking facilities;
 - iii) the floor number, street number and rooms where the massage services are to be conducted;
 - iv) whether all real estate and personal property taxes that are due and payable for the premises to be licensed have been paid, and if not, the years and amounts that are unpaid;

- v) if the application is for premises either planned or under construction or undergoing substantial alteration, the application must be accompanied by preliminary plans showing the design of the proposed premises; if the plans for design are on file with the building inspector, no plans need be submitted;
 - vi) the name and street address of the business if it is to be conducted under a designation, name or style other than the name of the applicant, and a certified copy of the certificate required by Minnesota Statutes, section 333.02;
 - vii) other information that the city council may require.
- 2) For applicants who are individuals:
- i) the name and date of birth of the applicant and applicant's residence address;
 - ii) if the applicant has ever used or been known by a name other than the applicant's name, and if so, the name or names and information concerning the dates and places where used;
 - iii) residence addresses of the applicant during five years preceding the date of application;
 - iv) the type, name and location of every business or occupation the applicant has been engaged in during the preceding five years;
 - v) names and addresses of the applicant's employers for the preceding five years;
 - vi) if the applicant has ever been convicted of a felony, crime or violation of an ordinance other than a minor traffic offense; if so, the applicant must furnish information as to the time, place and offense involved in the convictions;
 - vii) if the applicant has ever been engaged in the operation of massage services; if so, the applicant must furnish information as to the name, place and length of time of the involvement in such activity.
- 3) For applicants that are partnerships:
- i) the names and addresses of general and limited partners and the information concerning each general partner described in paragraph 2);
 - ii) the managing partners must be designated, and the interest of each general and limited partner in the business must be disclosed;
 - iii) a true copy of the partnership agreement must be submitted with the application, and if the partnership is required to file a certificate as to a trade name under Minnesota Statutes, section 333.02, a certified copy of that certificate must be submitted.

The license if issued will be in the name of the partnership.

- 4) For applicants that are corporations:
 - i) the name of the organization, and if incorporated, the state of incorporation;
 - ii) a true copy of the certificate of incorporation, and, if a foreign corporation, a certificate of authority as described in Minnesota Statutes, section 303.02;
 - iii) the name of the general manager, corporate officers, proprietor, and other person in charge of the premises to be licensed, and the information about those persons described in paragraph 2);
 - iv) a list of the persons who own or have a controlling interest in the corporation or organization or who are officers of the corporation or organization, together with their addresses and the information regarding such persons described in paragraph 2).

Subd. 2. Therapeutic massage therapist. An application for a therapeutic massage therapist license must contain the following information:

- 1) the applicant's name and address;
- 2) the applicant's current employer;
- 3) the applicant's employers for the previous five years, including employer's name, address and dates of employment;
- 4) the applicant's residence address for the previous five years;
- 5) the applicant's social security number, date of birth, home telephone number, weight, height, color of eyes and color of hair;
- 6) if the applicant has ever been convicted of a felony, crime or violation of an ordinance other than a minor traffic offense and, if so, the time, place and offense involved in the convictions;
- 7) if the applicant has ever used or been known by a name other than the applicant's name, and if so, the name or names and information concerning dates and places where used;
- 8) evidence that the applicant:
 - a) has current insurance coverage over \$1,000,000 for professional liability in the practice of massage;
 - b) is affiliated with, employed by or owns a therapeutic massage enterprise licensed by the city;

- c) has completed 400 hours of certified therapeutic massage training from a recognized school that has been approved by the city manager; or
 - d) has one year of experience practicing massage therapy as established by an affidavit and can document within two years of obtaining the license that the person has completed 400 hours of certified therapeutic massage training from a recognized school; if such documentation cannot be established at the time of license renewal, the license will not be renewed and the person who received the license based upon experience may not receive a license in the future unless the person has the requisite certified hours;
- 9) other information that the city council may require;
- 10) the minimum requirement of massage training specified in clause 8, paragraphs c) and d) does not apply to a massage therapist i) employed by an establishment licensed for massage on the effective date of Ordinance No. 96-10 and ii) continuously employed since that date by the licensed establishment. (Added, Ord. No. 97-6, Sec. 1)

1195.13. Application and investigation fees. The fees for a massage enterprise and therapist licenses are set forth in Appendix IV. An investigation fee will be charged for therapeutic massage enterprise licenses. An application for either license must be accompanied by payment in full of the required license and investigation fees, if applicable.

1195.15. Application verification and consideration. Subdivision 1. Therapeutic massage enterprise license. The city manager must verify the information supplied on the license application and investigate the background, including the criminal background, of the applicant to assure compliance with this section. Within 90 days of receipt of a complete application and fee for a therapeutic massage enterprise license, the city manager must make a written recommendation to the city council as to issuance or nonissuance of the license. The city council may order additional investigation if it deems it necessary, but must grant or deny the application within 120 days of receipt by the city manager of the complete application and required fees.

Subd. 2. Therapeutic massage therapist license. Within 90 days of receipt of a complete application and fee for a therapeutic massage therapist license, the city manager must grant or deny the application. Notice will be sent to the applicant upon a denial informing the applicant of the right to appeal to the city council within 20 days. If an appeal is properly made, the matter will be placed on the next available city council agenda.

1195.17. Persons ineligible for license. Subdivision 1. Therapeutic massage enterprise license. A therapeutic massage enterprise license may not be issued to an individual who:

- a) is a minor at the time the application is filed;
- b) has been convicted of any crime directly related to the occupation licensed as prescribed by Minnesota Statutes, section 364.03, subdivision 2, and who has not shown competent evidence of sufficient rehabilitation and present fitness to perform the duties and responsibilities of a licensee as prescribed by Minnesota Statutes, section 364.03, subdivision 3;
- c) is not of good moral character or repute;
- d) is not the real party in interest of the enterprise;
- e) has misrepresented or falsified information on the license application.

Subd. 2. Therapeutic massage therapist license. A therapeutic massage therapist license may not be issued to a person who could not qualify for a therapeutic massage enterprise license or who is not (i) affiliated with, (ii) employed by or (iii) does not hold, a therapeutic massage enterprise license.

1195.19. Locations ineligible for therapeutic massage enterprise license. Subdivision 1. A therapeutic massage enterprise may not be licensed if the enterprise is located on property on which taxes, assessments or other financial claims to the state, county, school district or city are due and delinquent. In the event a suit has been commenced under Minnesota Statutes, sections 278.01-278.13, questioning the amount or validity of taxes, the city council may on application waive strict compliance with this provision; no waiver may be granted, however, for taxes or any portion thereof, which remain unpaid for a period exceeding one year after becoming due.

Subd. 2. Zoning compliance. A therapeutic massage enterprise may not be licensed if the location of such enterprise is not in conformance with section 515 (Appendix I-Zoning) of this Code.

1195.21. General license restrictions. Subdivision 1. Posting. A therapeutic massage enterprise license issued must be posted in a conspicuous place on the premises for which it is used. A person licensed as a therapeutic massage therapist must have in possession a copy of the license when therapeutic massage services are being rendered.

Subd. 2. Area. A therapeutic massage enterprise license is effective only for the compact and contiguous space specified in the approved license application. If the licensed premises is enlarged, altered or extended, the licensee must inform the city manager. A licensed therapeutic massage therapist may perform on-site massage at a business, public gathering, private home or other site not on the therapeutic massage enterprise premises.

Subd. 3. Transfer. The license issued is for the person or the premises named on the approved license application. Transfer of a license from place to place or from person to person is not permitted.

Subd. 4. Coverings. The therapist must require that the person who is receiving the massage will at all times have that person's breasts, buttocks, anus and genitals covered with non-transparent material or clothing. A therapist performing massage must have the therapist's breasts, buttocks, anus and genitals covered with a non-transparent material or clothing.

Subd. 5. Prohibited massage. A therapist may not intentionally massage or offer to massage the penis, scrotum, mons veneris, vulva or vaginal area of a person.

1195.23. Restrictions regarding sanitation and health. Subdivision 1. A therapeutic massage enterprise must be equipped with adequate and conveniently located toilet rooms for the accommodation of its employees and patrons. The toilet room must be well ventilated by natural or mechanical methods and be enclosed with a door. The toilet room must be kept clean and in good repair and be fully and adequately illuminated.

Subd. 2. A therapeutic massage enterprise must provide single-service disposal paper or clean linens to cover the table, chair, furniture or area on which the patron receives the massage. If the table, chair or furniture on which a patron receives the massage is made of material impervious to moisture, such table, chair or furniture must be sanitized after each massage.

Subd. 3. The therapeutic massage therapist must wash the therapist's hands and arms with water and soap, anti-bacterial scrubs, alcohol or other disinfectants prior to and following each massage service performed.

Subd. 4. Massage tables, chairs or furniture on which the patron receives the massage must have surfaces that can be readily disinfected after each massage.

Subd. 5. Rooms in a therapeutic massage enterprise must be fully and adequately illuminated.

Subd. 6. A therapeutic massage enterprise must have a janitor's closet that provides for the storage of cleaning supplies.

Subd. 7. Therapeutic massage enterprises must provide adequate refuse receptacles that must be emptied as required by this code.

Subd. 8. Therapeutic massage enterprises must be maintained in good repair and sanitary condition.

Subd. 9. Therapeutic massage enterprises must comply with the requirements of the Minnesota Indoor Clean Air Act.

Subd. 10. A therapeutic massage enterprise must take reasonable steps to prevent the spread of infections and communicable diseases on the licensed premises.

Subd. 11. Massage therapists must wear clean clothing when performing massage services.

1195.25. License term; fees; renewals. Licenses expire annually on December 31. The license fee will be prorated in 30-day increments for licenses issued after June 30. The city manager must prepare an application form for the renewal of a license requiring information that the manager determines necessary for consideration of the renewal. The renewal application must be made no later than November 30. License fees are set by Appendix IV.

1195.27. Suspension; revocation. A license granted under this section may be suspended or revoked by the city council for the reasons and under the procedures specified in Chapter X of the code.

1195.29. Temporary therapist license. Subdivision 1. The city manager may issue a temporary therapeutic massage therapist license as provided in this subsection.

Subd. 2. A temporary massage therapist license may be issued to a person who

- a) is qualified to hold a massage therapist license under this section;
- b) has completed the required application and paid the license fee at least seven days prior to the effective date of the license.

Subd. 3. A temporary license is effective for four consecutive days. A person may not be issued more than three temporary licenses in any period of 360 consecutive days.

Subd. 4. All other provisions of this section apply to temporary licenses.

Crystal City Code

1195.31 (Rev. 1996)

1195.31. Hours of operation. A licensed therapeutic massage enterprise may not operate for business between the hours of 9:00 p.m. and 7:00 a.m.