



REQUIREMENTS CHECKLIST FOR MASSAGE THERAPIST/ THERAPEUTIC MASSAGE ENTERPRISE LICENSE

Attached is a list of documents required by City ordinance to obtain an individual Massage Therapist License (Therapist) or Therapeutic Massage Enterprise License (Enterprise) in the City of Spring Lake Park.

All massage licenses require an annual background investigation by the Police Department and City Council approval. The Spring Lake Park City Council meet on the first and third Mondays of each month. Please allow a minimum of four to six weeks to process a new license application. Any missing documents will delay the processing of your application.

- _____ 1. **Individual Massage Therapist or Massage Enterprise License Application** Every question **must** be completed or the application will not be accepted.
- _____ 2. **Proof of Local Residency. Age. Citizenship/Resident Alien** Must be eighteen (18) years of age or older. Provide color photocopy of applicant's valid MN driver's license or MN I.D. (front and back) or any other government-issued I.D. evidencing applicant is a resident of one of the 11 metro area counties (Anoka, Carver, Chisago, Dakota, Hennepin, Isanti, Ramsey, Scott, Sherburne, Washington and Wright in Minnesota, and St. Croix, Pierce, or Polk counties in Wisconsin **OR** proof of residency or residing within 150 miles of the City of Spring Lake Park).
- _____ 3. **Individual Massage Therapist Certificate of Insurance** in the amount of one million dollars (\$1,000,000) for professional liability in the practice of massage with the City of Spring Lake Park listed as the holder. Insurance coverage by the employer/enterprise is not sufficient.
- _____ 4. **License Fee** Annual fee is **\$100 for Therapist license/\$350 for Enterprise license**. The full fee must be paid with initial license application. The license fee for a partial calendar year may be pro-rated to one-half of the annual fee if an application is filed with the issuing authority after June 30. License periods run January thru December.
- _____ 5. **Background Investigation Release Form** See page 2 of checklist for list and fees.
- _____ 6. **Massage Enterprise Affiliation** Proof of affiliation with massage enterprise licensed by the City.
- _____ 7. **Indemnification Agreement** Must be signed in front of a notary. By signing you agree to abide by and all laws, rules and ordinances of the City of Spring Lake Park relating to the license or permit and any other governmental entity including county, state and federal regulations which may apply to the license or permit.
- _____ 8. **Proof of Accreditation**
Accredited Institution Official Transcript (**CERTIFIED**) from an educational institution holding accredited status with the **United States Department of Education** or **Minnesota Office of Higher Education** showing a minimum of 500 hours of certified therapeutic massage training with content that includes the subjects of anatomy, physiology, hygiene, ethics, massage theory and research, and massage practice from an accredited program or accredited institution that has been approved by the Issuing Authority. These training hours **must** be authenticated by a single provider through a certified copy of the transcript of academic record from the school issuing the training, degree or diploma.
- OR -
Accredited Program Proof from educational institution showing a professional massage program is or was accredited by the **Commission on Massage Therapy Accreditation (COMTA)** at the time of attendance.
- _____ 9. **Minnesota & Federal Business Tax I.D.** form (Therapist must fill out Nos. 1 thru 6 and sign).
- _____ 10. **2 x 2 Color Passport Photo**

Enterprise Licenses Only

- _____ 1. **Minnesota Worker's Compensation Insurance Coverage** form
- _____ 2. **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; include floor number, street number, and all rooms where massage services will be conducted.

Background Requirements (No. 5 on page 1 of Massage Checklist)

All applications must include results of a comprehensive national criminal background check from one of the background investigative providers listed below. The national criminal background check is to be obtained and paid for by the therapeutic massage enterprise licensee upon signed release from employee.

The City of Spring Lake Park will also conduct a background investigation: \$200 for new Enterprise
\$ 100 for new therapist

American
Data Bank
800-200-0853
www.americandatabank.com

General Information Services
866-260-0493
www.geninfo.com

Good Hire
www.goodhire.com
855-496-1572

Universal Background Screening
www.universalbackground.com
1-877-263-8033

Verified Credentials,
Inc. 20890 Kenbridge
Court
Lakeville, MN 55044
952-985-7200
www.verifiedcredentials.com

Western Reporting
www.westernreporting.com
855-910-8443



CITY OF
Spring
Lake Park
MINNESOTA

Individual Therapeutic Massage License Application

DIRECTIONS: PLEASE PRINT this form must be filled out in ink or it must be typed. If you need additional space please attach a separate sheet of paper.

For office use only

Date received in office ____/____/____ License Fee: \$ **100.00** Background Fee \$ **100.00**
Approval date ____/____/____ License No. MT ____ - ____
Year

Section 1: Personal Applicant Information

To be completed by applicant only

1. Date ____/____/____
2. Employer _____ Phone (____) _____
3. Address _____
Street City County State Zip

4. Name _____ Phone (____) _____
Last First Middle
Address _____
Street City County State Zip

5. Email address _____ Social Security Number ____ - ____ - ____
6. Driver's License Number _____ Issuing State _____

7. Height _____ Weight _____ Color of hair _____ Color of eyes _____

8. Place of birth _____ DOB ____/____/____

9. Address(es) and dates which you have lived during the preceding 10 years.
Street City County State Zip Dates
Street City County State Zip Dates
Street City County State Zip Dates

9. Are you a U.S. citizen? Yes No
If yes, but birthplace was not in the U.S., please provide a Certificate of Naturalization, Certificate of Citizenship, or current passport.
If no, present proof of immigration/ employment status/Birth Certificate.

10. Have you ever used or been known by a name or names other than the name given above?
If yes, list such name(s) and information concerning dates and places names where used. Yes No

CITY CLERK'S OFFICE Licensing www.slpmn.org
1301 81st Avenue NE PH 763-784-6491
Spring Lake Park, MN 55432 FAX 763-792-7257

11. Employers and/or businesses for the preceding 10 years. *Include names, addresses, contact information, phone numbers and dates of employment.*

12. Have you ever been arrested, charged or convicted of any felony, crime or violation of any ordinance other than a minor traffic offense?

Yes No

If yes, provide the date, time, place and offense. A criminal conviction will not necessarily be grounds for denial.

13. Have you ever been the subject of an investigation, public or private, criminal or non-criminal regarding massage therapy?

Yes No

If yes, provide the date, time, place and offense.

14. Have you ever had any ownership in any previous establishment for a therapeutic massage license that was denied, revoked, suspended or not renewed?

Yes No

If yes, explain in detail providing dates of such revocation(s).

15. **Personal References.** Provide the names, residence and business addresses of individuals, of good moral character, not related to the applicant or financially interested in the business, who may provide reference as to the applicant's character.

Use attached sheet to complete your references.

16. **Other Licensing.** Are you currently licensed to perform massage therapy in other communities?

If yes, list which communities.

Yes No

Section 2: Documentation Required

Please Attach the Following Documents:

- 1) **Letter from the Spring Lake Park-licensed Therapeutic Massage Enterprise** stating you will be affiliated with or employed by them once licensed by the City of Spring Lake Park.
- 2) **Proof of insurance** coverage of one million dollars (\$1,000,000) for professional liability in the practice of massage with the City of Spring Lake Park listed as the holder.
- 3) **Proof of at least 500 hours of certified therapeutic massage training** from an accredited institution or program licensed or verified by a State licensing board or agency that has been approved by the issuing authority (original transcript showing applicant name, dates of training, and name and address of institution sent directly by the school to the City Clerk's Office).

Section 3: Tennesen Warning & Signature

The data on this form will be used to approve your license. Some requested data is private. Private data is available to you and the City or State staff who need this information to perform their duties, but is not available to the public. You are not legally required to provide this data, but the City may not be able to approve your license if you do not provide it.

You are being asked to answer questions and provide information pursuant to the application process that is required by Minnesota State Law and the City of Spring Lake Park ordinance. The information you provide is government data in accordance with Chapter 13 of State law known as the "Minnesota Government Data Practices Act". You are not required by law or ordinance to answer questions or provide the information requested. A refusal to answer questions or provide information being requested will prevent the City of Spring Lake Park from processing the application for which you are applying.

As a consequence of that action, no license application will be forwarded to the Spring Lake Park City Council for their consideration. The information you provide may be classified as "public", "private" or "confidential" pursuant to the "Government Data Practices Act". Access to this information can be obtained by persons who are deemed eligible pursuant to the "act". This access can include the subject(s) of the license application, anyone they give their informed consent to consistent with Minnesota State law, or by court order.

I have received from the City of Spring Lake Park a copy of the *Therapeutic Massage Ordinance, Chapter 11.40* of the *City Code*, and will familiarize myself with the provisions. I understand that a criminal conviction will not bar me from obtaining a license unless the conviction is directly related to the occupation for which the license is sought and there is no showing of sufficient rehabilitation and present fitness to perform the duties of the occupation (*Minnesota Statute 364.03*). I understand that falsification of the application, including failure to reveal a criminal conviction, constitutes grounds for denial of the license.

The information I have provided on this application is truthful. I authorize the City of Spring Lake Park to investigate the information and contact persons/organizations named on this application. **My signature constitutes agreement of the Tennesen Warning and this entire application.**

X

Applicant's Signature

References

Provide the names, residence or business addresses of individuals, of good moral character, not related to the applicant or financially interested in the business, who may provide reference as to the applicant's character:

Name: _____

Address: _____

Phone: _____ Best time to call: _____

Will an interpreter be needed? _____ If yes, what language: _____

Name: _____

Address: _____

Phone: _____ Best time to call: _____

Will an interpreter be needed? _____ If yes, what language: _____

Name: _____

Address: _____

Phone: _____ Best time to call: _____

Will an interpreter be needed? _____ If yes, what language: _____



Therapeutic Massage Enterprise License Application

Part I – General

For office use only

Date received in office ____/____/____ License Fee: \$ **350.00** Background Fee: \$ **200.00**

Approval Date ____/____/____ License No. MTE _____ - _____

Enterprise Only _____ Enterprise/Individual _____

DIRECTIONS: PLEASE PRINT. This form must be filled out in ink or it must be typed. If the applicant is an individual, by that person; if a corporation, by an officer thereof; if a partnership, by one of the partners; if an unincorporated association, by the manager or managing officer thereof.

The City of Spring Lake Park has an electronic notification system where all proposed ordinances are posted for Council consideration. Go to www.slpmn.org and click on the e-mail icon on the top right hand corner.

Section 1: Business Information

- Date ____/____/____
- Type of business: Individual Partnership Corporation Other organization
- Business name _____ Phone (____) _____
- Business address _____
Street City County State Zip
- Email address _____ Website address _____

Mandatory

*If business is to be conducted under a designation, name or style other than the name of the applicant, **attach** a certified copy of the Certificate of Assumed Name. **Attach** a list of owners and their respective percentages totaling 100 percent.*

6. Minnesota Business Tax ID Number (Per Minnesota Statute 270C.72) _____

7. Federal Business Tax ID Number _____

8. Proof of Workers' Compensation Insurance Coverage:

Insurance company name _____

Dates of coverage _____ to _____

Policy number/Self-insurance permit number (Per Minnesota Statute Section 176.182) _____

9. Responsible Party _____ Phone (____) _____

10. Address _____
Street City County State Zip

11. Email address _____

Mandatory

Continue to page 2

CITY CLERK OFFICE

Licensing Division

1301 81st Avenue NE

Spring Lake Park, MN 55432

www.slpmn.org

PH 763-784-6491

FAX 763-792-7257

Section 2: Type of Applicant

Complete only one type in this section. Refer to Question 1 for type of applicant.

12. Individual If applicable, complete this question and a Part II Personal History form. Then proceed to Section 3.

Name _____ Maiden name _____
Last First Middle

Home address _____
Street City County State Zip

Home phone (_____) _____ Business phone (_____) _____

Business address _____
Street City County State Zip

13. Partnership If applicable, complete this question for general and limited partners, then proceed to Section 3. A Part II Personal History form is required from each general partner including dates and address for the preceding 10 years.

A. Full name _____ Phone (_____) _____
Last First Middle

Residence _____
Street City State Zip

Business _____ Phone (_____) _____

B. Full name _____ Phone (_____) _____
Last First Middle

Residence _____
Street City State Zip

Business _____ Phone (_____) _____

C. Full name _____ Phone (_____) _____
Last First Middle

Residence _____
Street City State Zip

Business _____ Phone (_____) _____

Attach a copy of the partnership agreement

13a. Corporation/other organization If applicable, complete questions 13a and 13b, then proceed to Section 3.

Name _____ Phone (_____) _____
Last First Middle

SLP business address _____
Street City State Zip

Corporate address _____
Street City State Zip

State of incorporation/association _____

13b. Officers of corporation/other organization. A Part II Personal History form is required from each officer.

1. **President name** _____ Phone (_____) _____
Last First Middle

Residence _____
Street City State Zip

2. **Vice President name** _____ Phone (_____) _____
Last First Middle

Residence _____
Street City State Zip

3. **Secretary name** _____ Phone (_____) _____
Last First Middle

Residence _____
Street City State Zip

4. **Treasurer name** _____ Phone (_____) _____
Last First Middle

Residence _____
Street City State

Attach

1. A copy of the Certificate of Incorporation.
2. Foreign corporations attach a copy of Certificate of Authority, as required by *Minnesota Statutes, Section 303.06*.
3. Certificate of Assumed Name.

Section 3: Person(s) in charge of licensed premises

All applicants must complete this section.

The Part II Personal History must be completed and filed with this application by each person in this section.

14. General manager, proprietor, managing partner or any other individual or agent in charge of the licensed premises.

Name _____ Phone (_____) _____
Last First Middle

Residence _____
Street City State Zip

Position _____

Name _____ Phone (_____) _____
Last First Middle

Residence _____
Street City State Zip

Position _____

Continue to page 4

Section 4: Premises

All applicants complete this section.

If the premises is planned, under construction or undergoing substantial alteration, the application shall be accompanied by a set of preliminary plans showing the proposed design. If the plans are on file with the Building and Inspection Division of the Community Development Department, no additional plans need be filed.

15. Total cost of assets acquired to start business, including the business premises (if purchased), fixtures, furniture, equipment, merchandise for resale, cash for working capital, prepaid insurance and any other assets. _____

16. **Attach legal description and exterior site plan of the premises to be licensed that shows dimensions, building locations, street access and parking facilities.**

17. **State the floor number, general area and all rooms where massage services will be conducted.**
Attach a floor plan showing dimensions and clearly identified rooms.

18. Are any real estate taxes, personal property taxes, special assessments or other financial claims of the state, county, School District or City of Spring Lake Park delinquent or unpaid for the premises to be licensed? Yes No

If yes, give years and unpaid amounts _____

Continue to page 5

Section 5: Tennesen Warning and Notarized Signature

The data on this form will be used to approve your license. Some requested data is private. Private data is available to you and the City or State staff who need this information to perform their duties, but is not available to the public.

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I have received from the City of Spring Lake Park a copy of the *Therapeutic Massage Ordinance, Chapter 11.40* of the *City Code*, and will familiarize myself with their provisions. I understand that a criminal conviction will not bar me from obtaining a license unless the conviction is directly related to the occupation for which the license is sought and there is no showing of sufficient rehabilitation and present fitness to perform the duties of the occupation (*Minnesota Statute 364.03*). I understand that falsification of the application, including failure to reveal a criminal conviction, constitutes grounds for denial of the license.

The information I have provided on this application is truthful. I authorize the City of Spring Lake Park to verify any and all of the information requested on this application, including the ordering of criminal background checks, and to conduct any necessary investigation to assure this application complies with the licensing and zoning ordinances. ***My signature constitutes agreement of the Tennesen Warning and this application.***

X _____
Applicant's signature

STATE OF _____)
) ss
COUNTY OF _____)

_____, says that he/she is the person who has executed this application and that the statements made therein are true of his/her own knowledge and belief.

Subscribed and sworn to me before this _____ day of _____, 20 _____

Notary Signature

My Commission Expires:
_____, 20 _____





Therapeutic Massage Enterprise License Application

Part II – Personal History

Directions: PLEASE PRINT this form must be filled out by the sole owner, each general and managing partner, each officer or director, each general manager, proprietor, manager or any other individual or agent in charge of the licensed premises and by each person who by combined ownership or control has an interest in excess of 5 percent. If you need additional space please attach a separate sheet of paper.

Section 1: Personal Applicant Information

To be completed by applicant. Refer to Section 2 for spouse of applicant

1. Business name _____ Phone (____) _____

Business address _____
Street City County State Zip

2. Applicant's name _____ Phone (____) _____
Last First Middle

Home address _____
Street City County State Zip

Email Address _____

Driver's License Number _____ Issuing State _____

3. Height _____ Weight _____ Color of hair _____ Color of eyes _____

4. Place of birth _____ Date of birth ____/____/____

5.. Address(es) and dates which you have lived during the preceding 10 years.

Street City County State Zip Dates

Street City County State Zip Dates

Street City County State Zip Dates

6. Are you a U.S. citizen? *If yes, but birthplace was not in the U.S., please provide a Certificate of Naturalization, Certificate of Citizenship, or current passport.* Yes No

If no, present proof of immigration/ employment status.

7. Have you ever used or been known by a name or names other than the name given above? Yes No

If yes, list such name(s) and information concerning dates and places where used. _____

Continue to page 2

8. Name, address and type of business you have personally owned during the preceding 10 years.

9. Names, addresses, dates of employment and phone numbers of every employer, if any, for the preceding 10 years

10. Marital status Married Single Divorced Widowed

Section 2: Applicant's Spouse Information

If you are married, complete questions 11-15, otherwise proceed to question 16

11. Name _____ Phone (____) _____
Last First Middle
 Address _____
Street City County State Zip

12. Place of birth _____ Date of birth ____/____/____

13. Address(es) at which your spouse has lived during preceding 10 years, if different than question 8.

Street	City	County	State	Zip	Dates
_____	_____	_____	_____	_____	_____
Street	City	County	State	Zip	Dates
_____	_____	_____	_____	_____	_____
Street	City	County	State	Zip	Dates
_____	_____	_____	_____	_____	_____
Street	City	County	State	Zip	Dates
_____	_____	_____	_____	_____	_____

14. Name, address, dates and type of business you have personally owned during the preceding 10 years.

15. Names, addresses and dates of your spouse's employers, if any, for the preceding 10 years.

Section 3: History

16. Have you, your spouse, parent, brother, sister, or the child of either you or your spouse, ever been engaged as an employee or operated a spa, salon or other business which offered massage? Yes No

If yes, list all dates, places contact information including phone numbers _____

17. Do you and/or your spouse have a direct or indirect interest in any other establishment in the City of Spring Lake Park to which a therapeutic massage license has been issued? Yes No

If yes, list names, addresses and interest _____

18. Have you, your spouse, parent, brother, sister, or the child of either you or your spouse, ever been arrested, charged or convicted of any felony, crime or violation of any ordinance, other than a petty traffic? Yes No

If yes, give date, time, place and nature of conviction _____

19. Have you or your spouse had any interest in any other previous therapeutic massage license that was denied, revoked, or suspended or not renewed? Yes No

If yes, explain in detail providing dates of such revocation _____

20. Have you individually, or with others, made an application for a therapeutic massage license which was denied? Yes No

If yes, state circumstances _____

21. Have you ever been the subject of an investigation, public or private, criminal or non-criminal regarding massage therapy? Yes No

If yes, provide the date, time, place and offense. _____

22. Are you currently licensed to perform massage therapy in other communities? Yes No

If yes, state where _____

23. What is the amount and source of investments you will have in the business, buildings, premises, fixtures, furniture, stock in trade?

Section 4: Tennessee Warning & Notarized Signature

The data on this form will be used to approve your license. Some requested data is private. Private data is available to you and the City or State staff who need this information to perform their duties, but is not available to the public.

You are being asked to answer questions and provide information pursuant to the application process that is required by Minnesota State Law and the City of Spring Lake Park ordinance. The information you provide is government data in accordance with Chapter 13 of State law known as the “Minnesota Government Data Practices Act”. You are not required by law or ordinance to answer questions or provide the information requested. A refusal to answer questions or provide information being requested will prevent the City of Spring Lake Park from processing the application for which you are applying.

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I have received from the City of Spring Lake park a copy of the *Therapeutic Massage Ordinance, Chapter 11.40* of the *City Code* and will familiarize myself with their provisions. I understand that a criminal conviction will not bar me from obtaining a license unless the conviction is directly related to the occupation for which the license is sought and there is no showing of sufficient rehabilitation and present fitness to perform the duties of the occupation (*Minnesota Statute 364.03*). I understand that falsification of the application, including failure to reveal a criminal conviction, constitutes grounds for denial of the license.

The information I have provided on this application is truthful. I authorize the City of Spring Lake Park to verify any and all of the information requested on this application, including the ordering of criminal background checks, and to conduct any necessary investigation to assure this application complies with the licensing and zoning ordinances. **My signature constitutes agreement of the Tennessee Warning and this application.**

X _____
Applicant's signature

STATE OF _____)
) ss
COUNTY OF _____)

_____, says that he/she is the person who has executed this application and that the statements made therein are true of his/her own knowledge and belief.

Subscribed and sworn to me before this _____ day of _____, 20 ____

Notary Signature

My Commission Expires:
_____, 20 ____



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)
--	--------------------------------------

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
--	----------------	-----------------

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. § 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
---------------------------------	-------	------

NOTE: If your Workers' Compensation policy is cancelled within the license or permit period, you must notify the agency who issued the license or permit 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.



State of Minnesota Business Tax Identification Information

DIRECTIONS: PLEASE PRINT this form must be filled out in ink or it must be typed. If the application is an individual, by that person; if a corporation, by an officer thereof; if a partnership, by one of the partners; if an unincorporated association, by the manager or managing officer thereof.

Section 1: License Information

1. Type of License Being Applied for _____
2. Licensing Authority (name of city, county or state agency issuing license) CITY OF SPRING LAKE PARK
3. Application or Renewal Date _____/_____/_____

Section 2: Applicant

To be completed by applicant

4. Name _____ Phone (_____)
Last First Middle
5. Home address _____
Street City State Zip
6. Social Security Number _____

Section 3: Business Information

7. Business name _____ Phone (_____)
8. Business address _____
Street City State Zip
9. Minnesota tax identification number _____
10. Federal tax identification number _____
11. Individual Tax ID Number or Social Security Number _____

Section 4: Notice and Signature

Under Minnesota law (M.S.270C.72(4)), the agency issuing you this license is required to provide to the Minnesota Commissioner of Revenue your Minnesota business tax identification number and 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 it 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;
- Failing to supply this information may jeopardize or delay the issuance of your license or processing your renewal application.

Please fill in the following information and return this form along with your application to the agency issuing the license. Do **NOT** return this form to the Department of Revenue.

X _____ / ____ / ____
Applicant's Signature Title Date

If a Minnesota tax identification number is not required, please explain (use reverse side of form if necessary)



**General Authorization and Release
Pursuant to MN Statute 13.05 Subd. 4
Minnesota Data Practices Act**

To: _____

I, _____ (Print full name), hereby authorize and grant my consent to permit you to release to and make available to the Spring Lake Park Police Department and/or its agents and/or representatives data classified as private which concerns me and which may be in your possession. The data, which I authorize to be released, consists of private data, as defined by MN Statute 13.02 Subd. 12, and has been collected by you as a result of my contracts and associations with you and/or your agents and representatives. The information for which release is authorized includes all data which has been collected, created, received, or disseminated in whatever form which in any way relates to my dealings with you or your agency. I understand that the purpose of permitting the Spring Lake Park Police Department to have access to this information is to determine my acceptance for a license with the City of Spring Lake Park. I further understand that this information may subsequently be utilized for other purposes relating to my license with the City of Spring Lake Park, including verification of my records and analysis by consultants to the City of Spring Lake Park who may review my suitability for such license.

This authorization shall be valid for a period of one year but I reserve the right to, at any time prior to that expiration, cancel the written authorization by providing written notice to the City of Spring Lake Park of that fact.

(Signature)

(Date)

11.40 MASSAGE SERVICES

11.40.010 Purpose

11.40.020 Findings

11.40.030 Definitions - Massage Services

11.40.040 License Required

11.40.050 Exceptions

11.40.060 License Application

11.40.070 License Fees

11.40.080 License Application Verification And Consideration

11.40.090 Persons Ineligible For License

11.40.100 Locations Ineligible For Therapeutic Massage Enterprise License

11.40.110 License Restrictions

11.40.120 Restrictions Regarding Sanitation, Health And Safety

11.40.130 Term, Renewal Of License

11.40.140 Sanctions For License Violations

11.40.150 Suspension Of License For Violations

11.40.160 Penalty

11.40.010 Purpose

The purpose of this chapter is to prohibit massage businesses and services to the public except those licensed as therapeutic massage enterprises and massage therapists pursuant to this chapter. The licensing regulations prescribed herein are necessary in order to protect businesses that are operating legitimate enterprises, to prevent criminal activity and to protect the health and welfare of the community. The purpose of this chapter is not to impose restrictions or limitations on the freedom of protected speech or expression.

11.40.020 Findings

The City Council makes the following findings regarding the need to license therapeutic massage enterprises and therapists and to prohibit all other types of massage businesses and services to the public.

- A. Persons who have bona fide and standardized training in therapeutic massage, health, and hygiene can provide a legitimate and necessary service to the general public.
- B. Health and sanitation regulations governing therapeutic massage enterprises and therapists can minimize the risk of the spread of communicable diseases and can promote overall health and sanitation.
- C. License qualifications on therapeutic massage enterprises and therapists can minimize the risk that such businesses and persons will facilitate prostitution and other criminal activity in the community.

- D. Massage services provided by persons with no specialized 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.
- E. Massage businesses which employ persons with no specialized and standardized training can tax city law enforcement services because such businesses are more likely to be operated as fronts for prostitution and other criminal activity than operations established by persons with standardized training.
- F. The training of professional massage therapists at accredited institutions is an important means of ensuring the fullest measure of protecting the public health, safety, and welfare.

11.40.030 Definitions - Massage Services

The following words and terms, when used in this chapter, shall have the following meanings unless the context clearly indicates otherwise.

ACCREDITED INSTITUTION. An educational institution holding accredited status approved by the United States Department of Education or the Minnesota Office of Higher Education.

ACCREDITED PROGRAM. A professional massage program or educational institution accredited by the Commission on Massage Therapy Accreditation (COMTA) or other accrediting agency recognized by the United States Department of Education or the Minnesota Office of Higher Education.

CLEAN. The absence of dirt, grease, rubbish, garbage, and other offensive, unsightly, or extraneous matter.

GOOD REPAIR. Free of corrosion, breaks, cracks, chips, pitting, excessive wear and tear, leaks, obstructions, and similar defects so as to constitute a good and sound condition.

ISSUING AUTHORITY. The City of Spring Lake Park.

MASSAGE. Any method of pressure on, or friction against, or the rubbing, stroking, kneading, tapping, pounding, vibrating, stimulating, or rolling of the external parts of the human body with the hands or with the aid of any mechanical or electrical apparatus, or other appliances or devices, with or without such supplementary aids as rubbing alcohol, liniment, antiseptic, oil, powder, cream, lotion, ointment, or other similar preparations. This includes the concept of touch therapy or snuggling.

MASSAGE THERAPIST. An individual who practices or administers massage to the public who can demonstrate to the issuing authority that he or she:

- A. Possessed a massage therapist license issued by the city on December 31, 2013 and is affiliated with, employed by, or owns a therapeutic massage enterprise licensed by the city;

- B. Has current insurance coverage of \$1,000,000 for professional liability in the practice of massage; and
- C. Is affiliated with, employed by, or owns a therapeutic massage enterprise licensed by the city; and
- D. Has completed 500 hours of certified therapeutic massage training with content that includes the subjects of anatomy, physiology, hygiene, ethics, massage theory and research, and massage practice from an accredited program, accredited institution, or a program or institution licensed or verified by a state licensing board or agency that has been approved by the issuing authority. These training hours must be authenticated by a single provider through a certified copy of the transcript of academic record from the school issuing the training, degree or diploma. In the event the accredited program or accredited institution is no longer in existence, in the sole discretion of the city, a certified copy of the transcript of academic record may be accepted directly from the applicant with an affidavit stating said transcript of academic record is authentic. The transcript of academic record must be from a program or institution that was once accredited and approved by the issuing authority. The certified copy of the transcript of academic record must contain the applicant's name, last address of the accredited institution at the time of closing, and reflect the 500 hours of certified therapeutic massage training with content that includes the subjects of anatomy, physiology, hygiene, ethics, massage theory and research, and massage practice, as required.

OPERATE. To own, manage, or conduct, or to have control, charge, or custody over.

PERSON. Any individual, firm, association, partnership, corporation, joint venture, or combination of individuals.

THERAPEUTIC MASSAGE ENTERPRISE. An entity which operates a business which hires only licensed therapeutic massage therapists to provide therapeutic massage to the public. The owner/operator of a **THERAPEUTIC MASSAGE ENTERPRISE** need not be licensed as a therapeutic massage therapist if he or she does not, at any time, practice or administer massage to the public. A **THERAPEUTIC MASSAGE ENTERPRISE** may employ other individuals, such as cosmetologists and estheticians, and these individuals are not required to have a massage therapist license as long as they are not providing therapeutic massage to the public.

WITHIN THE CITY. Includes 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 within the city.

11.40.040 License Required

- A. *Therapeutic massage enterprise license.* It shall be unlawful for any person or entity to own, operate, engage in or carry on within the city any type of massage services to the

public for consideration without first having obtained a therapeutic massage enterprise license from the city, pursuant to this chapter.

- B. *Massage therapist license.* It shall be unlawful for any individual to practice, administer or provide massage services to the public for consideration within the city without first having obtained a massage therapist license from the city, pursuant to this chapter.

11.40.050 Exceptions

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

- A. Persons duly licensed by this state to practice medicine, surgery, osteopathy, chiropractic, physical therapy, or podiatry, provided the massage is administered in the regular course of the medical business and not provided as part of a separate and distinct massage business;
- B. Persons duly licensed by this state as beauty culturists or barbers, provided such persons do not hold themselves out as giving massage treatments and provided the 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 this state to practice medicine, surgery, osteopathy, chiropractic, physical therapy, or podiatry;
- D. Places duly licensed or operating as a hospital, nursing home, hospice, sanitarium, or group home established for the hospitalization or care of human beings;
- E. Students of an accredited institution who are performing massage services in the course of a clinical component of an accredited program of study, provided that the students are performing the massage services at the location of the accredited institution and provided the students are identified to the public as students of massage therapy. Students of an accredited institution who are performing massage services at clinics or other facilities located outside of the accredited institution must have at least 150 hours of certified therapeutic massage training at the accredited institution prior to performing the therapy outside of the institution, must have proof of liability insurance, and must be identified to the public as a student of massage therapy;
- F. Athletic coaches, directors or trainers employed by public or private schools; and/or
- G. Individuals licensed in another municipality performing massage services as part of a wellness event/expo where such event will not be more than three days in length. Written notice must be provided to the city and must include dates, times and location(s) of such event.

11.40.060 License Application

A. *Therapeutic massage enterprise license application.* An application for a therapeutic massage enterprise license shall be made on a form supplied by the Administrator, Clerk-Treasurer and shall request the following information:

1. *All applicants.* For all applicants:

- a. Whether the applicant is an individual, corporation, partnership, or other form of organization;
- b. 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;
- c. The floor number, street number, suite number(s) and rooms where the massage services are to be conducted;
- d. 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 paid, the years and amounts that are unpaid.
- e. Whenever the application is for premises either planned or under construction or undergoing substantial alteration, the application shall be accompanied by a set of preliminary plans showing the design of the proposed premises to be licensed. If the plans for design are on file with the city's Code Enforcement Department, no plans need be submitted to the issuing authority;
- f. 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 as required by M.S. § 333.02;
- g. The amount of the investment that the applicant has in the business, buildings, premises, fixtures, furniture, and equipment, and proof of the source of such investment. The identity of all other persons investing in the business, building, premises, fixture, furniture and equipment, the amount of their investment and proof of the source of such investment;
- h. All applications for licenses, whether enterprise or individual applications, shall be signed and sworn to. If the application is that of a natural person, it shall be signed and sworn to by such person; if by a corporation, by an officer thereof; if by an incorporated association, by the manager or officer thereof; if by a limited liability company (LLC), by a member thereof. Any falsification of information on the license application shall result in the denial of the license and the applicant may be subject to prosecution for forgery as defined by Minnesota Statute;
- i. Whether the applicant has had an interest in, as an individual or as part of a corporation, partnership, association, enterprise, business or firm, a massage license that was denied, revoked or suspended within the last ten years of the date the license application is submitted to the issuing authority;
- j. Whether the applicant has ever been engaged in the operation of massage services. If so, applicant shall furnish information as to the

name, place, dates and length of time of the involvement of any and all such establishments;

- k. Such other information as the City Council or issuing authority shall require; and
- (1) Applicant is responsible for reading and understanding the city ordinance regarding therapeutic massage and for communicating and providing interpretation when necessary to all massage therapists licensed at the enterprise to ensure compliance.
 - (2) *Individuals*. For applicants who are individuals:
 - (A) The name, place and date of birth, and street residence address of the applicant;
 - (B) Whether 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;
 - (C) Whether the applicant is a citizen of the United States or a resident alien or has the legal authority to work in the United States;
 - (D) Street addresses and dates at which the applicant has lived during the preceding ten years;
 - (E) The type, name, location and dates of every business or occupation the applicant has been engaged in during the preceding ten years;
 - (F) Whether the applicant is currently licensed in other communities to perform massage therapy and, if so, where;
 - (G) Names, addresses, contact information and dates of the applicant's employers for the preceding ten years;
 - (H) Whether the applicant has ever been arrested, charged or convicted of any felony, crime, or violation of any ordinance other than a minor traffic offense. If so, the applicant shall furnish information as to the date, time, place and offense for which arrests, charges or convictions were had;
 - (I) Whether the applicant has had an interest in, as an individual or as part of a corporation, partnership, association, enterprise, business or firm, a massage license that was revoked or suspended within the last ten years of the date the license application is submitted to the issuing authority;
 - (J) Whether the applicant has ever been engaged in the operation of massage services. If so, the applicant shall

furnish information as to the name, dates, place and length of time of the involvement in such an establishment; and

(K) Such other information as the City Council or issuing authority shall require.

(3) *Partnerships.* For the applicants that are partnerships: the names and addresses of all general and limited partners and all information concerning each general partner as is required in Paragraph A,1,k,(2). The managing partners shall be designated and the interest of each general and limited partner in the business shall be disclosed. A true copy of the partnership agreement shall be submitted with the application and, if the partnership is required to file a certificate as to a trade name under M.S. § 333.02, a certified copy of such certificate shall be submitted. The license shall be issued in the name of the partnership.

(4) *Corporations and other organizations.* For applicants that are corporations or other types of organizations:

(A) The name of the organization and, if incorporated, the state of incorporation;

(B) A true copy of the certificate of incorporation and, if a foreign corporation, a certificate of authority as described in M.S. § 303.02;

(C) The name of the general manager, corporate officers, proprietor, and other person in charge of the premises to be licensed, and all the information about said persons as is required in Paragraph A,1,k,(2); and

(D) A list of all persons who own or control an interest in the corporation or organization, or who are officers of said corporation or organization, together with their addresses and all the information regarding such persons as is required in Paragraph A,1,k,(2).

B. *Massage therapist application.* An application for a massage therapist license shall be made on a form supplied by the Administrator, Clerk-Treasurer and shall request the following information:

1. The applicant's name and current address;
2. The applicant's current employer;
3. The applicant's employers for the previous ten years, including the employer's name, address and dates of employment;
4. The applicant's addresses and dates for the previous ten years;

5. The applicant's date of birth, home telephone number, weight, height, color of eyes, and color of hair. A color photocopy of the applicant's MN driver's license or MN I.D., front and back, or any other government-issued I.D. If the photocopy is not acceptable to the Police Chief, the Police Department may take photographs for the file;
6. Whether the applicant has ever been arrested, charged or convicted of any felony, crime, or violation of any ordinance other than a minor traffic offense and, if so, the date, time, place, and offense for which arrests, charges or convictions were had;
7. Whether the applicant has had an interest in, as an individual or as part of a corporation, partnership, association, enterprise, business or firm, a massage license that was denied, revoked or suspended within the last ten years of the date the license application is submitted to the issuing authority;
8. The names, resident and business addresses and contact information of those residents of the metropolitan area, of good moral character, not related to the applicant or financially interested in the premises of the business, who may be referred to as to the applicant's character;
9. Whether the applicant is a United States citizen or resident alien or has the legal authority to work in the United States;
10. Whether 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;
11. Whether the applicant has met the definition of a massage therapist in SLPC 11.40.030;
12. Whether the applicant has ever been the subject of an investigation, public or private, criminal or non-criminal, regarding massage therapy; and
13. Such other information as the City Council or issuing authority shall require.

11.40.070 License Fees

The fees for a therapeutic massage enterprise and therapist licenses shall be as set forth in SLPC 3.16.030 Paragraph A. An investigation fee shall be charged for therapeutic massage enterprise licenses and an individual therapeutic massage license. Each application for a license shall be accompanied by payment in full of the required license and investigation fees. No investigation fee shall be refunded.

11.40.080 License Application Verification And Consideration

- A. *Therapeutic massage enterprise license.* All applications shall be referred to the Chief of Police, or his or her designee, and such other city departments as the Administrator,

Clerk-Treasurer shall deem necessary for verification and investigation of the facts set forth in the application. The Chief of Police, or his or her designee, is empowered to conduct any and all investigations to verify the information on the application, including ordering a computerized criminal history inquiry and/or a driver's license history inquiry on the applicant. The Chief of Police, or his or her designee, is authorized to access data maintained in the State Bureau of Criminal Apprehensions computerized criminal history information system, in accordance with BCA policy. The Chief of Police, or his or her designee, and other consultants shall make a written recommendation to the City Council as to the issuance or nonissuance of the license. The City Council or Chief of Police or his or her designee may order and conduct such additional investigation as it deems necessary, including but not limited to contacting other state agencies. In addition, all applications must include results of a comprehensive national criminal background check from a background investigative provider approved by the city. The national criminal background check is to be obtained and paid for by the therapeutic massage enterprise licensee upon signed release from employee. Upon completion of its investigation, the Council shall grant or deny the license.

- B. *Massage therapist license.* Within a reasonable period after receipt of a complete application and applicable fees for a massage therapist license, the issuing authority shall make recommendation to grant or deny the application. The issuing authority is empowered to conduct any and all investigations to verify the information on the application, including ordering a computerized criminal history inquiry, background check, and/or a driver's license history inquiry on the applicant. The City Council or Chief of Police or his or her designee may order and conduct such additional investigation as it deems necessary, including but not limited to contacting other state agencies. In addition, all applications must include results of a comprehensive national criminal background check from a background investigative provider approved by the city. The national criminal background check is to be obtained and paid for by the therapeutic massage enterprise licensee upon signed release from employee. Notice shall be sent by the Administrator, Clerk-Treasurer by regular mail 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 shall be placed on the next available City Council agenda.

11.40.090 Persons Ineligible For License

- A. *Therapeutic massage enterprise license.* No therapeutic massage enterprise license shall be issued to an individual or entity which:
1. Is not 18 years of age or older at the time the application is submitted to the issuing authority;
 2. Has been arrested, charged or convicted of any crime directly related to the occupation licensed, as prescribed by M.S. § 364.03, subd. 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 M.S. § 364.03, subd. 3;
 - 3.

Has had an interest in, as an individual or as part of a corporation, partnership, association, enterprise, business or firm, a massage license that was denied, revoked or suspended within the last five years of the date the license application is submitted to the issuing authority;

4. Is not a citizen of the United States or a resident alien, or is legally prohibited from working in the United States;
5. Is not of good moral character or repute;
6. Is not the real party in interest of the enterprise;
7. Has knowingly misrepresented or falsified information on a license application at any time in the preceding ten years;
8. Cannot meet the definition of therapeutic massage enterprise in SLPC 11.40.030;
9. Owes taxes, assessments or other financial claims to the state, county, school district, or city that are due and delinquent; or
10. Is the spouse of a person whose massage-related license has been denied, suspended or revoked in the past ten years.

B. *Massage therapist license.* No massage therapist license shall be issued to a person who:

1. Is not 18 years of age or older at the time the application is submitted to the issuing authority;
2. Has been arrested, charged or convicted of any crime directly related to the occupation licensed as prescribed by M.S. § 364.03, subd. 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 M.S. § 364.03, subd. 3;
3. Whether the applicant has had an interest in, individually or as part of a corporation, partnership, association, enterprise, business or firm, a massage license that was denied, revoked or suspended within the last ten years of the date the license application is submitted to the issuing authority;
4. Is not a citizen of the United States or a resident alien, or is legally prohibited from working in the United States;
5. Is not of good moral character or repute;
6. Has knowingly misrepresented or falsified information on a license application at any time in the preceding ten years;
7. Is not affiliated with, employed by, or does not own a therapeutic massage enterprise licensed by the city; or
8. Cannot meet the definition of massage therapist in SLPC 11.40.030.

11.40.100 Locations Ineligible For Therapeutic Massage Enterprise License

- A. *Delinquent taxes.* No therapeutic massage enterprise shall be licensed if such 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 M.S. §§ 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.
- B. *Improper zoning.* No therapeutic massage enterprise shall be licensed if the location of such enterprise is not in conformance with the city's zoning code.
- C. *Building, fire and code compliance violations.* No therapeutic massage enterprise shall be licensed if the location of such enterprise is not in compliance with State Building and Fire Codes in addition to the city's Code of Ordinances.
- D. *Previous license infractions.* No therapeutic massage enterprise license shall be issued or renewed if the massage therapy enterprise has employed two or more massage therapists whose licenses have been suspended and/or revoked within any 12-month period during time of employment.

11.40.110 License Restrictions

A. Posting of license.

1. A therapeutic massage enterprise license issued must be posted in a conspicuous place on the premises for which it is used.
2. A person licensed as a massage therapist shall also post their massage therapist license in a conspicuous place on the premises at which the therapist is associated.

B. Licensed premises.

1. A therapeutic massage enterprise license is only effective for the compact and contiguous space specified in the approved license application. Before the licensed premises is enlarged, altered, or extended, the licensee shall inform the Administrator, Clerk-Treasurer within ten business days.
2. A massage therapist license shall entitle the licensed therapist to perform on-site massage at the therapeutic massage enterprise they are licensed for, the place of residence of the licensed massage therapist or client, or at an office, business, park or institution excluding hotel and motel guest rooms.
3. It shall be the continuing duty of each licensee to properly notify the Administrator, Clerk-Treasurer, within ten business days, of any change in the information or facts required to be furnished on the application for license and

failure to comply with this chapter shall constitute cause for revocation or suspension of such license.

4. All therapeutic massage must be performed within a building with a valid certificate of occupancy and not in or upon any vacant lot, motor vehicle, trailer, or tent, including but not limited to structures not meant for human habitation.
- C. *Transfer of license prohibited.* The license issued is for the person or the premises named on the approved license application. No transfer of a license shall be permitted from place to place or from person to person without complying with the requirements of an original application.
 - D. *Affiliation with enterprise required.* A massage therapist shall be employed by, affiliated with, or own a massage enterprise business licensed by the city, unless a person or place is specifically exempted from obtaining a therapeutic massage enterprise license in SLPC 11.40.050.
 - E. *Employment of unlicensed massage therapists prohibited.* No therapeutic massage enterprise shall employ or use any person to perform massage who is not licensed as a therapeutic massage therapist under this chapter, unless the person is specifically exempted from obtaining a therapist license in SLPC 11.40.050.
 - F. *Coverage of genitals/breasts during massage.* The licensee shall require that the person who is receiving the massage shall completely cover, at all times, genitals and breasts with non-transparent material or clothing.
 - G. *Therapist dress/uniform requirements.* Any therapist performing massage shall, at all times, be dressed professionally, including short sleeved shirts, skirts no shorter than three inches above the knees, no cleavage showing, nails trimmed and neat, hair pulled back and closed-toed shoes.
 - H. *Effect of license suspension or revocation.* No licensee shall solicit business or offer to perform massage services while under license suspension or revocation by the city.
 - I. *Massage of certain body parts prohibited.* At no time shall the massage therapist intentionally massage, or offer to massage, the penis, scrotum, mons veneris, vulva, vaginal area or breasts of a person, unless massage of pectoral muscles is requested by customer or patron.
 - J. *Restrictions regarding hours of operation.* No therapeutic massage enterprise shall be open for business, nor shall any therapeutic massage therapist offer massage services, before 7:00 a.m. or after 10:00 p.m. any day of the week. No customers or patrons shall be allowed to remain upon the licensed premises after 10:30 p.m. and before 7:00 a.m. daily. Support activities such as cleaning, maintenance and bookkeeping are allowed outside of business hours.
 - K. *Proof of local residency required.* In the case of a therapeutic massage enterprise, the licensee, managing partner, or manager of the licensed premises must show proof of residency in one of the following counties: Anoka, Carver, Chisago, Dakota, Hennepin, Isanti, Ramsey, Scott, Sherburne, Washington and Wright in Minnesota, and St. Croix or Pierce in Wisconsin. In the case of therapeutic massage therapists, the licensee must show proof of residing in one of the following counties: Anoka, Carver, Chisago,

Dakota, Hennepin, Isanti, Ramsey, Scott, Sherburne, Washington and Wright in Minnesota, and St. Croix or Pierce in Wisconsin.

- L. *Inspections.* In light of the high risk of involvement with illegal conduct, an establishment providing massage therapy poses to the general public, the issuing authority, Code Enforcement Department and/or the Police Department shall have the right to enter, inspect, and search the licensed premises during the hours in which the licensed premises is open for business to ensure compliance with all provisions of this chapter. Any search of the licensed premises are subject to reasonableness standards as recognized by the courts; search warrants will be secured when applicable. Any entry into a private residence will require either consent, exigent circumstances, or a search warrant. With reasonable notice, the business records of the licensee, including income tax returns, shall be available for inspection during the hours in which the licensed premises is open for business. The licensee is subject to a \$250 fee for a third inspection, if orders to correct are issued to the licensee and those orders are not corrected upon re-inspection. Licenses shall be granted only to establishments which can meet the safety and sanitary requirements of the city and of the building code regulations of the city and state.
- M. *Posting of rates.* All massage enterprise businesses must post their rates for service in a prominent place in the entrance or lobby of the business.
- N. *Illegal activities.* In addition to the license restrictions set forth in this section, any advertising by a licensee or representative of a licensee of any potential unlawful, misleading, sexually explicit, obscene or erotic conduct at the licensed establishment shall be prohibited. A licensee under this chapter shall be strictly responsible for the conduct of the business being operated in compliance with all applicable laws and ordinances, including the actions of any employee or agent of the licensee on the licensed premises. No audio or visual recording is allowed at any time.
- O. *Restrictions involving minors.* No person under the age of 18 shall be permitted at any time to be in or on the licensed premises as a customer, guest, or employee, unless accompanied by his/her parent or guardian.
- P. *Food preparation.* Food preparation on site shall only occur in locations specifically designed for that purpose and with proper building permits having been obtained. Food preparation is limited to use for employees during breaks during the regular shift.
- Q. *Habitation.* Massage enterprises shall not contain nor allow the use by any person of sleeping quarters or living spaces of any kind intended for habitation, including but not limited to beds, cots or mattresses. Home-based enterprises shall not contain nor allow the use by any person of sleeping quarters or living spaces of any kind intended for habitation, including but not limited to beds, cots or mattresses in any area where massage is performed.
- R. *Intoxicating alcoholic beverages.* Per M.S. § 340A.401, no person may directly or indirectly, on any pretense or by any device, sell, barter, keep for sale, charge for possession or otherwise dispose of intoxicating alcoholic beverages onsite. Intoxicating alcohol does not include alcohol used in direct conjunction with massage therapy such as in cleaning.

11.40.120 Restrictions Regarding Sanitation, Health And Safety

- A. *Toilet room requirements.* A licensed therapeutic massage enterprise shall be equipped with adequate and conveniently located toilet rooms for the accommodation of its employees and patrons. The toilet room shall be well ventilated by natural or mechanical methods and be enclosed with a door. The toilet room shall be kept clean and in good repair and shall be adequately lighted.
- B. *Paper/linen requirements.* A licensed therapeutic massage enterprise shall provide single service disposal paper or clean linens to cover the massage therapy table or chair on which the patron receives the massage; or, in the alternative, if the massage therapy table or chair on which the patron receives the massage is made of material impervious to moisture, such massage therapy table or chair shall be properly sanitized after each massage.
- C. *Washing of hands required.* The massage therapist shall wash his or her hands and arms with water and soap, anti-bacterial scrubs, alcohol, or other disinfectants prior to and following each massage service performed.
- D. *Door latches and locks.* Doors on massage therapy rooms shall not be locked or capable of being locked. Locks, latches or other devices intended to secure a door so as to prevent it from being opened by any person from either side of the door, with or without a key, cannot be present on any doors of rooms intended for massage therapy.
- E. *Equipment.* All modalities shall be performed on a raised massage therapy table or chair: no bed, mattress or other similar type equipment shall be allowed onsite except for a mat similar to those used in yoga. No modality may be performed that requires a massage therapist to stand on the massage therapy table or chair unless necessary due to size ratio of massage therapist/client.
- F. *Prohibited modalities.* Modalities involving work performed on the floor or requiring a massage therapist to stand on a massage therapy table, including but not limited to Shiatsu are strictly prohibited unless completely clothed and massage therapist is certified in Shiatsu or other modality by an accredited institution or program.

11.40.130 Term, Renewal Of License

- A. The term of a massage therapist license and a therapeutic massage enterprise license is one year. If an individual or enterprise submits an application any time during a calendar year, the term shall expire December 31 of the year of issuance. The license fee for a partial calendar year may be pro-rated to one-half of the annual fee if an application is filed with the issuing authority after June 30.
- B. Licenses must be renewed annually. A massage therapist license issued under this chapter shall expire on December 31 of the year of issuance of the license. A therapeutic massage enterprise license issued under this chapter shall expire on December 31 of the year of issuance. An application for the renewal of an existing

license shall be made at least 75 days prior to the expiration date of the license and shall be made in such form as the issuing authority requires.

- C. An application for a renewal of an enterprise or individual license shall be made in the same manner as the original application. The license and investigation fees for a renewal shall be the same as those contained in SLPC 11.40.070. If the license holder is a corporation, licenses must also be renewed within 30 days whenever more than 10% of the corporation's stock is transferred. If the license holder is a partnership, the license must also be renewed within 30 days whenever a new partner is added to the partnership. If the license holder is an LLC, the license must be renewed within 30 days whenever a change in membership or chief manager occurs.
- D. After the completion of the renewal license verification process, the issuing authority shall present the enterprise license application to the City Council in accordance with this section. If the application is denied, the Administrator, Clerk-Treasurer shall notify the applicant of the determination in writing and by regular mail to the address provided on the application form. The notice shall inform the applicant of the right, within 20 days after receipt of the notice by the applicant, to request an appeal of the denial to the City Council. If an appeal to the City Council is timely received by the Administrator, Clerk-Treasurer, the hearing before the City Council shall take place within a reasonable period of receipt of the appeal by the issuing authority.
- E. After the completion of the renewal license verification process, the issuing authority shall present the massage therapist license application to the City Council in accordance with this section. If the application is denied, the Administrator, Clerk-Treasurer shall notify the applicant of the determination in writing and by regular mail to the address provided on the application form. The notice shall inform the applicant of the right, within 20 days after receipt of the notice by the applicant, to request an appeal of the denial to the City Council. If an appeal to the City Council is timely received by the Administrator, Clerk-Treasurer, the hearing before the City Council shall take place within a reasonable period of receipt of the appeal by the issuing authority.

11.40.140 Sanctions For License Violations

A. Suspension or revocation.

1. The City Council may impose an administrative penalty, suspend or revoke a license issued pursuant to this section, at its discretion, for:
 - a. A violation related to fraud, misrepresentation, or false statement contained in a license application or a renewal application;
 - b. A violation related to fraud, misrepresentation, or false statement made in the course of carrying on the licensed occupation or business;
 - c. Any violation of this chapter or state law;
 - d. A violation by any licensee or individual that is directly related to the occupation or business licensed, as defined by M.S. § 364.03, subd. 2;
 - e.

Conducting the licensed business or occupation in an unlawful manner or in such a manner as to constitute a breach of the peace or to constitute a menace to the health, safety, or general welfare of the community;

- f. If the owner, manager, lessee or any of the employees are found to be in control or possession of an alcoholic beverage, a narcotic drug or controlled substance on the premises, other than drugs which may be purchased over the counter without a prescription or those for which the individual has a prescription;
- g. Failure to maintain insurance coverage, as required under this chapter; and/or
- h. A material variance in the actual plan and design of the premises from the plans submitted;

2. Neither the charging of a criminal violation nor a criminal conviction is required in order for the Council to impose an administrative penalty or suspend or revoke a license.

- B. *Notice and hearing.* A revocation or suspension by the City Council shall be preceded by written notice to the licensee and a hearing. The notice shall give at least ten days' notice of the time and place of the hearing and shall state the nature of the charges against the licensee. The notice shall be mailed by regular mail to the licensee at the most recent address listed on the license application.
- C. *Ability to reapply after revocation.* The holder of a massage enterprise license or massage therapist license may not reapply for a new license for a period of five years if their license is revoked under this section.
- D. *Ability to reapply after denial.* The applicant for a massage enterprise license or massage therapist license may not reapply for a license for a period of five years if the applicant's license has previously been denied due to fraud, misrepresentation or false statement contained in a previous license or renewal application.

11.40.150 Suspension Of License For Violations

The Chief of Police or his or her designee may immediately suspend a license, pending a hearing, if the licensee, or any person working on behalf of the licensee, is determined to be conducting business in an unlawful manner, any manner that constitutes a breach of the peace or a menace to the health, safety or general welfare of the public, or after repeated complaints received regarding conduct of business practices or method of solicitation.

11.40.160 Penalty

Any person or entity violating the provisions of this chapter is guilty of a misdemeanor under state law, and shall be punished by a fine or by imprisonment, or both, together with the costs of prosecution. Each violation of this chapter shall constitute a separate offense. Arrests, charges or conviction of a violation of this chapter, while not required, may be grounds for the non-renewal, suspension, denial or revocation of any license issued under this chapter.