



600 Town Center Pkwy
Lino Lakes, MN 55014
651-982-2400

Checklist for Massage Therapist or Therapeutic Massage Enterprise License

	Individual Massage Therapist or Massage Enterprise Application – Every question must be completed or the application may not be accepted.
	Identification - Must be eighteen (18) year of age or older. Provide color photocopy of applicant's valid MN driver's license or official MN Identification (front and back) or other government issued photo identification.
	License Fee – Annual fee is \$50 for Therapist License/\$200 for Enterprise License. The full fee must be paid with license application. The license fee for a partial calendar year may be prorated by month. The license period is January through December. Background Investigation Fee - The investigation fee is \$35 per applicant.
	Background Authorization - In order for the Police Department to conduct the required background check, a background authorization form must be completed by each person application for a license.
	Proof of Training/Accreditation (for Massage Therapist) – Proof of completion of at least 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 institution or program or licensed institution. 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. 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 as required by the city. Training institution must hold accredited status approved by the United States Department of Education or the Minnesota Office of Higher Education.
	Enterprise Licenses Only
	Minnesota & Federal Business Tax I.D. Form
	Minnesota Worker's Compensation Insurance Coverage Form
	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, and indicating all rooms where massage services will be conducted.



Therapeutic Massage Enterprise License Application

Part I – General

For office use only

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

Approval Date ____/____/____ License No. **MASS ENT** ____ - ____

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.

Section 1: Business Information

1. Date ____/____/____
2. Type of business: Individual ☐ Partnership ☐ Corporation ☐ Other organization ☐
3. Business name _____ Phone (____) _____
4. Business address _____
Street City County State Zip
5. Email address _____ Website address _____

*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) _____

I am **not** required to have workers' compensation liability coverage because

- ☐ I have no employees covered by the law ☐ Other (Specify) _____

Section 2: Type of Applicant

Complete only one type in this section. Refer to Question 2 for type of applicant.

9. Individual Applicant - complete this question and a Background Authorization 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

Continue to page 2

CITY CLERK'S OFFICE 600 Town Center Parkway
Lino Lakes, MN 55014

PH 651-982-2406
FAX 651-982-2499

Section 3. Applicant History

11. Has applicant ever been engaged in the operation of massage services? Yes No
If so, furnish information as to the name, dates, place and length of involvement in such an establishment. _____

12. Has applicant ever 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 10 years? Yes No
If yes, please explain _____

13. Has applicant ever been arrested, charged or convicted of any crime or violation of any ordinance other than a minor traffic offense? Yes No
If yes, please furnish information as to the date, time and offense of arrests, charges or convictions. _____

14. Has applicant ever been the subject of an investigation, public or private, criminal or non-criminal, regarding massage therapy? Yes No
If yes, please explain _____

Section 4: Person(s) in charge of licensed premises

All applicants must complete this section.

The Background Authorization form must be completed and filed with this application by each person in this section.

15. 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 _____

Section 5: Premises

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 Division of the Community Development Department, no additional plans need to be filed.

16. 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. _____

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

18. State the floor number, general area and all rooms where massage services will be conducted.

Attach a floor plan showing dimensions and clearly identifying rooms.

How are the premises zoned under the Lino Lakes Zoning Ordinance? (this information can be obtained from the city)

19. Are any real estate or personal property taxes, special assessments or other financial claims of the state, county or City of Lino Lakes delinquent or unpaid for the premises to be licensed?

Yes No

☐
☐

If yes, give details _____

20. Are there any other businesses operating or proposed to be operated at the premises for which a therapeutic massage enterprise licenses is requested? If yes, please explain _____

20. Does applicant intend that all employees anticipated to perform therapeutic massage services on behalf of this enterprise will be certified or experienced as required by the Lino Lakes Code of Ordinances?
Yes No

Section 6: Acknowledgment and Applicant Signature

I have received a copy of Chapter 616 relating to Therapeutic Massage 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 Lino Lakes to investigate the information and contact persons/organizations named on this application. My signature constitute acknowledgment of the City Code and further attests to the truthfulness of this entire application.

X

Applicant's signature



BACKGROUND AUTHORIZATION AND TENNESSEN WARNING

A BACKGROUND AUTHORIZATION AND TENNESSEN WARNING Form must be completed for each applicant and submitted together with the license application. The application background fee is non-refundable.

The City of Lino Lakes is investigating background information for approval of a request for licensing. This application requests information, which may be classified as private or confidential under the Minnesota Data Practices Act. State law or City ordinance requires this information. The information will be used to determine eligibility for issuance of the license or renewal. Failure to provide the information may result in a denial of the license.

Your background may include (but not limited to):

Criminal History, Driver's License Check, Outstanding Warrants, Fingerprinting, Photograph, Civil & Criminal Record Check, IRS Document Check, Credit Check and Interview.

Any information that you provide will be made accessible to the following persons or entities:

- A. The subject(s) of the data, which may include someone other than yourself.
- B. Individuals within the City of Lino Lakes whose work assignments reasonably require access to the information you provide.
- C. Any persons, entities or agencies authorized by state or federal law to have access to the information. These include, but are not necessarily limited to, the following:
 - 1. Law enforcement agencies. The information you provide may be referred to a law enforcement agency for purposes of initiating or furthering a criminal investigation. You are advised, however, that any statements you make under threat of discipline, or evidence obtained as a result of such statements, cannot be used against you in any criminal proceeding.
 - 2. Contracting Parties. Where a contract between the City of Lino Lakes requires that such party have access, the information you provide will be shared with that contracting party. The contracting party may not disclose the information except as authorized by state or federal law.
 - 3. City Attorneys. The information you provide may be shared with the City of Lino Lakes attorneys, if the information is related to a matter upon which the City of Lino Lakes has requested legal advice.
 - 4. Open Meetings. If it becomes reasonably necessary to discuss such information at any meeting required by law to be open to the public, the information you provide may become available to the public at such meeting.
 - 5. Court Order. The information you provide will be made available to any persons or entities authorized by court order to have access to the information.

6. Persons or entities who have the express written consent of the data subject, who may be someone other than you.

TENNESSEN WARNING

Data is requested from the applicant on various forms. The purpose and intended use of the requested data is to verify the applicant meets all state statute and city code provisions and, if the license or permit is approved, to verify that all required data remains current. The following data collected, created, or maintained is classified under the Minnesota Government Data Practices Act as Private data until license approval when the data becomes Public: (13.41, Subd.4).

1. Data submitted by applicants (other than names and designated addresses)
2. Orders for hearing and findings of fact
3. Conclusions of law and specification of the final disciplinary action contained in the record of the disciplinary action
4. Entire record concerning the disciplinary proceeding
5. License numbers
6. License status

The following data collected, created, or maintained is classified as Private: (13.41, Subd. 2).

1. The identity of complaints who have made reports concerning licenses or applicants which appear in inactive complaint data unless the complainant consents to the disclosure
2. The nature or content of unsubstantiated complaints when the information is not maintained in anticipation of legal action
3. Inactive investigative data relating to violations of statutes or rules
4. The record of any disciplinary proceeding except as limited by Subd. 4

The following data collected, created, or maintained is classified as Confidential: (13.41, Subd.3).

1. Active investigative data relating to the investigation of complaints against any license
Under law, private data may be shared with licensing and inspection employees, approval authorities, insurance providers, law enforcement employees, contracted inspection officials, as required by court order and City officials who have a bona fide need for it.

The City of Lino Lakes may make any data classified as private or confidential accessible to an appropriate person or agency if the licensing agency determines that failure to make the data accessible is likely to create a clear and present danger to public health or safety. We ask that you complete or provide all data requested on the application form(s) unless we have noted that it is not required. Refusal to supply required information may mean that your application cannot be processed.

I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION REGARDING MY RIGHTS AS A SUBJECT OF GOVERNMENT DATA.

Signed

Date

BACKGROUND CHECK AUTHORIZATION

DIRECTIONS: This form must be filled out entirely. Attach a copy of your valid ID, license, or passport.

1. True Name (exactly as on ID or passport):

2. Maiden, Alias, or Former Name:

3. Residential Address:

4. County in which you reside:

5. Date of Birth

6. Place of Birth

7. Phone Number:

8. Email Address:

9. Business Address:

10. Business Phone:

11. Driver’s License/ID Number:

Have you ever had a DL in another state?

YES

NO

If yes, state:

12. Marital Status

Married

Single

Divorced

If married, provide spouse true name, place/date of birth, and maiden name

13. Address(es) at which you have lived during the preceding 10 years (begin with present address). Attach additional sheets if needed.

<i>List Street, City, State, Zip</i>	<i>Date range</i>

I authorize the Lino Lakes Public Safety Department and the Minnesota Bureau of Criminal Apprehension to disclose all criminal background information on me as permitted by law to the City of Lino Lakes for the purpose of a background check.

The expiration of this authorization shall be one year from the date of my signature.

Signature of Applicant _____ 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)
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
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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) _____
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)

CHAPTER 616: THERAPEUTIC MASSAGE

Section

- 616.01 Purpose and findings
- 616.02 Definitions
- 616.03 License required
- 616.04 Application for license; license fee
- 616.05 Conditions governing issuance; applicant data
- 616.06 Conditions governing issuance; applicant and other data
- 616.07 Restrictions on license; regulations
- 616.08 Inspection
- 616.09 Grounds for suspension or revocation
- 616.10 Suspension of license for violations

§ 616.01 PURPOSE AND FINDINGS.

The purpose of this chapter is to regulate massage therapists and therapeutic massage businesses. Therapeutic massage businesses are subject to abuses that are contrary to the morals, health, safety, and general welfare of the community. Control of these abuses requires efforts on the part of the city and its Public Safety Department.

(Ord. 06-17, passed 12-11-2017)

§ 616.02 DEFINITIONS.

For the purpose of this chapter, the following definitions shall apply unless the context clearly indicates or requires a different meaning.

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

APPLICANT. Any corporation, partnership, or other business or individual filing an application with the city seeking a massage therapist or therapeutic massage business license pursuant to this chapter.

CLIENT. An individual receiving therapeutic massage services.

DEPARTMENT. The Public Safety Department.

DIRECTOR. The Director of the Public Safety Department, or his or her duly appointed designee.

EMPLOYEES. All employees, agents, contractors, or other persons associated with a therapeutic massage business who spend a significant amount of time on the premises of a therapeutic massage business or who assist in or administer therapeutic massage services, whether or not on the premises. A self-employed massage therapist is considered to be an **EMPLOYEE** for purposes of this chapter.

LICENSEE. The holder of a license to operate a therapeutic massage business or work as a massage therapist.

MASSAGE THERAPIST. A person who practices or administers therapeutic massage services who 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 institution or program, or institution licensed or registered by a state licensing board or agency that has been approved by the issuing authority. 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 the 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.

PREMISES. The physical location(s) identified by the applicant where therapeutic massage services are to be administered, excluding hospitals, sanatoriums, rest homes, nursing homes, boarding homes, or other institutions for the hospitalization or care of human beings, duly licensed under the provisions of M.S. §§ 144.50 through 144.69, and also excluding locations where therapeutic massage services are only sporadically administered, such as the homes of therapeutic massage clients. The home of a massage therapist where therapeutic massage services are regularly administered constitutes a licensed **PREMISES**.

THERAPEUTIC MASSAGE BUSINESS. Operation of a business that employs and/or contracts with massage therapists

to administer therapeutic massage services for a fee, including self-employed massage therapists, and other than a hospital, sanatorium, rest home, nursing home, boarding home, or other institution for the hospitalization or care of human beings, duly licensed under the provisions of M.S. §§ 144.50 through 144.69, whether or not the therapeutic massage services are rendered at the licensed premises. This does not include massage therapists working under the supervision of a licensed medical practitioner.

THERAPEUTIC MASSAGE SERVICES. The rubbing, stroking, kneading, tapping, or rolling of the body of another with the hands or objects for the exclusive purpose of physical fitness, relaxation, or beautification, and for no other purpose, including specified sexual activities defined in § 614.02.

(Ord. 06-17, passed 12-11-2017; Am. Ord. 13-18, passed 9-24-2018)

§ 616.03 LICENSE REQUIRED.

Except as provided for by M.S. § 471.709, no individual shall practice, administer, or provide therapeutic massage services to the public, and no corporation, partnership, other business, or individual shall engage in the business of operating a therapeutic massage business as defined in § 616.02, either exclusively or in connection with any other business enterprise, without first obtaining a license issued by the city.

(Ord. 06-17, passed 12-11-2017)

§ 616.04 APPLICATION FOR LICENSE; LICENSE FEE.

(1) *Application.* An application form for a massage therapist or therapeutic massage business license shall be made available by the City Clerk. In addition to the general licensing application requirements included in § 601.02, each written application for a massage therapist or therapeutic massage business license shall contain the following.

(a) If the application is made on behalf of a corporation, partnership, or other business, it shall be accompanied by appropriate business records showing the names and addresses of all individuals having a pecuniary interest in the business, and in the case of a corporation, the names and addresses of the officers and shareholders.

(b) If the applicant intends to utilize a premises to provide therapeutic massage services, applicant shall furnish to the city the address of the premises and the city zoning designation for the premises, as well as the applicant's interest in the premises, such as a lease, deed, or contract for deed. If the application is by a natural person, it shall be signed and sworn to by that person; if by a corporation, by one of the officers; if by a partnership, by one of the partners; and if by an unincorporated association, by the manager or managing officer thereof.

(c) Personal history form(s) providing information to the Department for the purpose of conducting a background check on all anticipated employees and the individuals identified in division (1)(a).

(d) Verification that all employees anticipated to perform therapeutic massage services on behalf of the therapeutic massage business are certified or have experience defined in § 616.06(6).

(e) 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 establishment.

(f) 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.

(g) Whether the applicant has ever been arrested, charged, or convicted of any crime or violation of any ordinance, other than a minor traffic offense. If so, the applicant shall furnish information as to the date, time, and offense for which arrests, charges, or convictions were had.

(h) Whether the applicant has ever been the subject of an investigation, public or private, criminal or non-criminal, regarding massage therapy.

(i) Applicant is responsible for reading and understanding the provisions of this chapter and for communicating and providing interpretation when necessary to all massage therapists licensed at the enterprise to ensure compliance.

(2) *License, background, and miscellaneous fees.* A fee in the amount specified in the city's ordinance establishing fees and charges shall be paid to the city along with the completed application form. In the event that the license is denied upon application, the license fee shall be refunded; however no part of the license investigation fee shall be returned to the applicant. No part of the annual license fee shall be refunded if the license is suspended, revoked, or discontinued. The initial license fee may be prorated. The licensee shall be responsible for any city costs in enforcing the license provisions, including, but not limited to, re-inspection fees and attorney fees.

(3) *Establishment licensing/individual licensing.* An applicant may apply for both a therapeutic massage business license and massage therapist licenses for its employees.

(4) *License term; renewal.* Each license shall be issued for a maximum period of one year. Each license may be renewed only by making application as provided in § 616.04. All licenses expire on June 30 of each year.

(Ord. 06-17, passed 12-11-2017; Am. Ord. 13-18, passed 9-24-2018)

§ 616.05 CONDITIONS GOVERNING ISSUANCE; APPLICANT DATA.

The city has established the following conditions governing the issuance of massage therapist and therapeutic massage business licenses. The city is empowered to conduct any and all investigations to verify applicant data, including ordering a computerized criminal history inquiry and/or a driver's license/identification history inquiry on the applicant, anticipated employees, and all individuals identified in § 616.04(1)(a). The City Council or Chief of Police, or his or her designee, may order and conduct such additional investigation as they deem necessary. The City Council shall consider the issuance of a license to an applicant within 30 days after receipt of an application unless one or more of the following, or any of the conditions in § 616.06, are found to be true:

- (1) The applicant is under 18 years of age;
- (2) The applicant is delinquent in his or her payments to the city of taxes, fees, fines, or penalties assessed against him or her;
- (3) The applicant has failed to provide information reasonably necessary for issuance of the license or has falsely answered a question or request for information on the application form;
- (4) The applicant is unable to provide photo identification issued by a federal, state, or territory of the United States of America. This includes a valid passport, state-issued driver's license, or other official form of identification;
- (5) The premises has not been approved for occupancy and use by the appropriate city personnel or is not in compliance with all applicable laws and ordinances;
- (6) The license fee required by this chapter has not been paid;
- (7) 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) 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; or
- (9) Is the spouse of a person whose massage-related license has been denied, suspended, or revoked in the past ten years.

(Ord. 06-17, passed 12-11-2017; Am. Ord. 13-18, passed 9-24-2018)

§ 616.06 CONDITIONS GOVERNING ISSUANCE; APPLICANT AND OTHER DATA.

(1) If the applicant meets the criteria in §616.05, the City Council shall consider the issuance of a license to an applicant within 30 days after receipt of an application unless any one of the following apply to the applicant, its anticipated employees, or any of the individuals identified in § 616.04(1)(a):

- (a) Conviction of a felony within five years of the date an application for a license is filed with the city;
- (b) Conviction, charge, or arrest of any sexually oriented crime or ordinance violation, including, but not limited to, M.S. §§ 609.321 through 609.324, 609.342 through 609.345, 609.365, 617.23, 617.241, 617.246, 617.247, 617.293, 617.294, or criminal attempt, conspiracy, or solicitation to commit any of the foregoing offenses within ten years of the date an application for a license is filed with the city;
- (c) Has been determined to have engaged in any conduct prohibited by M.S. § 146A.08, as it may be amended from time to time, within five years of the date an application for a license is filed with the city;
- (d) Under requirement to register as a predatory offender under M.S. § 243.166, or any similar law in Minnesota or elsewhere, within ten years;
- (e) Have had a massage therapist or therapeutic massage business denied or revoked by a state, city, or other licensing authority within ten years;
- (f) Has been ordered to pay civil penalties by a state, city, or other licensing authority within five years;
- (g) Cannot provide proof of their eligibility to work in the United States; or
- (h) Failure to provide a transcript from an accredited institution.

(2) With respect to divisions (1)(a) through (1)(h), a pending appeal shall have no effect on the determination whether to issue a license.

(Ord. 06-17, passed 12-11-2017; Am. Ord. 13-18, passed 9-24-2018)

§ 616.07 RESTRICTIONS ON LICENSE; REGULATIONS.

(1) *Inspection.* No therapeutic massage business that operates out of a premises shall be granted a license or renewal of a license without passing a city inspection to determine compliance with this chapter. Compliance shall be determined in accordance with requirements set forth in § 616.08.

(2) *Minors.* No person shall give or assist in the giving of any therapeutic massage services to any person under the age of 18 years, unless the parent or guardian of such minor person has consented thereto in writing.

(3) *List of services.* The licensee or a designated employee or individual identified in §616.04(1)(a) shall post or provide to the client a list of services available and the cost of each. No massage therapist shall offer or perform any service other than those posted or listed.

(4) *Complementary and alternative health care client bill of rights.* Prior to providing therapeutic massage services, the licensee or a designated employee or individual identified in § 616.04(1)(a) must provide clients with the complementary and alternative health care client bill of rights as stated by Minnesota Statutes, must have the client sign a written statement attesting that the client has received the statement, and must comply with all other requirements of state law in M.S. Ch. 146A or other applicable law. The licensee or a designated employee or individual identified in § 616.04(1)(a) must post a copy as required by law and ensure compliance with the statutory provisions.

(5) *Compliance with law.* The licensee, employees, and individuals identified in §616.04(1)(a) shall comply with applicable ordinances, regulations, and laws of the city, the State of Minnesota, and the United States.

(6) *Hours of operation.* Massage therapists shall not perform therapeutic massage services, nor shall clients be permitted on a premises, between the hours of 10:30 p.m. and 8:00 a.m.

(7) *Posting of license.* The license, if granted, shall state on its face the name of the licensee, the expiration date, and the address of the premises. The license shall be posted in a conspicuous place at or near the entrance to the premises so that it may be easily read at any time. Transient individual massage therapists must provide a copy of their current license when performing therapeutic massage services within the city upon request.

(8) *Transfer of license prohibited.* A licensee shall not transfer his or her license to another, nor shall a licensee change the location of a premises under authority of a license, without providing the city with notice of a change in location prior to such a change occurring.

(9) *Windows.* The exterior windows of the commercial premises must not be 100% opaque during hours that the premises is open for business, except for windows in massage rooms and restrooms.

(10) *Advertising.* No licensee shall advertise through any media that is classified for adults only or for sexually oriented business or similar classification, or use any advertising that refers to therapeutic massage services as appealing to or satisfying an erotic or prurient interest, lust, sexual, or passionate desire.

(11) *Clients.* Clients shall at all times have his or her anus, intergluteal cleft (buttocks crease) and genitals covered with clothing or properly draped with non-transparent material. The person who is receiving massage therapy of the breast or buttocks (gluteal) shall have the breast or buttock (gluteal muscle) that is not then immediately receiving massage therapy properly covered and draped with non-transparent material.

(12) *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.

(Ord. 06-17, passed 12-11-2017; Am. Ord. 13-18, passed 9-24-2018)

§ 616.08 INSPECTION.

(1) *Inspection access.* The applicant or licensee shall permit the Director, or his/her authorized representative, to inspect the premises for the purpose of ensuring compliance with the law, at any time the therapeutic massage business is occupied or open for business.

(2) *Requirements.* The applicant and licensee shall meet the following requirements.

(a) A therapeutic massage business must take reasonable steps to prevent the spread of infections and communicable diseases on the premises.

(b) Premises must be equipped with adequate and conveniently located toilet room(s) for the accommodation of its employees and clients. The toilet room(s) must be well ventilated by natural or mechanical methods and be enclosed with a door. The toilet room(s) must be kept clean and in good repair and be fully and adequately illuminated.

(c) A therapeutic massage business must provide single service disposal paper or clean linens to cover the table, chair, furniture, or area on which the client receives the therapeutic massage services and must be sanitized after each administration of therapeutic massage services.

(d) Therapeutic massage tables, chairs, or furniture on which the client receives therapeutic massage services must have surfaces that can be readily cleaned and disinfected after each massage. All modalities shall be performed on a raised massage therapy table or chair; no bed, mattress, or similar type of equipment shall be allowed onsite.

(e) The massage therapist must wash his or her hands and arms with water and soap, antibacterial scrubs, alcohol, or other disinfectants prior to and following each administration of therapeutic massage services.

(f) Rooms in a premises must be fully and adequately illuminated.

(g) A premises must have a janitor's closet that provides for the storage of cleaning supplies.

- (h) Premises must provide adequate refuse receptacles.
- (i) Premises must be maintained in good repair and sanitary condition.
- (j) Premises must comply with the requirements of M.S. §§ 144.411 et seq.
- (k) Any massage therapist shall at all times be dressed professionally.

(Ord. 06-17, passed 12-11-2017; Am. Ord. 13-18, passed 9-24-2018)

§ 616.09 GROUNDS FOR SUSPENSION OR REVOCATION.

(1) *Suspension.* The City Council may suspend a license for a period not to exceed 60 days if it is determined that a licensee, an employee, or an individual identified in § 616.04(1)(a) has:

- (a) Violated any provisions of this chapter;
- (b) Engaged in excessive use of alcoholic beverages or use of illegal drugs while on the premises, or prior to or while administering therapeutic massage services;
- (c) Refused to allow an inspection of the premises as authorized by this chapter; or
- (d) Demonstrated inability to operate or manage the therapeutic massage business in a peaceful and law abiding manner thus necessitating action by law enforcement officers.

(2) *Revocation.* The City Council may revoke a license if a cause of suspension in division (1) occurs and the license has been suspended within the preceding 12 months, or if any of the following are true:

- (a) A licensee gave false or misleading information in the material submitted during the application process;
- (b) A licensee, employee, or individual identified in §616.04(1)(a) knowingly allowed illegal possession, use, or sale of controlled substances on the premises;
- (c) A licensee, employee, or individual identified in §616.04(1)(a) knowingly operated the therapeutic massage business during a period of time when the licensee's license was suspended;
- (d) A licensee is convicted of, charged, or arrested for any offense listed in §616.06, or if any of divisions (3), (5), or (6) of § 616.06 are true;
- (e) A licensee permits an employee to perform therapeutic massage services for the therapeutic massage business, when the licensee knows that person has been charged or convicted of any offense listed in § 616.06, or, with respect to that person, if any of divisions (3), (5), or (6) of § 616.06 are true; or
- (f) The licensee is delinquent in his or her payments to the city of taxes, fees, fines, or penalties assessed against him or her.

(3) *Conviction appeal.* A pending appeal of a conviction shall have no effect on, nor an appeal of anything in divisions (3), (5) or (6) of § 616.06 shall have no bearing on, the suspension or revocation.

(4) Neither the charging of a criminal violation nor a criminal conviction is required in order for the City Council or issuing authority to impose an administrative penalty or suspend, deny, or revoke a license.

(5) *Previous license infractions.* In the event there is a license infraction or a pending citation involving a licensed establishment and/or a licensed massage therapist, the city may, at its option, choose to not take action on any license or renewal application until such infraction or pending citation has been resolved. The applicant for a massage enterprise license or massage therapist license may not be eligible to reapply for a license for a period of five years if the licensee is arrested, charged, or convicted of any violation of this chapter.

(Ord. 06-17, passed 12-11-2017; Am. Ord. 13-18, passed 9-24-2018)

§ 616.10 SUSPENSION OF LICENSE FOR VIOLATIONS.

The Chief of Police, or his or her designee, may immediately suspend a license, pending a hearing before the City Council, 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.

(Ord. 13-18, passed 9-24-2018)