

**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
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- 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 #: <small>(NOTE: you must provide a copy of the confirmation letter from the State.)</small>	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: _____



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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

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 or engage in any activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minnesota Statutes, Chapter 176. The required workers' compensation insurance information is the name of the insurance company, the policy number, and the dates of coverage, or the permit to self-insure. 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.

BUSINESS NAME (Individual name only if no company name used)	LICENSE OR PERMIT NO (if applicable)
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DBA (doing business as name) (if applicable)

BUSINESS ADDRESS (PO Box must include street address)	CITY	STATE	ZIP CODE
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YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WITHOUT THE FOLLOWING INFORMATION. You must complete number 1, 2 or 3 below.

NUMBER 1 COMPLETE THIS PORTION IF YOU ARE INSURED:

INSURANCE COMPANY NAME (not the insurance agent)

WORKERS' COMPENSATION INSURANCE POLICY NO.	EFFECTIVE DATE	EXPIRATION DATE
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NUMBER 2 COMPLETE THIS PORTION IF SELF-INSURED:

I have attached a copy of the permit to self-insure.

NUMBER 3 COMPLETE THIS PORTION IF EXEMPT:

I am not required to have workers' compensation insurance coverage because:

I have no employees.

I have employees but they are not covered by the workers' compensation law. (See Minn. Stat. Sec. 176.041 for a list of excluded employees.) Explain why your employees are not covered: _____

Other: _____

ALL APPLICANTS COMPLETE THIS PORTION:

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.

APPLICANT SIGNATURE (mandatory)	TITLE	DATE
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NOTE: If your Workers' Compensation policy is canceled within the license or permit period, you must notify the City of Crystal by resubmitting this form.

This material can be made available in different forms, such as large print, Braille or on a tape. To request, call 1-800-342-5354 (DIAL-DLI) Voice or TDD (651) 297-4198.

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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 _____

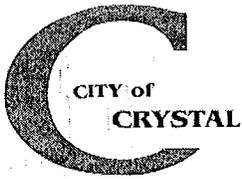
Current Employer _____ Address _____

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.

<p>Staff use only: ___UB ___PrevUB ___UB Cert ___Tax ___PrevTax Verified compliance _____ <date> Staff initials: _____</p>

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.