



CITY of CRYSTAL

APPLICATION FOR LICENSE FOR MASSAGE ENTERPRISE AND/OR THERAPIST

You have requested information about a therapeutic massage license in the City of Crystal. Please review and provide the following information:

1. Complete the **Application for License** as required in Sections 1000 and 1140 of Crystal City Code. All applications for license must be signed and certified by the applicant. If applicant is an individual, it must be signed by such person; if applicant is a corporation, by an officer thereof; if applicant is a partnership, by one of the general partners; if applicant is an unincorporated association, by the manager or managing officer thereof.

Include the following information with your City of Crystal application. Any missing information will delay the processing of your license.

- MN and Federal Business Tax Identification Numbers.
- Supplemental Application Form (attached).
- MN *Certificate of Compliance* form for Workers' Compensation (attached).
- City of Crystal *Certification of Financial Responsibility* form (attached).
- Authorization and Release* form (make enough copies to be filled out and signed by all persons having an interest in the business, i.e. owners, managers, therapists, etc.) (attached).
- A copy of an educational certificate demonstrating proof of at least 400 hours of training from an accredited school in therapeutic massage, health and hygiene.
- A current *Certificate of Insurance* with professional liability coverage of at least \$1,000,000 that covers the licensing period (Jan. – Dec.).
- A copy of the *Certificate of Assumed Name* issued by the MN Secretary of State (if applicable).
- If applicant does not own the premises where the business is located, attach a true and complete copy of the signed lease agreement.

2. **License Fee and Background Investigation**

Submit license fee with completed application. The license period is Jan. 1 – Dec. 31.

Fees are as follows:

- Massage Therapy Enterprise = \$128.
- Massage Therapist = \$64.
- PLUS Initial Background Investigation Fee = \$100/per person (annual renewal background fee is \$50/per person).

3. **Crystal City Code Section 1140 – Therapeutic Massage**

Read Crystal City Code Section 1140, regulating the licensing of therapeutic massage (attached).

4. **License Approval**

Upon receipt of the completed application and fee, the license application will be presented to the City Council for consideration of approval. City Council meetings are typically conducted on the first and third Tuesday of the month. License application materials must be submitted at least three weeks prior to a City Council meeting.

5. **Questions?** For more information, contact the licensing technician at 763-531-1148 or tracy.thorstenson@crystalmn.gov

(Turn over for information on home-based businesses)

CRYSTAL CITY CODE
SECTION 515.23, SUBD. 2 (D) – HOME BUSINESSES

Home businesses. Home businesses are subject to the following standards:

- (1) No home business shall be permitted which results in or generates more traffic than two customer cars at any one given point in time;
- (2) The home business may employ up to two employees who do not reside on the premises;
- (3) Home businesses shall not create nuisances as provided in the Crystal city code, section 625 or 2010. Activities conducted and equipment or material used shall not change the fire safety or occupancy classifications of the premises. The use shall not employ the storage of explosive, flammable, or hazardous materials beyond those normally associated with a residential use;
- (4) Home businesses shall not operate between 10:00 p.m. and 6:00 a.m.;
- (5) A home business may be located within the dwelling, an accessory building, or both, provided that the total area of the home business is not greater than 50% of the finished floor area of the dwelling;
- (6) Such home business shall not require internal or external alterations or involve construction features not customarily found in dwellings;
- (7) There shall be no exterior storage or display of equipment, goods or materials used in the home business; and
- (8) One sign, not to exceed six square feet in area, may be placed on the premises. The sign may identify the home business, resident name, address, website, and email address or phone number, but may contain no other information. The sign may not be illuminated and must be set back a minimum of ten feet from a property line abutting a public street. If the sign is freestanding, the total height may not exceed five feet.



CITY OF CRYSTAL

APPLICATION FOR LICENSE

4141 Douglas Drive North, Crystal, MN 55422

Telephone: 763-531-1000 / www.crystalmn.gov

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

PLEASE PRINT CLEARLY

Applicant's Name:	Fee: * (see below) (0100.4105) PLUS Background Investigation Fee (0100.4605)	\$
Home Address:	Home Phone: ()	
City/State/Zip:	Cell Phone: ()	
Business Name:	Business Phone: ()	
Doing Business As:	Email:	
Business Address, including zip code:		
MN Tax ID #: <small>(NOTE: you must provide a copy of the confirmation letter from the State.)</small>	Federal Tax ID #:	
If a Minnesota Tax ID number is not required, please explain here and provide your social security number:		

***Fee:** Massage Therapy Enterprise = \$128.

Massage Therapist = \$64.

PLUS Background Investigation Fee = \$100/per person X _____ (number of backgrounds) = \$_____.

ADDITIONAL REQUIREMENTS

1. Supplemental Application Form (attached).
2. MN *Certificate of Compliance* form for Workers' Compensation (attached).
3. City of Crystal *Certification of Financial Responsibility* form (attached).
4. *Authorization and Release* form (make enough copies to be filled out and signed by all persons having an interest in the business, i.e. owners, managers, therapists, etc.) (attached).
5. A copy of an educational certificate demonstrating proof of at least 400 hours of training from an accredited school in therapeutic massage, health and hygiene.
6. A current *Certificate of Insurance* with professional liability coverage of at least \$1,000,000 that covers the licensing period (Jan. – Dec.).
7. Attach a copy of the *Certificate of Assumed Name* issued by the MN Secretary of State (if applicable).
8. If applicant does not own the business premises, attach a true and complete copy of the signed lease agreement.

I hereby make application for a **MASSAGE** (check all that apply) **THERAPY ENTERPRISE and/or** **THERAPIST** license at the above business address for the period _____, 20____ through December 31, 20____, subject to all conditions and provisions of Crystal City Code Section 1140 (attached). I have read and complied with all of the requirements of said City Code necessary for obtaining this license.

I certify that the information in this Application for License is true and complete to the best of my knowledge.

Applicant Signature: _____ **Dated:** _____, 20____

Printed Name of Applicant: _____ **Title (if applicable):** _____

APPLICATION FOR LICENSE INVOLVING PRIVATE OR CONFIDENTIAL INFORMATION

(Includes Tennessee Warning)

Under Minnesota law (M.S. 270.72), the agency issuing you this license is required to provide to the Minnesota Commissioner of Revenue your Minnesota business tax identification number or the Social Security number of each license applicant.

Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we must advise you that:

- This information may be used to deny the issuance, renewal or transfer of your license if you owe the Minnesota Department of Revenue delinquent taxes, penalties, or interest;
- The licensing agency will supply this information only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Act, the Department of Revenue is allowed to supply this information to the Internal Revenue Service;
- Failure to supply this information may jeopardize or delay the issuance of your license or the processing of your renewal application.

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



CITY of CRYSTAL

**SUPPLEMENTAL APPLICATION FOR
THERAPEUTIC MASSAGE LICENSE**

SECTION I – To be filled out by applicants for a therapeutic massage enterprise license.

(Also read and sign Section III at the bottom of Page 2.)

The applicant is an: Individual; Corporation; Partnership; Other: _____

Name of Business (or applicant, if individual): _____

Legal description of the premises to be licensed:

Floor number, street number and rooms where the massage services are to be conducted:

Are plans for design already on file with the City of Crystal’s building department? Yes or No

If no, attach a plan of the area showing dimensions, location of buildings, street access and parking facilities. If the premises is being planned, under construction, or undergoing substantial alteration, attach preliminary plans showing the design of the proposed premises.

SECTION II – To be filled out by applicants for a therapeutic massage therapist license.

(Also read and sign Section III at the bottom of Page 2.)

Name of business you are applying to work for: _____

Applicant’s Name: _____ Home Telephone: _____

Have you ever used or been known by a name other than the applicant name above? Yes or No

If yes, list the name(s) and any information concerning dates(s) and place(s) where used:

Social Security Number: _____ - _____ - _____ Date of Birth: _____

_____ feet _____ inches _____ lbs

Height Weight Eye Color Hair Color

List all addresses where you have resided for the previous ten years (include street name, city, state, zip code):

Have you ever been convicted of a crime other than a minor traffic offense? Yes or No
If yes, provide the type(s) of crime committed, date(s) and location(s):

Current Employer: _____

Address of Current Employer: _____

List the names and addresses of your employers for the previous five years (include dates of employment at each location):

Have you completed at least 400 hours of certified therapeutic massage training from an accredited school? Yes or No

- If **yes**, attach a copy of the certificate issued from the school, showing the hours completed.
- If **no**, do you have at least one year of experience practicing massage therapy? Yes or No

If “yes,” you must provide an affidavit stating same and you must be able to document within two years of obtaining this license (if issued) that you have completed 400 hours of certified therapeutic massage training from a recognized school.

If “no,” you are not qualified to apply for a massage therapy license at this time.

List your training and/or experience in therapeutic massage, health and hygiene (provide locations and length of time involved):

SECTION III – TO BE SIGNED BY ALL APPLICANTS.

The information in this supplemental application is true and complete to the best of my knowledge. I have read, understand and agree to abide by Crystal City Code Section 1140 – Therapeutic Massage (attached).

Signature of Applicant

_____, 20____
Date

Certificate of Compliance

Minnesota Workers' Compensation Law

This form must be completed by the business license applicant.

Print in ink or type

Minnesota Statutes § 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minn. Stat. chapter 176. If the required information is not provided or is falsely stated, it shall result in a \$2,000 penalty assessed against the applicant by the commissioner of the Department of Labor and Industry.

A valid workers' compensation policy must be kept in effect at all times by employers as required by law.

License or certificate number (if applicable)	Business telephone number	Alternate telephone number
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Business name (Provide the legal name of the business entity. If the business is a sole proprietor or partnership, provide the owner's name(s), for example John Doe, or John Doe and Jane Doe.)

DBA ("doing business as" or "also known as" an assumed name), if applicable

Business address (must be physical street address, no P.O. boxes)	City	State	ZIP code
County	Email address		

You must complete number 1 or 2 below.

Note: You must resubmit this form to the authority issuing your license if any of the information you have provided changes.

1. I have a workers' compensation insurance policy.

Insurance company name (not the insurance agent)		
Policy number	Effective date	Expiration date

I am self-insured for workers' compensation. (Attach a copy of the authorization to self-insure from the Minnesota Department of Commerce; see www.mn.gov/commerce/industries/insurance/licensing/self-insurance.)

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

- I only use independent contractors and do not have employees. (See [Minn. Stat. § 176.043](#) for trucking and messenger courier industries; [Minn. Stat. § 181.723, subd. 4](#), for building construction; and [Minnesota Rules chapter 5224](#) for other industries.)
- I do not use independent contractors and have no employees. (See [Minn. Stat. § 176.011, subd. 9](#), for the definition of an employee.)
- I use independent contractors and I have employees who are not required to be covered by the workers' compensation law. (Explain below.)
- I only have employees who are not required to be covered by the workers' compensation law. (Explain below.) (See [Minn. Stat. § 176.041](#) for a list of excluded employees.)

Explain why your employees are not required to be covered

I certify the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify I am authorized to sign on behalf of the business.

Print name

Applicant signature (required)	Title	Date
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If you have questions about completing this form or to request this form in Braille, large print or audio, call (651) 284-5032 or 1-800-342-5354.



CITY of CRYSTAL

4141 Douglas Drive North • Crystal, Minnesota 55422-1696

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

Certification of Financial Responsibility

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

To the best of my knowledge, based upon a review of the status of the property/business located in the City of Crystal at _____, I attest that the foregoing property/business is financially responsible as outlined in Crystal City Code Section 1000.39, which is printed in full on the reverse side of this form.

I hereby certify that I/we are current on the following financial obligations:	YES	NO
Property taxes are paid		
Utility bills are paid		
State taxes are paid		
Federal taxes are paid		
Other governmental obligations or claims concerning me or the business entity named in this license application are paid		

If you or the business entity named in this license application have received a notice of delinquency or default, provide details: _____

If "NO" is circled for any of the items in the table above, describe the payment plan or other agreement approved by the applicable governmental entity: _____

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

Dated: _____, 20____

Signature

Printed Name

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

Staff use only:

__UB __Prev UB __UB Cert __Tax __Prev Tax

Verified compliance on: _____ <date>

Staff initials: _____

Crystal City Code Section 1000.39 – Financial responsibility. Prior to the issuance of a license the applicant must file with the city clerk satisfactory evidence of financial responsibility. Satisfactory evidence of financial responsibility shall be shown by a certification under oath that the property taxes, public utility bills, and all state and federal taxes or other governmental obligations or claims concerning the business entity applying for the license are current, and that no notice of delinquency or default has been issued, or if any of the financial obligations stated in this subsection are delinquent or in default, that any such delinquency or default is subject to a payment plan or other agreement approved by the applicable governmental entity. The certification shall be signed by an individual applicant or all individual owners and/or shareholders of the business entity. Operation of a business licensed by the city without having updated evidence on file with the city of the financial responsibility required by this subsection is grounds for revocation or suspension of the license. This subsection shall apply to all licenses issued by the city except for intoxicating liquor licenses regulated by Crystal city code, chapter XII, which are regulated by that chapter.

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

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

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

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



4141 Douglas Drive North • Crystal, Minnesota 55422-1696

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

Authorization and Release

The following information is required per Crystal City Code section 311.01, subd. 3, which authorizes a Minnesota computerized criminal history background investigation for approval or denial of a city license or permit.

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

Applicant's signature: _____ Dated: ____/____/20__

Applicant's name: _____
(Print legibly) First Middle Last Suffix

Have you ever been known by a name(s) other than the name provided above? Yes No

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

Home address: _____
House Number Street Name City State Zip

Day telephone: (____) _____ Email: _____

Date of birth: ____/____/____ Driver's license: _____
Number State

Organization associated with: _____

Type of city license applied for: _____

Have you lived in Minnesota for all of the past 10 years? Yes No

If no, list previous addresses over the past 10 years (include dates at each address). _____

CRYSTAL CITY CODE
SECTION 1140 - THERAPEUTIC MASSAGE

1140.01. Findings. The city council finds and determines as follows:

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

1140.03. Definitions. For purposes of this section, the terms defined in this subsection have the meanings given them.

Subd. 1. Clean. "Clean" means the absence of dirt, grease, rubbish, garbage, and other offensive, unsightly, or extraneous matter.

Subd. 2. In good repair. "In good repair" means free of corrosion, breaks, cracks, chips, pitting, excessive wear and tear, leaks, obstructions, and similar defects.

Subd. 3. In the city. "In the city" means physical presence as well as telephone referrals such as phone-massage operations in which the business premises, although not physically located within the city, serves as a point of assignment of employees who respond to requests for services from in the city.

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

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

Subd. 6. Therapeutic massage enterprise. "Therapeutic massage enterprise" means a place of business providing massage services to the public for consideration. The term does not include a hospital, sanitarium, rest home, nursing home, boarding home or other institution for

the hospitalization or care of other human beings duly licensed under the provisions of Minnesota Statutes, sections 144.50 through 144.69.

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

1140.05. License required.

Subd. 1. Therapeutic massage enterprise. It is unlawful to operate, offer, engage in, or carry on massage services in the city without first obtaining a therapeutic massage enterprise license from the city.

Subd. 2. Therapeutic massage therapist license. It is unlawful to practice, administer, or provide massage services in the city without first obtaining a therapeutic massage therapist license from the city. Said licenses shall only be issued to someone that is affiliated with, or employed by, the holder of a therapeutic massage enterprise license.

1140.07. Exemptions. A therapeutic massage enterprise license or massage therapist license is not required for the following persons and places:

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

1140.09. General rule. The owner or operator of a licensed therapeutic massage enterprise may employ only licensed therapeutic massage therapists to provide massage services. The owner or operator of a licensed therapeutic massage enterprise need not be licensed as a therapeutic massage therapist unless that owner or operator personally provides massage services.

1140.11. License application.

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

- (a) For all applicants:
 - (1) Whether the applicant is an individual, corporation, partnership, or other form of organization;
 - (2) 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;
 - (3) The floor number, street number, and rooms where the massage services are to be conducted;
 - (4) If the application is for premises either planned or under construction or undergoing substantial alteration, the application must be accompanied by preliminary plans showing the design of the proposed premises (if the plans for design are on file with the building inspector, no plans need be submitted); and
 - (5) Other information that the city may require.

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

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

- (3) Has either: (i) completed 400 hours of certified therapeutic massage training from a school recognized as legitimate by the city manager, or its designee; or (ii) has one year of experience practicing massage therapy as established by an affidavit and can document within two years of obtaining the license that the person has completed 400 hours of certified therapeutic massage training from a recognized school. If a person who received a license based on experience cannot provide said documentation within two years, the license will not be renewed and the person may not receive a license in the future unless the person attains the requisite training; and

(h) Any other information that the city may require.

1140.13. Investigation. A background investigation of all interested individuals is required and shall be conducted pursuant to Crystal city code, subsection 1000.19 prior to the issuance of a license or license renewal.

1140.15. General license requirements.

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

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

Subd. 3. Coverings. The therapist must require that the person who is receiving the massage will at all times have that person's breasts, buttocks, anus, and genitals covered with non-transparent material or clothing. A therapist performing massage must have the therapist's breasts, buttocks, anus, and genitals covered with a non-transparent material or clothing.

Subd. 4. Prohibited massage. A therapist may not intentionally massage or offer to massage the penis, scrotum, mons veneris, vulva, or vaginal area of a person.

1140.17. Restrictions regarding sanitation and health.

Subd 1. Bathroom. A therapeutic massage enterprise must be equipped with adequate and conveniently located bathroom for the accommodation of its employees and patrons. The bathroom must be well ventilated by natural or mechanical methods and be enclosed with a

door. The bathroom must be kept clean and in good repair and be fully and adequately illuminated.

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

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

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

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

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

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

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

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

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

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

1140 .19. Hours of operation. A licensed therapeutic massage enterprise may not operate for business between the hours of 9:00 p.m. and 7:00 a.m.