

**CITY OF STEWARTVILLE
ORDINANCE NO. 2024-2**

AN ORDINANCE RELATING TO MASSAGE THERAPIST AND MASSAGE THERAPY LICENSE

Section 1: Definitions

The following words, terms and phrases, when used in this chapter, shall have the meanings ascribed to them in this section, except where the context clearly indicates a different meaning:

Accredited institution means an educational institution holding accredited status from a regional accrediting agency approved by the United States Department of Education presently or at the time the applicant obtained his diploma or certificate of graduation. The term "accredited institution" also includes a state-licensed institution or state-approved massage apprenticeship program.

Applicant means any person filing an application with the city clerk seeking a massage therapist or massage therapy business license pursuant to this chapter.

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

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

Issuing authority means the city clerk or designee.

Licensed premises means the premises described in the application for a massage therapy business license issued pursuant to this chapter.

Licensee means any person issued a massage therapist or massage therapy business license pursuant to this chapter.

Massage therapist means a person who practices or provides therapeutic massage to another for a fee or other consideration paid either directly or indirectly. A massage therapist does not include a medical doctor, chiropractor, osteopath, podiatrist, licensed nurse, physical therapist, athletic doctor or trainer, or beautician (cosmetologist) or barber who confines their treatment to the scalp, face and neck or the lower leg and feet in the case of a pedicure.

Massage therapy or therapeutic massage means the scientific health care or health maintenance techniques or procedures carried out by a massage therapist involving the rubbing, tapping, pounding or kneading of a person's skin, muscles, and tissues or the stretching of body limbs (e.g., Thai massage) for the purpose of easing mental and physical tension, the breaking up of fatty tissues, relaxing muscles, or alleviating muscle spasms, pain

relief, aiding in the healing process, promoting health and wellness, and the improvement of circulation through the body.

Massage therapy business

(1) The term "massage therapy business" means any enterprise, establishment, or operation, whether under the control of an individual or legal entity, providing or offering to provide massage therapy within the city for a fee or other consideration paid either directly or indirectly, that:

- a. Has one or more massage therapists, including the owner, employed or contracted to provide massage therapy for the massage therapy business; and
- b. Is located in a fixed location in a zoning district which permits massage therapy.

(2) A massage therapy business does not include a health or medical facility, office or clinic operated by a state-licensed medical professional, or any health or medical-related business operated by a state licensed medical professional, which provides therapeutic massage to its patients.

Sanitize means to reduce or eliminate pathogenic agents (such as bacteria) on a surface with a cleaner using bleach, peroxides, isopropyl alcohol, iodine or chlorine as an active ingredient.

State-licensed institution means a private educational institution (apprenticeship, collegiate or career school) holding licensed status, registration and financial aid eligibility approved through the state in which it is located, presently or at the time the applicant obtained their diploma or certificate of graduation.

Student of massage therapy means a person who is enrolled in and attends classes at an accredited institution or at a state-licensed institution.

Section 2: License Required

- A. *Massage therapist license.* No person may act as a massage therapist within the city without a license issued by the city.
- B. *Massage therapy business license.* No person may operate a massage therapy business within the city without a license issued by the city.

Section 3: Exceptions to Licensure

- A. Does not apply to, and no massage therapist license shall be required of, a student of massage therapy provided:
 - (1) The massage therapy is provided during and as part of a course or clinical component of an accredited program or course work; and
 - (2) The massage therapy student is supervised by an instructor or participating in a school-sponsored externship or internship while providing or performing massage therapy. A notice, advising the public that the person who may provide massage therapy is a student of massage therapy and is not licensed by the city, shall be posted in a conspicuous location in a public area of the school.
- B. No massage therapist license is required if the massage therapist is hired or employed by, and exclusively provides treatment on the premises of persons duly licensed by the state to practice medicine, surgery, osteopathy, chiropractic, physical therapy, or podiatry, or professional practices licensed under Minn. Stats Ch. 147 or 148 or registered by the state and regulated by a governmental body with a board where concerns and complaints could be directed, 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.
- C. Does not apply to, and no massage therapy business license shall be required for:
 - (1) A health care office, clinic or facility owned by a municipality, the state or its agencies or licensed by the state;
 - (2) A business or entity owned and operated by a state-licensed medical professional through whom therapeutic massage is provided to its patients as a secondary health care treatment;
 - (3) Hospitals, hospice facilities, nursing homes or other approved institutions established for the hospitalization or care of human beings that are duly licensed under Minn. Stats. ch. 144;
 - (4) A health or sport establishment allowing persons of all ages on the premises and which meet the following criteria:
 - a. The primary purpose of the establishment is health and fitness, and the massage therapy is secondary;

b. No more than 20 percent of the establishment revenue is derived from massage therapy; and

c. Massage therapy does not occupy more than ten percent of the establishment's public floor space; or

(5) An accredited institution which provides an accredited program of study or course work in massage therapy or therapeutic massage provided:

a. The massage therapy is provided during and as part of a course or clinical component of the school's program or course work; and

b. The massage therapy student is supervised by an instructor or participating in a school-sponsored externship or internship while providing or performing massage therapy

State law reference(s)—Municipal licensing of certain massage therapists prohibited, Minn. Stats. § 471.709.

Section 4: License Ineligibility

A. An application for a massage therapy business license can be denied upon any of the following grounds:

(1) The proposed fixed location or premises in which the massage therapy business proposes to provide massage therapy services is not located in a properly zoned district in which a business, or medical or health care facilities or uses are permitted by the zoning ordinances of this Code;

(2) The owner, operator, or any person who has a five percent financial interest in the proposed massage therapy business or the appointed on-site manager or agent of the applicant has, within ten years of the date of application, a conviction for, or was charged with, but convicted of a lesser charge of, a crime directly related to the massage therapy business license. These crimes shall include, but not be limited to, any of the crimes listed at Minn. Stats. § 146A.08, subd. 1(b), 609.321, 609.322, 609.324, 609.3243, 609.33, or a felony crime involving Minn. Stats. ch. 152, or a crime committed in another state under a statute in conformity with any of the statutes listed above. The council must consider evidence of rehabilitation as provided in Minn. Stats. § 364.03, subd. 3;

(3) The owner, operator, or any person who has a five percent financial interest in the proposed massage therapy business had a massage therapist or massage therapy business-related license in this or another jurisdiction that was suspended or revoked within ten years preceding the date of application;

- (4) The application was incomplete or failed to comply with all of the requirements of this chapter;
- (5) The applicant provided false or misleading information on the application form, or has failed to pay the applicable fees;
- (6) The proposed licensed premises is the subject of delinquent or unpaid taxes, assessments, or other financial claims by the state, county or city and the applicant has any interest or legal duty to pay those taxes, assessments or claims;
- (7) The applicant has been denied a license under this chapter within the previous 12 months.
- (8) Is not the real party of interest for the establishment.
- (9) The applicant does not have insurance coverage in effect as required by this Section.

B. An application for a massage therapist license can be denied upon any of the following grounds:

- (1) The applicant has, within ten years of the date of application, a conviction for, or was charged with, but convicted of a lesser charge of, a crime directly related to the massage therapy license. These crimes shall include, but not be limited to, any of the crimes listed at Minn. Stats. § 146A.08, subd. 1(b), 609.321, 609.322, 609.324, 609.3243, 609.33, 609.52, 609.527, 609.528, 609.582, 609.74, or 617.23 or a felony crime involving Minn. Stats. ch. 152, or a crime committed in another state under a statute in conformity with any of the statutes listed above. The council must consider evidence of rehabilitation as provided in Minn. Stats. § 364.03, subd. 3;
- (2) The applicant had a massage therapist or massage therapy business-related license in this or another jurisdiction that was suspended or revoked within ten years preceding the date of application;
- (3) The applicant is not 18 years of age or older;
- (4) The applicant is not a United States citizen and is not legally permitted to be in the United States;
- (5) The application was incomplete or failed to comply with all of the requirements of this chapter;

(6) The applicant provided false or misleading information on the application form, or has failed to pay the applicable fees;

(7) The applicant has been denied a license under this chapter within the previous 12 months.

(8) The applicant does not have insurance coverage in effect as required by this Section.

Section 5: Investigation, Granting and Denial of License Application.

Every license application must be reviewed by the Olmsted County Sheriff's department, planning department and such other entities as the city clerk deems necessary, to determine whether the application satisfies all applicable legal requirements. The Sheriff's department must conduct a review of the applicant's criminal history. If warranted by the Sheriff's department's review of the applicant's criminal history, the department may require the applicant to provide fingerprints or a photograph.

The license application, along with any referral department comments, shall be delivered to the common council for its review and action. The council must approve a license application only if it satisfies all of the requirements of this chapter.

Section 6: Restrictions and Regulations

A. A massage therapy business license may only employ a massage therapist licensed under this chapter to perform massage therapy. A massage therapy business license allows the licensee to operate the business only at the licensed premises except as otherwise provided in this subsection. A massage therapist employed or contracted by a massage therapy business licensee may provide massage therapy:

(1) To a client at the client's residence;

(2) In a long-term or short-term care facility, such as a hospital, nursing home, or convalescence facility;

(3) In connection with a special event or function whereby the massage therapist provides massage therapy to attendees of the event or function;

(4) At a place of business (provided the license designates off-site therapeutic massage); or

(5) In a hotel/motel room (provided the license designates off-site therapeutic massage).

- B. The licensed premises shall, during operating hours, be open to inspection by any building, health, zoning, code, licensing or law enforcement officer to determine whether the licensed premises are in compliance with applicable laws and ordinances. As a condition to being issued a massage therapy business license, the licensee consents to these inspections by these officers. It is unlawful for any licensee, its agent, or employee to hinder or prevent these inspections by these officers. Those performing the inspections shall make every reasonable effort to honor and protect the privacy of the client.
- C. The act of any employee of the licensee is deemed to be the act of the licensee. The licensee shall be responsible for all acts and conduct attributable to and in connection with massage therapy services provided by the licensee or occurring on the licensed premises; however, the licensee's good faith actions taken in the operation of the massage therapy business and in response to the acts or conduct of licensee's employees shall be considered in determining whether the licensee has acted responsibly.
- D. The person receiving massage therapy shall at all times have his anus, intergluteal cleft (buttocks crease) and genitals covered with clothing or properly draped with nontransparent 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 nontransparent material.
- E. No alcoholic beverage, narcotic drug or controlled substance, as such terms are defined by state law or this Code, shall be used, ingested or present during any massage therapy session.
- F. The licensee shall not knowingly bring or possess, or knowingly allow another person to bring or possess, a contraceptive device or obscene material.
- I. Only a massage therapy licensee shall practice or provide therapeutic massage for:
 - (1) A massage therapy business licensee;
 - (2) A health care office, clinic or facility owned by a municipality, the state or its agencies or licensed by the state;
 - (3) A business or entity owned and operated by a state-licensed medical professional through whom therapeutic massage is provided to its patients as a secondary health care treatment;
 - (4) Hospitals, hospice facilities, nursing homes or other approved institutions established for the hospitalization or care of human beings that are duly licensed under Minn. Stats. ch. 144;

(5) A health or sport establishment allowing persons of all ages on the premises;

(6) Athletic directors and trainers who perform massage therapy in the course of any athletic program or event which is sponsored by a local unit of government or an educational institution that complies with all applicable state and local regulations; or

(7) Nonprofit corporations or associations duly organized under the laws of the state for civic, fraternal, social or business purposes.

J. The licensee, its agents and employees must comply with all applicable ordinances, regulations and statutes.

K. A massage therapist licensee shall not provide any massage therapy and the licensed premises shall not be open between the hours of 10:00 p.m. and 6:00 a.m. of any day, except for those applying for and receiving an off-site designation on their license.

L. If the licensee is a partnership or corporation, the licensee must designate a person to be manager and responsible for the conduct and operation of the licensee's business establishment. Such person shall remain responsible for the conduct of the business until another suitable person has been designated in writing by the licensee. The licensee shall promptly notify the Sheriff's department in writing of any such change indicating the name, address and telephone number of the new manager, and the effective date of the change in management.

M. A massage therapist licensee shall have the city-issued license in their possession or posted in a conspicuous location while providing massage therapy. A massage therapy business shall conspicuously post its city-issued license upon the licensed premises where it is easily viewable by the general public.

N. No license issued under this chapter may be transferred. A massage business therapy license shall terminate upon any change in the licensee's officers or ownership interests unless the change is approved by the common council, in which case, the license shall continue in force until the end of the license term.

O. The licensee must have obtained, from an insurance company authorized to do business in the state, a general liability insurance policy providing minimum coverage of \$300,000.00 combined single limit per occurrence as well as workers' compensation insurance as may be required by state law. The licensee must provide a certificate of insurance evidencing the insurance coverage required by this subsection. No

cancellation of any insurance policy will be valid except upon 30 calendar days prior written notice to the City. Failure to keep in full force and effect the insurance is grounds for suspension or revocation of the license.

P. A massage therapist shall be employed by, affiliated with, or own a massage therapy business licensed by the city, unless a person or place is specifically exempted from obtaining a therapeutic massage business license as outlined in Sec. 3.

Q. All licensees shall comply with all health and sanitation laws and ordinances.

Section 7: Restrictions and Regulations Regarding Sanitation, Health & Safety

- A. *Toilet room requirements:* Restrooms used in connection with the massage therapy business shall be provided with mechanical ventilation with two (2) cfm per square foot of floor area, a minimum of twenty (20) foot candles of illumination, a hand-washing sink equipped with hot and cold running water under pressure, single-use paper towels or other approved drying device and a soap dispenser.
- B. *Paper/linen requirements.* A massage therapy business shall provide single-service disposal paper or clean linens to cover the massage therapy equipment on which the patron receives the massage; or in the alternative, if the massage therapy equipment 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. *Equipment.* Massage tables, chairs, and other furniture on which massages are performed must have surfaces that can be readily disinfected after each massage. These surfaces must be disinfected following each massage performed.
- E. *Habitation.* Massage businesses 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. Futons as used in the course of massage therapy sessions are permitted. Home-based massage businesses 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.
- F. *Illness.* A massage therapy business must be able to describe or provide an employee illness policy.

- G. *Bodily Fluids*: Surfaces must be clean and routinely disinfected. Evidence of bodily fluids (blood, saliva, semen, sweat, etc.) will be treated as a failure of sanitary practices and can be grounds for administrative actions such as citation, probation, suspension or revocation.
- H. *Compliance with Building and Fire Codes*: Massage Business premises shall comply with all applicable fire and building code requirements.

Section 8: License Suspension, Revocation and Denial

- A. Any license issued by the city pursuant to the provisions of this chapter may be suspended, revoked or placed on probation or, in connection with the application or renewal of a license, denied upon a finding that the licensee:
 - (1) Failed to comply with any applicable state law, city ordinance or building, safety or health regulation relating to a massage therapist or massage therapy business.
 - (2) Was arrested for a crime directly related to massage therapy or massage therapy business. These crimes shall include, but not be limited to, any of the crimes listed at Minn. Stats. § 146A.08, subd. 1(b), 609.321, 609.322, 609.324, 609.3243, 609.33, or 617.23 or a felony crime involving Minn. Stats. ch. 152, or a crime committed in another state under a statute in conformity with any of the statutes listed above
 - (3) Employed or contracted with a person to perform massage therapy who is required to be licensed by this chapter, but who was not so licensed at the time of employment or contract;
 - (4) Violated or did not meet any relevant provision of this chapter;
 - (5) Failed to comply with any condition set forth in the license, set forth in a council action regarding the license, set forth by the hearing officers or set forth as part of the placement of the license on probation;
 - (6) Allowed the licensed business to be operated or maintained in a way that unreasonably annoyed, endangered or injured the safety, health, morals, comfort or repose of any considerable number of members of the public; or
 - (7) Provided false or misleading information on the application.
 - (8) In the event of licensees owning multiple massage business locations, any license revocation shall apply to all massage establishment locations within the city of Stewartville.

B. The filing of a criminal complaint against the licensee alleging a violation of Minn. Stats. § 609.321, 609.322, 609.324, 609.3242 or 609.3243 shall result in the immediate temporary suspension of the licensee's license. The temporary suspension shall terminate at the time the complaint is dismissed, the licensee is acquitted or the criminal charge is otherwise resolved, and for which all rights to appeal to a state court have been exhausted or waived.

C. The city may issue a temporary suspension of a massage business license, if the licensee, or any person working on behalf of the licensee, is determined to be conducting business in an unlawful manner, or in any manner that constitutes a substantial hazard to the health, safety, or general welfare of the public. A written notice of the grounds for the suspension shall be delivered to the licensee. The licensee must be given a minimum of 24 hours' notice to suspend their business. A temporary suspension can last no longer than 30 days. Longer suspensions must be approved through the hearing process.

Section 9: Right of Appeal

If the city denies, suspends or revokes or chooses to not renew a license, written notice must be sent to the applicant or owner/licensee setting forth the alleged grounds for the potential action. To appeal the revocation, suspension, denial or non-renewal, the applicant or owner/licensee must file a written notice of appeal with the city clerk within fourteen business days after the city's determination. If the notice of appeal is not filed within fourteen business days, the right of appeal is terminated. A timely appeal from a suspension or revocation shall not stay the suspension or revocation.

Section 10: Hearing; Hearing Officer

- A. The city clerk, or designee, the city attorney, or designee, a member of the public health department or designee, and the one member of the council shall act as the hearing officers. The city may also designate an external individual to act in this capacity. The hearing officers shall have authority to hear appeals from the following actions of the city:
- (1) The denial or refusal to renew a license.
 - (2) The placing of a license on probation.
 - (3) The revocation of a license.
 - (4) The suspension of a license.

B. Where an external individual is designated to act as a hearing officer the administrative rules of chapter 1-2-6 shall so apply to the process.

C. The hearing officers may receive all evidence and hear witnesses on matters applicable to the appeal. The hearing officers shall afford the registrant, permittee, business, or applicant making the appeal an opportunity to present evidence, cross-examine witnesses, and be heard. The hearing officers may affirm, modify, or reverse the city's action by a majority vote rendered in writing.

D. Any person or business aggrieved by the hearing officers' determination may appeal to the common council. An appeal to the common council shall be taken within fourteen business days from the hearing officer's decision by filing with the city clerk a notice of appeal. The matter shall be placed on the common council's scheduled meeting agenda for a public hearing. The common council may affirm, modify, or reverse the hearing officer's decision. If the notice of appeal is not filed within fourteen business days, the right to appeal is terminated.

Section 11: Notice of Appeal

All notices shall be given either by personal service, mail or electronic mail to the address for service of notices as shown on the application form. Service by mail shall be deemed complete on the date of certified receipt. Failure of the applicant, licensee, or owner to receive such notice shall not invalidate the action taken pursuant to such notice.

Section 12: Notice of Hearing

Notice of any hearing involving the registrant, permittee, or the applicant shall be given by the city clerk in writing, setting forth specifically the purpose, time, and place of the hearing. Such notice shall be sent to the registrant, permittee, business, or applicant at least seven business days prior to the date set for hearing or shall be personally served at least three business days prior to the date set for hearing.

Section 13: Penalty

Any person violating any provision of this chapter shall be guilty of a misdemeanor.

Adopted by the Stewartville City Council this 23rd day of January, 2024.

Mayor Jimmie-John King

Cheryl Roeder, City Clerk



Office Use Only

Date Received: _____

Staff Receiving: _____

Application Number: _____

MASSAGE THERAPIST LICENSE APPLICATION

City Ordinance, 2024-2 applies to Massage Therapist and Massage Therapy Business licenses, and states no person may act as a massage therapist within the city of Stewartville without a massage therapist license, except for students of massage therapy who are providing services as part of a course or clinical component of an accredited program, or under the supervision of an instructor while participating in a school sponsored internship.

Licenses must be renewed every two years, with the license period running from January 1 through December 31 of the succeeding year. If a license is issued during the calendar year, it will expire at the end of the following year. The current biennial license fee is \$100. New licenses also require an investigation fee of \$150. Required fees must be paid at the time an application is submitted.

CHECKLIST OF REQUIRED ITEMS THAT MUST BE SUBMITTED WHEN APPLICATION IS SUBMITTED

- 1.** Fully complete all parts of the application (*Every question must be answered – write 'N/A' or 'not applicable' if necessary on any questions*). License Application must be signed by applicant.
- 2.** Proof of identification and proof the applicant is a U.S. citizen or is legally permitted to be in the United States – proof of identification must be one of the following, a copy of which must be submitted:
 - A valid driver's license including a photograph and date of birth, issued by Minnesota, another state, a province of Canada, or a state of Mexico
 - A valid identification card including a photograph and date of birth, issued by Minnesota, another state, a province of Canada, or a state of Mexico
 - A valid military identification card issued by the U.S. Department of Defense
 - A valid U.S. passport
 - In the case of someone who is a foreign national, a valid passport
- 3.** Proof of minimum education requirements outlined in Section C of the application
- 4.** Applicant must provide a certificate of insurance as proof of required general liability insurance providing minimum coverage of \$300,000 combined single limit per occurrence before a license is issued. This license should have the City of Stewartville listed as an additional insured.
- 5.** Initial Investigation Fee of \$150 for new applications
- 6.** Two-year License Fee of \$100 – license expires on December 31 of the following year.

Fill in all blanks. Write N/A if a question is not applicable.

STEP 1 - APPLICANT INFORMATION

Information about who is completing this application
(may or may not be the same as the person who will be licensed)

1. First Name		2. Last Name	
3. Primary Telephone Number	4. Type of Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Business <input type="checkbox"/> Home <input type="checkbox"/> Other	5. Alternate Phone Number	6. Type of Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Business <input type="checkbox"/> Home <input type="checkbox"/> Other
7. Email Address			
8. Account Mailing Address		9. City	10. State
			11. Zip Code
12. Please send official notices relating to this license to: <input type="checkbox"/> Mailing Address <input type="checkbox"/> Email			

LICENSE HOLDER

Provide information about who this license will be issued to

13. First Name		14. Last Name	
15. Primary Telephone Number	16. Type of Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Business <input type="checkbox"/> Home <input type="checkbox"/> Other	17. Alternate Phone Number	18. Type of Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Business <input type="checkbox"/> Home <input type="checkbox"/> Other
19. Email Address			
20. Home Address		21. City	22. State
			23. Zip Code
<i>Minn. Stat. § 270C.72 requires the City to collect social security numbers of all individual license applicants. A license cannot be issued without this information. Social security numbers are private data but may be provided to the Minnesota Department of Revenue as required by law.</i>			

24. Social Security Number

LICENSE INFORMATION

25. Name of any Business with which you will be using this license (if none, write NA)			
26. Business Address (or NA if not applicable)		27. City	28. State
			29. Zip Code
30. Place of Birth (City & State, or City & Country if outside U.S.)			
31. Height and Weight		32. Eye Color	
33. Preferred Spoken Language		34. Preferred Written Language	
35. Do you need an interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No			

45. Employment History for Last Five years, beginning with current employment

Name of employer _____ Dates (mm/yy) of employment _____

Address _____ Phone number _____

Name of employer _____ Dates (mm/yy) of employment _____

Address _____ Phone number _____

Name of employer _____ Dates of (mm/yy) employment _____

Address _____ Phone number _____

Name of employer _____ Dates of (mm/yy) employment _____

Address _____ Phone number _____

Name of employer _____ Dates of (mm/yy) employment _____

Address _____ Phone number _____

46. Provide information on any and all criminal conviction(s) of any state, county, or local law or regulation

<u>Date</u>	<u>Offense</u>	<u>Location</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

STEP 2. MINIMUM EDUCATION REQUIREMENTS

Every applicant must be able to meet one of the following minimum requirements:

- a) Proof of successful completion (a diploma or certificate of graduation) of a minimum of a 500 clock hours or 33 semester hours or 50 quarter hours comprehensive massage therapy program from an Accredited Institution or a State Licensed Institute that includes subjects of: anatomy, physiology, hygiene, ethics, massage theory and research, and massage practice; or
- b) Proof of passing the National Certification Exam offered through the National Certification Board for Therapeutic Massage and Bodywork (NCBTMB) or passing the Massage & Bodywork Licensing Examination (MBLEx) offered through the Federation of State Massage Therapy Boards.
- c) Proof of Current licensure in another jurisdiction as long as that jurisdiction's licensing requirements are essentially equivalent to the education requirements of the City of Stewartville

Indicate which required documentation you will provide to meet one of the above requirements:

- a – proof must include verifiable documentation, including information about the institution's accreditation
- b – proof must be verifiable
- c – proof must be verifiable, and must be provided to the City Clerk to make a determination as to whether the requirements are essentially equivalent or not

Certified copies of any documentation provided are preferred, and make verification faster and easier.

A. NOTIFICATION AND VERIFICATION

Notice of Collection of Private Data

In accordance with the Minnesota Government Data Practices Act, the City of Stewartville is required to inform you of your rights as they relate to information collected about you. The information collected and required from you as part of this license application will be used to determine whether or not to issue the massage therapist license being applied for. Disclosure of this information is voluntary. You are not legally required to provide this data, however, if you fail to do so, the City of Stewartville may be unable to process this application.

Your Social Security Number and Birth Date are classified as private data, and are not available to the public. Disclosure of Social Security Number (or Individual Tax ID Number only for individuals without a social security number) is required by Minnesota Statutes 270C.72, and may be requested by and released to the Minnesota Commissioner of Revenue.

Access to this data is limited to staff with a business need in order to administer and manage the licensing program. All other information contained in this application is public information pursuant to the Government Data Practices Act, Minnesota Statutes Chapter 13.

You have the right to see and obtain copies of the data maintained on you, including private data. You also have the right to be told the contents and meaning of the data, and to contest the accuracy and completeness of the data. You can exercise these rights by contacting the City Clerk's Office.

A SIGNATURE IS REQUIRED IN ORDER TO PROCESS THIS LICENSE APPLICATION

I, (print name) _____, have read and understand the above information regarding my rights as a subject of government data. I acknowledge I have been provided information about what is required to obtain a business license from the City of Stewartville, and how to receive notifications of proposed City ordinances. I agree I will strictly comply with all the laws of the State of Minnesota the ordinances of the City of Stewartville relating to the performance of my duties as a massage therapist, and understand I can review all City ordinances on the City website or in the City Clerk's Office.

I understand that by submitting this application, I hereby consent to allow the appropriate City personnel, or any authorized representative or agents, to conduct a background investigation as authorized by Ordinance 2024-2.

I hereby certify that I have read and understand every question in this application and that the answer to every question is true to my knowledge, information and belief. I further understand that the giving of false information as part of this application, regardless of when it is discovered, and/or failure to give required pertinent information can constitute cause for denial, suspension, or revocation of any license.

Signature of Applicant _____ Date _____



Office Use Only

Date Received: _____

Staff Receiving: _____

Application Number: _____

MASSAGE THERAPY BUSINESS LICENSE APPLICATION

Stewartville Ordinance 2024-2, applies to Massage Therapist and Massage Therapy Business licenses.

Licenses must be renewed annually, with the license period running from January 1 through December 31 each year. The current annual license fee is \$100, and is prorated quarterly. New businesses and changes in ownership require an investigation fee of \$150. All fees must be paid at the time an application is submitted.

CHECKLIST OF REQUIRED ITEMS THAT MUST BE SUBMITTED WHEN APPLICATION IS SUBMITTED

- 1. Fully complete all parts of the application (*Every question must be answered – write 'N/A' or 'not applicable' if necessary on any questions*):
 - Part A. must be completed by designated manager (or sole proprietor), with witnessed signature
 - Part B. must be completed by anyone with a 5% or greater ownership interest in the business, corporate officers, and all additional managers, with witnessed signature – make additional copies of this section if necessary
 - Part C. completed with **notarized signatures** of sole owner or designated manager **AND** on site manager
- 2. Select one ownership type, and provide the appropriate documentation from the State of Minnesota:
 - Sole proprietor: no business documentation required
 - Corporation: Certificate of incorporation (if not incorporated in Minnesota, a certificate of authority is also required)
 - Partnership: Partnership agreement
 - LLC: Certificate of organization
- 3. Provide legal name of the business and any doing business as (DBA) name
 - If there is a DBA name, a certified copy of the Certificate of Assumed Name required by Minn. Stat. §333.01
- 4. Provide complete applicant information for all individuals with a 5% or greater interest in the business
- 5. Proof of identification and proof the applicant is a U.S. citizen or is legally permitted to be in the United States – proof of identification must be one of the following, a copy of which must be submitted:
 - A valid driver's license including a photograph and date of birth, issued by Minnesota, another state, a province of Canada, or a state of Mexico
 - A valid identification card including a photograph and date of birth, issued by Minnesota, another state, a province of Canada, or a state of Mexico
 - A valid military identification card issued by the U.S. Department of Defense
 - In the case of someone who is a foreign national, a valid passport

6. Provide a description of the premises to be licensed in question 13 of Section A of the license application. A separate document of the layout can be provided.

If the applicant does not own the premises, a copy of the lease agreement allowing the applicant to occupy the premises must be provided

State whether all taxes and special assessments due and owing on the premises are current, and if the applicant or other entity in which the applicant has an interest has a legal duty to pay those amounts state for which years they are delinquent

7. Proof of workers' compensation insurance coverage, or certification by applicant it is not required

8. Proof of required general liability insurance coverage

9. Initial Investigation Fee of \$150 (required with all new applications – including sole proprietors)

10. Annual License Fee of \$100

**** Renewal applications not submitted by Dec. 31 will incur a 50% late fee. *****

**If a Massage Therapy Business is wholly owned and operated by an individual who is licensed by the City of Stewartville as a massage therapist under Ordinance 2024-2 and has no employee or contractor other than the licensee/owner, the massage therapy business license fee shall not be required, only the massage therapist license fee. A business license should still be obtained, and an initial investigation fee shall be required.

Fill in all blanks. Write N/A if a question is not applicable.			
STEP 1. APPLICANT INFORMATION			
Information about who is completing this application			
1. First Name		2. Last Name	
3. Primary Telephone Number	4. Type of Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Business <input type="checkbox"/> Home <input type="checkbox"/> Other	5. Alternate Phone Number	6. Type of Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Business <input type="checkbox"/> Home <input type="checkbox"/> Other
7. Email Address			
8. Mailing Address		9. City	10. State
		11. Zip Code	
12. Please send official notices relating to this license to: <input type="checkbox"/> Mailing Address <input type="checkbox"/> Email		13. Role of person completing application: <input type="checkbox"/> Owner <input type="checkbox"/> Officer <input type="checkbox"/> Partner <input type="checkbox"/> Manager <input type="checkbox"/> Agent for the Owner <input type="checkbox"/> Other _____	
Information about license holder/primary point of contact for this license (if different than above)			
14. First Name		15. Last Name	
16. Primary Telephone Number	17. Type of Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Business <input type="checkbox"/> Home <input type="checkbox"/> Other	18. Alternate Phone Number	19. Type of Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Business <input type="checkbox"/> Home <input type="checkbox"/> Other

20. Preferred Written Language		21. Preferred Spoken Language	
22. Do You Need An Interpreter? Yes No			
23. Email Address		24. Role of primary contact: <input type="checkbox"/> Owner <input type="checkbox"/> Officer <input type="checkbox"/> Partner <input type="checkbox"/> Manager <input type="checkbox"/> Agent for the Owner <input type="checkbox"/> Other _____	
Information about manager of the business			
25. Manager's First Name		26. Manager's Last Name	
27. Manager's Telephone Number		28. Manager's Email Address	
STEP 2. LICENSE DETAILS			
BUSINESS INFORMATION			
29. Legal Corporate Name of Business to whom license will be issued (This is an individual's name ONLY if a sole proprietor)		30. Trade Name (DBA) if different than legal name (<i>A certified copy of the DBA certificate must be provided with this application.</i>)	
31. Business Federal Tax ID Number		32. Business State Tax ID Number	
33. Business Address		34. City	35. State 36. Zip Code
37. As an applicant/licensee, I am: <input type="checkbox"/> Starting a new business <input type="checkbox"/> Leasing/renting space within an existing location as an independent operator (new business added to an existing location) <input type="checkbox"/> Taking over an existing business (License transfer to New owner – same business name) If yes, name of existing business: _____ <input type="checkbox"/> Taking over an existing business as a new license holder (New license) If yes, name of prior business: _____			
38. Is the business applicant the owner of business location? <input type="checkbox"/> Yes <input type="checkbox"/> No – <i>A copy of the lease agreement for the location must be provided with this application</i>		39. If the answer to question 31 is yes, are all taxes and special assessments due and owing on the proposed business location current? <input type="checkbox"/> Yes <input type="checkbox"/> No – Which years are delinquent: _____	

40. Type of Ownership:

- Sole Proprietor – Only the individual owner must complete owner’s information, no additional documentation is required.
- Corporation – all corporate officers, directors and stockholders with a 5% or greater interest must complete owners’ section (section C).
- A copy of the certificate of incorporation must also be provided with this application, along with a certificate of authority if required by Minn. Stat. §303.06
- LLC – all members with a 5% or greater interest must complete owners’ section.
- A copy of the LLC’s articles of organization must be provided with this application.
- Partnership – all partners with a 5% or greater interest must complete owners’ section.
- A copy of the partnership agreement must be provided with this application.
- Non Profit or other: _____
Consult with the City Clerk’s Office on who must complete the owners’ section.

41. Licensed Premises

Describe the area of the business location to be used as the licensed premises, including the square footage. You can include a separate sheet with an illustration of how the space is laid out and will be used for licensed activities.

42. Provide a detailed description of the services to be offered, including a list of services and prices. Attach additional sheets if needed.

43. Planned hours of operation for each day of the week:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From _____ To _____	From _____ To _____	From _____ To _____	From _____ To _____	From _____ To _____	From _____ To _____	From _____ To _____

44. Will you have employees?

- Yes – If yes, how many? _____
- No

Note: All therapists must have an individual license from the City of Stewartville whether employees or contractors.

45. Will you have independent contractors working in the business?

- Yes No

If yes, do have an independent contractor agreement prepared?

- Yes No

Note: All therapists must have an individual license from the City of Stewartville whether employees or contractors.

46. How will you train and provide oversight for any therapists working in the business, either as employees or contractors? You can also provide any training materials or agreements that may be used in the business as documentation for this question.

47. List All Massage Therapists Working In Your Business

First Name: _____ Last Name: _____ License Number: _____

First Name: _____ Last Name: _____ License Number: _____

First Name: _____ Last Name: _____ License Number: _____

First Name: _____ Last Name: _____ License Number: _____

First Name: _____ Last Name: _____ License Number: _____

First Name: _____ Last Name: _____ License Number: _____

First Name: _____ Last Name: _____ License Number: _____

First Name: _____ Last Name: _____ License Number: _____

First Name: _____ Last Name: _____ License Number: _____

First Name: _____ Last Name: _____ License Number: _____

STEP 2. BUSINESS DATA

BUSINESS DETAIL – REQUIRED INSURANCE

48. Do you have the required general liability insurance to operate the business?

Yes No

*****Proof of insurance must be provided before a license can be issued*****

Workers' Compensation Company	Policy Number	Dates of Coverage

OR:

I certify that I am not required to carry workers' compensation insurance because:

- I am self-insured.
- I am the sole proprietor and I have no employees.
- I have no employees who are covered by workers' compensation law.

Only employees who are specifically exempted by statute are not covered by the workers' compensation law. These include spouse, parents, and children regardless of age. All other workers whose work is controllable by the employer must be covered.

This section must be completed for **all** massage therapy business licenses by the designated manager with responsibility for the business. For licenses issued to a sole proprietor, the licensee must complete this section.

A. MASSAGE THERAPY BUSINESS DESIGNATED MANAGER		
1. Name (First, Middle, Last)	2. Date of Birth (MM/DD/YYYY)	3. Place of Birth (City & State, or City & Country if outside U.S.)
4. Are you an owner of the business? <input type="checkbox"/> Yes – If yes, indicate title and percent of ownership interest _____ <input type="checkbox"/> No		5. Are you also the on-site manager? <input type="checkbox"/> Yes <input type="checkbox"/> No
6. Home Address		7. City, State, Zip Code
8. Direct Phone Number	9. Cell Phone Number	10. Email
11. Social Security Number		12. Driver's License or ID Number & Issuing state
13. Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No - If no, are you legally permitted to be in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No		
14. Proof of identification must be provided pursuant to RCO 5-15-7 subd. B (7) from one of the following: <input type="checkbox"/> A valid driver's license including a photo & date of birth, issued by Minnesota, another state, a province of Canada, or a state of Mexico <input type="checkbox"/> A valid identification card including a photo & date of birth, issued by Minnesota, another state, a province of Canada, or a state of Mexico <input type="checkbox"/> A valid military identification card issued by the U.S. Department of Defense <input type="checkbox"/> A valid U.S. passport, or, <input type="checkbox"/> In the case of a foreign national, a valid passport		
15. Have you ever been known by any name other than the one listed above on this application? <input type="checkbox"/> Yes <input type="checkbox"/> No - If Yes, List all other names or aliases ever used, as well as the dates of the use of each name 1. _____ 2. _____ 3. _____		
16. Addresses used for Last Five years – attach additional sheets if needed <u>Dates (MM/YYYY)</u> <u>Addresses</u> From _____ To _____ _____ From _____ To _____ _____ From _____ To _____ _____ From _____ To _____ _____ From _____ To _____ _____		

17. Have you ever had a business license or individual massage therapist license denied, revoked, or suspended by any local unit of government or state?

Yes No

If Yes, provide details about any adverse license action, including the type of license(s), jurisdiction(s) involved, and date(s) and your business activity or occupation following the action.

18. Have you ever been engaged in the operation of a business providing Massage Therapy?

Yes No

If Yes, provide details about your prior experience

19. Provide information on any criminal conviction(s) of any state, county, or local law or regulation – attach additional sheets if needed

<u>Dates</u>	<u>Offense</u>	<u>Location</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

NOTIFICATION AND VERIFICATION OF DESIGNATED MANAGER

In accordance with the Minnesota Government Data Practices Act, the City of Stewartville is required to inform you of your rights as they relate to information collected about you. The information collected and required from you as part of this license application will be used to determine whether or not to issue the massage therapy business license being applied for. Disclosure of this information is voluntary. You are not legally required to provide this data, however, if you fail to do so, the City of Stewartville may be unable to process this application.

Your Social Security Number and Birth Date are classified as private data, and are not available to the public. Access to this data is limited to staff with a business need in order to administer and manage the licensing program. All other information contained in this application is public information pursuant to the Government Data Practices Act, Minnesota Statutes Chapter 13.

You have the right to see and obtain copies of the data maintained on you, including private data. You also have the right to be told the contents and meaning of the data, and to contest the accuracy and completeness of the data. You can exercise these rights by contacting the City Clerk’s Office.

A SIGNATURE IS REQUIRED IN ORDER TO PROCESS THIS LICENSE APPLICATION

I, (print name) _____, have read and understand the above information regarding my rights as a subject of government data. I further understand that the giving of false information as part of this application, regardless of when it is discovered, and/or failure to give required pertinent information can constitute cause for denial, suspension, or revocation of my business license. I give my consent for the City of Stewartville to conduct a background investigation as authorized by Ordinance 2024-2.

Signature of Applicant _____ **Date** _____

Signature of Witness _____ **Name of Witness** _____

B. ALL OWNERS & OPERATORS, INCLUDING PARTNERS, OWNERS, AND CORPORATE MEMBERS

Every owner, partner, and corporate member with a 5% interest or greater in the business must complete this section. In addition, any additional on-site managers or business operators who did not complete the designated manager section must also complete this section. Submit separate copies of this section for each individual completing it.

1. Role of person completing this section:

- Owner/partner/corporate member with a 5% interest or greater in the business
- On site manager (other than designated manager in prior section B.)
- Additional on-site managers or operators with management responsibilities (this does not include individual therapists working as employees or contractors in the business without a management role)

2. Name (First, Middle, Last)		3. If you are an owner of the business, indicate nature and percent of ownership interest:
4. Date of Birth (MM/DD/YYYY)		5. Place of Birth (City & State, or City & Country if outside U.S.)
6. Home Address		7. City, State, Zip Code
8. Direct Phone Number	9. Cell Phone Number	10. Email
11. Social Security Number		12. Driver's License or ID Number & Issuing state

13. Proof of identification must be provided pursuant to Ordinance 2024-2 from one of the following:

- A valid driver's license including a photo & date of birth, issued by Minnesota, another state, a province of Canada, or a state of Mexico
- A valid identification card including a photo & date of birth, issued by Minnesota, another state, a province of Canada, or a state of Mexico
- A valid military identification card issued by the U.S. Department of Defense
- A valid U.S. passport, or,
- In the case of a foreign national, a valid passport

14. Have you ever been known by any other name than the one listed on this application?
 Yes No

If yes, list all other names or aliases ever used, as well as the dates and locations (city, state/county) of the use of each name

1. _____ 2. _____ 3. _____

15. Have you ever had a business license or individual massage therapist license revoked by any local unit of government or state? Yes No

If Yes, provide details about any revocation, including the type of license(s), jurisdiction(s) involved, and date(s)

16. Addresses used for Last Five years – attach additional sheets if needed

Dates

Addresses

From _____ To _____ _____

From _____ To _____ _____

From _____ To _____ _____

From _____ To _____ _____

From _____ To _____ _____

17. Have you ever been engaged in the operation of a business providing Massage Therapy?

Yes No

If Yes, provide details about any denial, revocation, or suspension of a related license, including the type of license(s), jurisdiction(s) involved, and date(s), and your business activity or occupation following the action.

18. Provide information on any criminal conviction(s) of any state, county, or local law or regulation – attach additional sheets if needed

Date

Offense

Location

NOTIFICATION AND VERIFICATION

In accordance with the Minnesota Government Data Practices Act, the City of Stewartville is required to inform you of your rights as they relate to information collected about you. The information collected and required from you as part of this license application will be used to determine whether or not to issue the massage therapy business license being applied for. Disclosure of this information is voluntary. You are not legally required to provide this data, however, if you fail to do so, the City of Stewartville may be unable to process this application.

Your Social Security Number and Birth Date are classified as private data, and are not available to the public. Access to this data is limited to staff with a business need in order to administer and manage the licensing program. All other information contained in this application is public information pursuant to the Government Data Practices Act, Minnesota Statutes Chapter 13.

You have the right to see and obtain copies of the data maintained on you, including private data. You also have the right to be told the contents and meaning of the data, and to contest the accuracy and completeness of the data. You can exercise these rights by contacting the City Clerk's Office.

A SIGNATURE IS REQUIRED IN ORDER TO PROCESS THIS LICENSE APPLICATION

I, (print name) _____, have read and understand the above information regarding my rights as a subject of government data. I further understand that the giving of false information as part of this application, regardless of when it is discovered, and/or failure to give required pertinent information can constitute cause for denial, suspension, or revocation of my business license. I give my consent for the City of Stewartville to conduct a background investigation as authorized by Ordinance 2024-2.

Signature of Applicant _____ Date _____

Signature of Witness _____ Name of Witness _____

C. APPLICATION VERIFICATION AND ACCEPTANCE OF RESPONSIBILITY

Notice of Collection of Private Data

In accordance with the Minnesota Government Data Practices Act, the City of Stewartville is required to inform you of your rights as they relate to information collected about you. The information collected and required from you as part of this license application will be used to determine whether or not to issue the massage therapy business license being applied for. Disclosure of this information is voluntary. You are not legally required to provide this data, however, if you fail to do so, the City of Stewartville may be unable to process this application.

Your Social Security Number and Birth Date are classified as private data, and are not available to the public. Disclosure of Social Security Number (or Individual Tax ID Number only for individuals without a social security number) is required by Minnesota Statutes 270C.72, and may be requested by and released to the Minnesota Commissioner of Revenue.

Access to this data is limited to staff with a business need in order to administer and manage the licensing program. All other information contained in this application is public information pursuant to the Government Data Practices Act, Minnesota Statutes Chapter 13.

You have the right to see and obtain copies of the data maintained on you, including private data. You also have the right to be told the contents and meaning of the data, and to contest the accuracy and completeness of the data. You can exercise these rights by contacting the City Clerk's Office.

A SIGNATURE VERIFYING THE OVERALL ACCURACY AND COMPLETENESS OF THIS APPLICATION BY THE DESIGNATED MANAGER OR SOLE OWNER IS REQUIRED IN ORDER TO PROCESS THIS LICENSE APPLICATION

I, (print name) _____, have read and understand the above information regarding my rights as a subject of government data. I acknowledge I have been provided information about what is required to obtain a business license from the City of Stewartville, and how to receive notifications of proposed City ordinances. I agree I will strictly comply with all the laws of the State of Minnesota governing the taxation of business and all ordinances of the City of Stewartville, and understand I can review all City ordinances on the City website or in the City Clerk's Office.

I understand that by submitting this application, I hereby consent to allow the appropriate City personnel, or any authorized representative or agents, to conduct a background investigation as authorized by Ordinance 2024-2.

I affirm I have no intention or agreement to transfer the license being applied for to another person or entity, or to allow any other person or entity to operate under the authority of the license. I understand that by submitting this application, I hereby consent to allow the appropriate City personnel, or any authorized representative or agents, to inspect the licensed premises for the purpose of ensuring compliance with the law, at any time the business is occupied and/or open for business. I also understand that a denial of permission for such a lawful inspection of the premises is a violation of the license provisions.

I further hereby certify that I have read and understand every question in this application and that the answer to every question is true to my knowledge, information and belief. I further understand that the giving of false information as part of this application, regardless of when it is discovered, and/or failure to give required pertinent information can constitute cause for denial, suspension, or revocation of my business license.

Signature of Applicant _____

Printed Name _____

AFFIRMATION OF RESPONSIBILITY BY ON SITE MANAGER

As the business' appointed on-site manager or agent – or the sole owner and operator of the business - I hereby provide my notarized written consent to:

- a) Take full responsibility for the conduct of the Licensed Premises and operation; and
- b) Serve as agent for service of notices and other processes relating to the license.

Signature of On-Site Manager _____ Printed Name _____