

Procedure to Apply for a Therapeutic Massage License

- ☐ 1. Complete *"Application for Therapeutic Massage"*.
 - ☐ 2. Have a Certificate of Professional Liability Insurance prepared and included with your application for a minimum sum of \$300,000. Certificate should show coverage on a calendar basis (January 1 to December 31). Name appearing on the Certificate must be exactly as shown on your application.
 - ☐ 3. Complete *"Certificate of Compliance – Minnesota Workers' Compensation Law"* form.
 - ☐ 4. Complete *"Background Check Form for License Applicants"*. One form must be completed for each massage therapist listed on application. This form may be copied as needed.
 - ☐ 5. Remit \$75 per massage therapist or \$175 per establishment if more than two massage therapists' payable to the "City of Redwood Falls" for the license application. This is an annual fee (January 1 to December 31). Should you be applying during the middle of the year, your fee will be prorated on the basis of 1/12 for each calendar month for the current licensed year, provided that, for licenses where the fee is \$100 or less, a minimum license fee is not less than one-half of the annual license.
 - ☐ 6. Remit \$75 payable to the "City of Redwood Falls" for each background check.
 - ☐ 7. Attach proof of 75 hours of certified therapeutic massage training recognized and accepted by a national or state professional therapeutic massage organization.
 - ☐ 8. Attach proof of membership in good standing of a recognized national or state professional therapeutic massage organization.
 - ☐ 9. Attach a sketch or diagram showing the configuration of the premises. (Premises needs to be properly zoned and in compliance with applicable laws and City Code provisions to conduct a therapeutic massage business. Premises will be inspected by the local Police Department.)
10. The materials with a box in the left margin (#1-9) should be returned to:
- Caitlin Kodet
City of Redwood Falls
333 South Washington Street, PO Box 526
Redwood Falls MN 56283
11. Upon receiving all the completed and required materials and fees and completion of successful background check(s) and premises inspection, the application will be on the City Council agenda to consider approval of issuance of the license. If approved, the City of Redwood Falls will send you the license that must be posted at your licensed premise.

12. The City of Redwood Falls will send you a renewal notice each fall for the next year for any licenses that have been in place.
13. Should you have any questions regarding this application process, please contact Caitlin Kodet at 507-616-7400 or at ckodet@ci.redwood-falls.mn.us.

Enclosures: *"Application for Therapeutic Massage"*
 "Certificate of Compliance – Minnesota Workers' Compensation Law"
 "Background Check Form for License Applicants"
 City Code - Chapter 6.30 *"Professional Therapeutic Massage"*



Deputy City Clerk's Office
333 S. Washington Street, PO Box 526
Redwood Falls, MN 56283
507-616-7400
Email: ckodet@ci.redwood-falls.mn.us

Application for Therapeutic Massage

- ☐ \$75/massage therapist + \$75 investigation fee ☐ \$175 = per establishment if more than two massage therapists
+ \$75 Investigation Fee per massage therapist

(License period is January 1-December 31. If applying during the middle of the year, the fees will be prorated, provided that, for licenses where the fee is \$100 or less, a minimum license fee is not less than one-half of the annual license.)

APPLICANT INFORMATION:		
Name:		
First:	Full Middle Name:	Last Name:
Birth or Former Last Names:		
Applicant Current Address:		
City, State, Zip:		
Telephone: Home:	Work:	Cell:
E-Mail Address:	Date of Birth:	Social Security #:

BUSINESS INFORMATION:	
Business Name:	
Type of Ownership: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company (LLC) <input type="checkbox"/> Corporation <input type="checkbox"/> Other	
Trade Name or DBA:	
Address of Business:	
City State, Zip:	
Mailing Address (if different from above):	
Federal Employer Identification No.:	Minnesota Business ID No.:
Business Phone:	Alternate Number:
If the above named licensee is a Corporation, Partnership, or LLC, complete the following for each partner/officer:	
Owner #1:	
First:	Full Middle Name: Last Name:
Current Address:	
City, State, Zip:	
Telephone: Home:	Work: Cell:
E-Mail Address:	Date of Birth: Social Security #:

Owner #2:		
First:	Full Middle Name:	Last Name:
Current Address:		
City, State, Zip:		
Telephone: Home:	Work:	Cell:
E-Mail Address:	Date of Birth:	Social Security #:

Description and Location of License Premises		
Building Owner's Name:	Address:	Phone Number:
<input type="checkbox"/> Yes <input type="checkbox"/> No Is the premises properly zoned and in compliance with applicable laws and city code provisions to conduct a Therapeutic Massage business?		
<i>At the time of initial application, the premises shall be inspected to assure compliance.</i> <i>(Attach sketch or diagram showing the configuration of the premises.)</i>		

Please answer all questions truthfully and to the best of your knowledge. Providing false information may cause for denial of your license. If answering Yes to any of these questions, please attach additional information to this application.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you been licensed as a massage therapist in another municipality?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you previously been denied a massage license or ever had a license revoked in any jurisdiction?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been convicted of a sexually oriented crime, any felony or any violation of any city ordinance or state law within five years preceding this application?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been delinquent in payment for taxes, fines or penalties assessed against you or imposed upon you in relation to a therapeutic massage business?

The City of Redwood Falls reserves the right to request additional information to assist in the evaluation of this application. The City Council shall have at least 30 days from and after receipt of the complete application for review prior to granting or denying issuance of a license.

I do hereby swear that the answers in this application are true and correct to the best of my knowledge. I understand that all data submitted as part of this application is presumptively classified as public under the Minnesota Government Data Practices Act. I do authorize the City of Redwood Falls, its agents and employees, to obtain information and to conduct an investigation, if necessary, into the truth of the statements set forth in this application and my qualifications for this license.

Signature of Applicant: _____ Date: _____

Print Name: _____
 First Middle Last

FOR CITY USE ONLY:	
<input type="checkbox"/> Completed "Application for Therapeutic Massage"	<input type="checkbox"/> Annual license fee of \$75 per massage therapist (annual fee of \$175 per establishment if more than two massage therapists)
<input type="checkbox"/> Completed Background Check Form(s)	<input type="checkbox"/> \$75 background/investigation fee per massage therapist
<input type="checkbox"/> Completed Workers' Compensation form	<input type="checkbox"/> Proof of professional liability insurance in the minimum sum of \$300,000. Insurance must remain in force and effect during the term of the license.
<input type="checkbox"/> Proof of 75 hours of certified therapeutic massage training recognized and accepted by a national or state professional therapeutic massage organization	<input type="checkbox"/> Proof of membership in good standing of a recognized national or state professional therapeutic massage organization
<input type="checkbox"/> Sketch or diagram showing the configuration of the premises	
<input type="checkbox"/> Background Check(s) completed	<input type="checkbox"/> Premises Inspection completed by Police Department
<input type="checkbox"/> City Council approved Application	<input type="checkbox"/> License mailed to Applicant
<input type="checkbox"/> Copy of License to Police Department	<input type="checkbox"/> Application, Supporting Documents & License scanned to Business License



333 S. Washington Street, PO Box 526
Redwood Falls MN 56283
507-616-7400

Release of Information & Background Check Informed Consent for License or Permit

Type of License or Permit

Email Address

Printed Name (First, Middle, Last, Maiden,)

Telephone Number

Other Names Known by Within the Last Ten (10) Years

Social Security Number

Date of Birth

Driver's License #

Class

Issuing State

Current Address (Street, City, State and Zip Code)

Previous Addresses within the Last Ten (10) Years (Street, City, State and Zip Code)

I recognize that any license or permit issued to me by the City of Redwood Falls is conditional upon my successfully passing reference and/or background screenings. I understand that the City of Redwood Falls shall conduct background checks thoroughly and within the confines of all applicable State and Federal laws.

I hereby voluntarily consent to and authorize the City of Redwood Falls, or its agents, designees, or authorized representative(s) bearing this release or copy thereof, in connection with my application for license or permit with the City of Redwood Falls, to obtain the following background information for licensure or permitting purposes including: **Criminal History Records; Motor Vehicle and Driver's License Records; Certification of Licensing; Educational Credentials; Employment Eligibility (Social Security Number verification) Employment Checks; Reference Checks; Predatory Offender Checks; Credit Checks; and all other public records that may be found.**

I realize I am not legally required to sign this form, but if I do not, the City of Redwood Falls will not be able to determine whether my conviction record or other background information is directly related to the occupation or license sought by me. In the event the City of Redwood Falls determines my conviction record or other background information is directly related to the occupation or license sought by me, I will be notified in writing and will be given any rights to processing of complaints or grievances afforded by Minnesota Statute Chapter 364. I understand that all information collected and prepared by the City of Redwood Falls through this background check process may be released only pursuant to the statutory provisions of Minnesota Statute Chapter 13.

I also authorize investigation of any information contained in my application for licensure or permit and/or supplemental materials I have submitted in consideration for licensure or permit. I hereby authorize all persons who may have information relevant to this search to disclose such information to the City of Redwood Falls, or its agents, designees, or authorized representative(s) and I hereby release all persons, entities, and the City of Redwood Falls from all claims or liabilities that might arise from the inquiry into or disclosure of such information, including claims under any Federal, State or Local Civil Rights Law and any claims for defamation or invasion of privacy on account of a true and accurate disclosure. I hereby further authorize that a photocopy of this authorization be considered as valid as the original.

The expiration of this authorization shall be for a period of no longer than one year from the date of my signature.

Signature of Applicant

Date

STATE OF _____
COUNTY OF _____

This instrument was acknowledged before me on _____ by _____

Notary Public

My Commission Expires on _____

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
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☐ **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.



Exhibit 7-2

DATA PRACTICES ADVISORY (Tennessen Warning – Permits and Licenses)

You are being asked to answer questions and provide information pursuant to the license and application process that is required by Minnesota State law and/or Redwood Falls City Code. The purpose and intended use of the requested data is to verify that applicants meet the requirements of the State statutes and City code provisions and, if the license or permit is approved, to verify that all required data remains current.

Some of the information you provide on this application is considered private data under the Minnesota Government Data Practices Act (the "Act"). This information will be used by the City and its agents involved in the review of this application. You are not required by State law or City Code to answer questions or provide the information requested. However, a refusal to answer questions or provide the information requested will prevent the City from processing the permit or license for which you are applying.

The following data collected, created, or maintained is classified under the Act as public data once a license has been approved (Minn. Stat. § 13.41, subd. 5):

1. Data submitted by applicants (including name, email, telephone numbers, and addresses).
2. Orders for hearing, findings of fact, conclusions of law, and specification of any final disciplinary action.
3. Entire record concerning any disciplinary proceeding.
4. License numbers and status.

The following data collected, created, or maintained is classified under the Act as private and/or confidential data (Minn. Stat. § 13.41, subd. 2; Minn. Stat. § 13.37, subd. 1):

1. Active investigative data relating to complaints against any license.
2. The identity of complainants who have made reports concerning licenses or applicants which appear in inactive complaint data unless the complainant consents to disclosure.
3. The information related to unsubstantiated complaints when it is not maintained in anticipation of legal action.
4. Inactive investigative data relating to violations of statutes or rules.
5. Record of disciplinary proceedings, except as limited by the provisions above.
6. Trade secrets, as defined under Minnesota law.
7. Sensitive security and safety information.

The City of Redwood Falls may make any private or confidential data accessible to an appropriate person or agency if the City determines that failure to make the data accessible is likely to create a clear and present danger to public health or safety.

Certification: I have read and certify the information in this application is true and correct. I further understand that the giving of false information in this form and/or the failure to give requested information may be cause for immediate revocation of any and all licenses and/or permits issued hereunder. I understand the above information regarding my rights as a subject of government data and applicant for a license or permit from the City of Redwood Falls.

Note: Proper signature is required. If a corporation owns this establishment, an officer of the corporation must sign below; if a partnership, the managing partner; if an individual, the owner.

Date

Signature

Print Title

Print Name

Establishment Name (DBA) or Trade Name

§ 6.30 PROFESSIONAL THERAPEUTIC MASSAGE.

Subd. 1. *Definitions.* The following terms, as used in this section, shall have the meanings stated.

A. The term "enterprise" means operation of a therapeutic massage business or therapeutic massage services.

B. The term "massage services" means a business or person offering or providing therapeutic massages to others where a fee is charged directly or indirectly, whether or not the massage services are rendered at the licensed premises.

C. The term "massage therapist" means a person who practices therapeutic massage.

D. The term "therapeutic massage" means the rubbing, stroking, kneading, tapping or rolling of the body of another with the hands or objects for the exclusive purpose of physical fitness, relaxation or beautification, and for no other purpose.

E. The term "therapeutic massage business" means any establishment or place located in the city that provides to the public at large therapeutic massage services, other than office (or business location) of persons mentioned in this section, hospital, sanitarium, rest home, nursing home, boarding home or other institution for the hospitalization or care of human beings duly licensed under the provisions of M.S. §§ 144.50 through 144.56, as amended from time to time and specifically M.S. § 144.50, as it may be amended from time to time.

Subd. 2. *License Required.*

A. It is unlawful for any person to engage in the therapeutic massage business, as defined herein, either exclusively or in connection with any other business enterprise, without first obtaining a therapeutic massage business license issued by the city. It is also unlawful for any person to engage in the business of massage services unless the person is an owner or employee of a therapeutic massage business licensed and located in the city and unless the person is also licensed by the city as a massage therapist.

B. It is unlawful for any person to operate an enterprise described in this section without a valid license issued by the city.

C. The applicant must pay the onetime non-refundable investigation fee and annual license fee per massage therapist.

D. The applicant must be qualified according to the provisions of this section. At the time of initial application, the premises for the therapeutic massage business shall be inspected to assure compliance with the law by the appropriate city personnel or authorized representatives and agents; at the time of renewal application, the city may conduct such an inspection prior to granting the license.

E. If a person who wishes to operate such an enterprise is an individual, the individual must sign the application for a license as applicant. If an applicant is other than an individual, each individual who has a 10% or greater interest in the business must sign the application for a license as applicant. Each applicant must be qualified under this section and each applicant shall be considered a licensee if a license is granted.

Subd. 3. *Issuance of License.* The Council may issue a license under this section if all of the following are established:

A. The applicant is 18 years of age or more;

B. The applicant is not delinquent in his or her payment to the city of taxes, fines or penalties assessed against him or her or imposed upon him or her in relation to a therapeutic massage business;

C. The applicant has provided the information for the application and has truthfully answered the questions and requests for information on the application form;

D. An applicant has not been convicted of a violation of a provision of this section or a related state law within five years immediately preceding the application;

E. The premises to be used for the enterprise are properly zoned and are in compliance with applicable laws and city code provisions;

F. The applicant is a member in good standing of a national or state recognized professional therapeutic massage organization;

G. The applicant and all massage therapists at the therapeutic massage business can document at least 75 hours of certified therapeutic massage training recognized and accepted by a national or state professional therapeutic massage organization; and

Subd. 4. *Professional Liability Insurance.* Prior to issuance of a license, the applicant must show evidence that the applicant has professional liability insurance in the minimum sum of \$300,000. A condition of the license is that insurance must remain in force and effect during the term of the license.

Subd. 5. *Inspection.*

A. An applicant or licensee shall permit appropriate city personnel or authorized representatives and agents to inspect the licensed premises for the purpose of ensuring compliance with the law, during normal business hours.

B. It is unlawful for any person or agent or employee who operates such an enterprise to refuse to permit a lawful inspection of the premises by a city representative or the Police Department at any time the business is occupied or open for business.

Subd. 6. *Renewal of License.* Licenses shall be renewed only by making application as provided in this section. Applications for renewal must be made at least 90 days before the expiration date of the license. If the Council determines good and sufficient cause is shown by the applicant for failure to file a timely renewal application, the Council may waive the 90-day requirement.

Subd. 7. *Suspension.* The Council may suspend a license if the Council determines that a licensee or an employee of a licensee has:

A. Violated any provisions of this section;

B. Engaged in excessive use of alcoholic beverages or use of illegal drugs while on the licensed premises, or while performing therapeutic massage services;

C. Refused to allow an inspection of the licensed premises as authorized by this section; and

D. Demonstrated inability to operate or manage the enterprise in a peaceful and law-abiding manner, thus necessitating action by law enforcement officers.

Subd. 8. *Revocation.* The Council may revoke a license if a cause of suspension occurs and the license has been suspended within the preceding 12 months.

Subd. 9. *Location of Therapeutic Massage Enterprises.* Licensed therapeutic massage enterprises may be operated only where allowed by the applicable zoning provisions.

Subd. 10. *Restrictions and Regulations.*

A. *Person in Charge.* If the licensee is a partnership or corporation, the applicant shall designate a person to be manager and in charge of the business and employees. This person shall remain responsible for the conduct of the business and employees until another suitable person has been designated in writing by the licensee. The licensee shall promptly notify the city in writing of any such change, indicating the name, address and telephone number of the new manager and the effective date of the change.

B. *Hours.* The licensed premises shall not perform massages nor shall massage patrons be permitted on the premises between the hours of 11:00 p.m. and 6:00 a.m.

C. *Age.* It is unlawful for any person under 18 years of age to be employed in an establishment requiring a license under the provisions of this section.

D. *List of Employees.* The Council may require the applicant to furnish the city with a list of current employees, indicating their names and addresses and designating the duties of the employees within the licensed premises. The licensee shall promptly notify the city of any additions to or deletions from the list of employees or changes in their job descriptions or duties, if the Council requires such a list.

E. *Cleanliness.* The licensed premises and its contents must be kept and maintained in a sanitary condition.

F. *Clothing.* At all times during the operation of the enterprise, massage therapists and all employees must be and remain fully clothed in non-transparent clothing and customers must remain reasonably clothed in non-transparent material.

G. *Alcohol, Drugs and the Like.* No beer, liquor, narcotic drug or controlled substances, as such terms are defined by state statutes or the city code, shall be served or sold on licensed premises to customers.

H. *Violations.* Violation of any law or regulation relating to building, safety or health shall be grounds for revocation of any license.

I. *Locks.* Locks on doors of massage rooms shall not be locked during a massage.

J. *Discrimination.* No massage therapy establishment shall discriminate between persons on the basis of race, color, creed, sex or national origin or ancestry.

K. *Minors.* Massage services shall not be administered to any person less than 18 years of age unless a parent or guardian of the person is present at the time the massage services are administered.

L. *Location of Massage Services.* Massage services shall be administered only at the premises of a licensed therapeutic massage business located in the city and licensed by the city. Provided, however, a licensed massage therapist who is the owner or employee of a therapeutic massage business licensed by the city may administer massage services at the following other locations:

1. Rest homes;
2. Nursing homes;
3. Hospitals;
4. The private residences of patrons; and
5. The location of the patron's place of employment provided the place of employment is not an establishment that serves intoxicating or 3.2% malt beverages.

Subd. 11. *Health and Disease Control.* It is unlawful for any person while afflicted with any disease in a communicable form, or while a carrier of a disease or while afflicted with boils, infected wounds, sores or any acute respiratory infection, to work in or use the services of any licensed premises. It is also unlawful

for any person known, suspected or being afflicted with any such disease or condition to be employed or permitted in the area or capacity.

Subd. 12. *Massage Distinguished.* The practice of massage is hereby declared to be distinct from the practice of medicine, surgery, osteopathy, chiropractic, physical therapy or podiatry, and persons duly licensed in this state to practice medicine, surgery, osteopathy, chiropractic, physical therapy or podiatry, nurses who work solely under the direction of any such persons, and athletic directors or trainers under contract to a school district, private or public college, are hereby expressly excluded from the provisions of this section. Beauty culturists and barbers who do not give, or hold themselves out to give, massage services other than are customarily given in such shops or places of business shall be exempt from the provisions of this section.

Subd. 13. *Enforcement.*

A. *Violation.* Any person violating a provision of this section is guilty of a misdemeanor.

B. *Injunction.* A person who operates or causes to be operated a therapeutic massage business or who engages in massage services without a valid license or otherwise in violation of this section is subject to a suit for injunction as well as prosecution for criminal violations.

(Ord. 45, Third Series, passed 6-18-2000; Am. Ord. 30, Fourth Series, passed 5-7-2013; Am. Ord. 38, Fourth Series, passed 7-1-2014)