



Massage Therapist License Requirements

LICENSE TERM: February 1 through January 31

- ___ 1. Massage Therapist License fee - \$ 55.00 (can be pro-rated for new applicants)
 - ___ 2. Completed and signed City application form
 - ___ 3. Completed and signed Release of Information form
 - ___ 4. Completed and signed Certification of Compliance MN Workers Compensation Law form
 - ___ 5. Completed and signed Tax Information form.
 - ___ 6. **Two** recent photographs not more than six months old and at least two inches by two inches in size
 - ___ 7. **New Applicants only:** Copy of your Diploma or Certificate of Graduation from a recognized school
 - ___ 8. Review/keep on file a copy of Chapter 14, Article IV of the Faribault City Code
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Return all forms to the City of Faribault Administration Office:

City of Faribault
Attn: Massage Licensing
208 First Avenue NW
Faribault, MN 55021

For questions, please call: 507-333-0353



208 NW 1st Avenue, Faribault MN 55021

APPLICATION FOR MASSAGE THERAPIST LICENSE

RENEWAL NEW APPLICANT – CHOOSE ONE

APPLICANT INFORMATION	
Applicant Full Name:	Today's Date:
Applicant Home Address:	
Applicant Home Phone:	Applicant Alternative Phone Number:
Business Name:	
Business Address:	
Business Phone:	Business Alternative Phone Number:
Are you a citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No If Naturalized; date and place of Naturalization: _____ _____	Date of Birth:
	Social Security Number:
	Driver's License or State ID Number:
LIST OF RESIDENCES IN THE LAST FIVE YEARS (STREET ADDRESS, CITY, STATE, ZIP) – ATTACH A SEPARATE SHEET IF NECESSARY	
NAMES AND ADDRESSES OF OCCUPATIONS FOR THE PAST THREE YEARS	
NAME, ADDRESS, AND PHONE NUMBER OF THREE BUSINESS OR CHARACTER REFERENCES	

<p>Have you had your business license revoked in the past two years? <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>Have you been convicted of any crime concerning dishonesty, fraud, deceit or immorality? <input type="checkbox"/>Yes <input type="checkbox"/>No If Yes, please explain:</p> <p>_____</p> <p>_____</p>	<p>Do you hold a massage therapist license in any other municipality? <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <hr/> <p><i>Attach two recent photographs, not more than six months old and at least two inches by two inches in size.</i></p>
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Applicant will strictly comply with the Laws of the State of Minnesota and the City of Faribault governing massage regulations.

I certify that I have read the foregoing questions and the answers are true to the best of my knowledge, and, I certify that I am at least 18 years of age, and, I certify that I have not been convicted of any crime concerning, dishonesty, fraud, deceit or immorality.

By signing this application, I hereby certify the information provided in this application is complete and correct to the best of my knowledge, and I certify that I understand the requirements for operating as a massage therapist in the City of Faribault.

Signature of Applicant

Date

REPORT ON APPLICANT OR APPLICANTS BY POLICE DEPARTMENT

I certify to the best of my knowledge the applicant named has not been convicted within the past five years for violations of Laws of Minnesota or Municipal Ordinances relating to any crime concerning dishonesty, fraud, deceit or immorality.

Signature of Police Chief

Date

LICENSING DEPARTMENT (OFFICE USE ONLY)

Date Received: _____	Date Paid: _____
<p>Council Action Date: _____</p> <p><input type="checkbox"/>Approved <input type="checkbox"/>Denied If Denied, Reason:</p> <p>_____</p>	License Number: _____



**INFORMATION ADVISORY AND AUTHORIZATION
FOR RELEASE OF INFORMATION TO SUPPORT LICENSE APPLICATION**

In connection with your application for a license, you are being requested to provide information regarding your criminal background that may be classified as public or private data under the Minnesota Data Practices Act.

The purpose of the information requested in the application is to provide background for the investigation of license applicants required by the City Code. Providing the information will assist the Police Department in preparing a Background Report. The Background Report is used when granting or denying the license. All information provided in that report becomes part of the public record and is available to any interested individual.

If the license is approved, all information provided by the applicant as part of the license application becomes public and is available to any interested individual. If the license is not approved, only the name and address of the applicant and the report provided for consideration becomes public.

You have the right to refuse to supply the requested information. If you do so, it may result in the denial of your license.

A criminal charge, arrest, or conviction will not bar an applicant from obtaining a license with the City of Faribault, unless the conviction is directly related to the matter for which the license is sought, according to MN Statute 364.03. However, failure to reveal the requested criminal information will be considered falsification of the application and may be used as grounds for the denial of the license.

"I acknowledge being informed of the above advisory and agree to provide the requested information. I further authorize the release to the City of Faribault of any information about my business and financial affairs, which may be requested from any firm relative to my financial background. I also authorize the City of Faribault to investigate the information provided in my application. I understand that incorrect or incomplete information provided by me in my application may be considered falsification of the application and may be used as grounds for the denial of the license."

Signature of Applicant

Date

Driver's License or State Issued ID Number

Date of Birth

If not Minnesota, what State is Driver's License or State Issued ID from: _____

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.

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.

- 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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Tax Information Form

Form SP:C1

LICENSE APPLICANT:

Pursuant to Minnesota Statutes, the licensing authority is required to provide to the Minnesota Commissioner of Revenue your Minnesota business tax identification number and the social security number of each license applicant.

Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we are required to advise you of the following regarding the use of this information:

1. This information may be used to deny the issuance, renewal or transfer of your license in the event you owe the Minnesota Department of Revenue delinquent taxes, penalties or interest;
2. Upon receiving this information, the licensing authority will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Agreement the Department may supply this information to the Internal Revenue Service;
3. Failure to supply this information may jeopardize or delay the processing of your licensing issuance or renewal application.

Please supply the following information and return along with your application to the agency issuing the licenses.

DO NOT RETURN TO THE DEPARTMENT OF REVENUE.

License Applied For or Renewed	Massage Therapist
Licensing Authority	City of Faribault, 208 NW 1 st Avenue, Faribault, MN 55021
License Renewal Date	January 31, 20____

APPLICANT'S PERSONAL INFORMATION (if applicable):

Name	
Street Address	
City, State, & Zip Code	
Social Security Number	

BUSINESS INFORMATION (if applicable):

Business Name	
Street Address	
City, State & Zip Code	
Minnesota Tax ID Number*	*If a Minnesota Tax Identification number is not required, please explain on the reverse side.
Federal Tax ID Number	
MN State Unemployment Compensation Tax #	

(Check here) I certify that by checking this box I do not have any employees and therefore am not required to pay unemployment taxes.

Signature

Position (Owner, Officer, Partner, etc.)

Date

Faribault City Code Chapter 14

ARTICLE IV.

MASSAGE ESTABLISHMENTS*

***Editors Note:** Ord. No. 90-06, §§ 1, 2, adopted May 8, 1990, amended Art. IV by deleting said article in its entirety and by adding new provisions designated as Art. IV, §§ 14-53--14-58. In order to facilitate classification and ease of usage, the aforesaid amended provisions have been rearranged sectionally at the discretion of the editor. Prior to inclusion of the aforesaid provisions, Art. IV, §§ 14-53--14-76 pertained to similar subject matter and derived from the Code of 1971, §§ 14-53--14-63; and Ord. No. 87-08, §§ 1, 2, adopted May 26, 1987.

Sec. 14-53. Definitions.

For the purposes of this article, the following words, terms and phrases shall have the following respective meanings ascribed to them by this section:

Massage: "Massage" means any process or procedure consisting of rubbing, stroking, kneading or tapping by any means upon the external body of a patron.

Massage establishment: "Massage establishment" means a place where massage is practiced.

Massage therapist: "Massage therapist" means a person licensed under this article to administer a massage for consideration.

Patron: "Patron" means any person who receives a massage under such circumstances that is reasonably expected that he or she will pay money or give any consideration therefor.

Recognized school: "Recognized school" means any school or institution of learning which has for its purpose the teaching of the theory, method, profession or work of massage therapists, which school requires a resident course of study of not less than seventy (70) hours before the student shall be furnished a diploma or certificate of graduation from such school following successful completion of such course of study or learning. Such school must show current membership in good standing in the American Massage and Therapy Association or other recognized professional massage organization. Schools offering a correspondence course not requiring actual attendance of class shall not be deemed a recognized school.
(Ord. No. 90-06, § 2, 5-8-90)

Sec. 14-54. Exceptions.

This article shall not apply to the following classes of individuals while engaged in the duties of their professions:

- (1) Physicians, surgeons, chiropractors, osteopaths or physical therapists licensed to practice their respective profession under the laws of the State of Minnesota, or nurses registered under the laws of the State of Minnesota when performed under the direction of a licensed physician, surgeon, chiropractor or osteopath.
- (2) Barbers and beauticians licensed under the laws of the State of Minnesota; provided that, such massage is limited to the head and scalp.
- (3) Coaches and trainers of educational institutions acting within the scope of their employment.

(Ord. No. 90-06, § 2, 5-8-90)

Sec. 14-55. Location.

(a) Massage establishments shall be located in areas zoned by the zoning ordinance of the City of Faribault as C-2, Highway Commercial or C-3, Community Commercial; provided, however, that individual massage therapists may engage in business as a home occupation as defined by subdivision 1(f)(51) of the zoning ordinance.

(b) Massage establishments which are not home occupations shall comply with all relevant local, state and federal health and building regulations which govern the design, construction, maintenance and sanitation of health spas, or similar establishments.

(c) The provisions of this section do not apply to locations where massage is practiced by persons excepted from this article under section 14-54.

(Ord. No. 90-06, § 2, 5-8-90)

Sec. 14-56. Massage therapist--License required; application fee; investigation; issuance; denial; revocation; suspension.

(a) Massage therapists shall be licensed as provided in this section.

(b) Applications for licenses required by this section shall be in writing in such form as required by the city administrator.

(c) At a minimum, the application form for a license under this section shall require the following:

- (1) The applicant's full name, address, social security number, written proof that the age of the applicant is at least eighteen (18) years, and two (2) recent photographs not more than six (6) months old and at least two (2) inches by two (2) inches in size.
 - (2) The applicant's two (2) previous addresses and dates of residences.
 - (3) Occupation for three (3) years preceding date of application.
 - (4) Diploma or certificate of graduation from a recognized school.
 - (5) A statement that the applicant has not been convicted of any crime concerning dishonesty, fraud, deceit or immorality.
 - (6) A verified statement signed by the applicant that all information contained therein is true and correct.
- (d) Each application for a license under this section shall be accompanied by a fee as specified by resolution to defray the cost of investigation and administration.
- (e) After investigation the city administrator shall issue to the applicant a massage therapist license; provided that a license may be denied to any applicant who has within the previous two (2) years been convicted of an action for which a license could be revoked or suspended as set forth in subsection (f) and (g) hereinbelow.

(f) The city administrator may revoke or suspend a license issued under this section for any one (1) of the following:

- (1) Violation of any provision of this article.
- (2) Conviction of any crime or offense involving dishonesty, fraud, deceit or immorality.

(g) The city administrator may suspend a license issued under this section for any of the following reasons:

- (1) The licensee has been arrested for any crime or offense involving dishonesty, fraud, deceit or immorality.
- (2) If the city administrator has reasonable grounds to believe that any licensee is infected with a contagious or communicable disease.

(Ord. No. 90-06, § 2, 5-8-90)

Sec. 14-57. Same--Regulations.

Licensees shall comply with the following regulations:

- (1) The therapist shall prominently and publicly display his/her license at all times during massages.
- (2) Massages shall not be given unless patrons are wearing clothing fully covering their genitals.
- (3) Massages shall not be given to patrons who have open sores or other visible signs of communicable diseases.
- (4) The therapist shall report any change of facts regarding any information which was required in his license application to the city administrator, within ten (10) days after such change.
- (5) It shall be unlawful for a massage therapist to touch or massage with his/her hands or body a sexual or genital part of a patron or to allow a patron to touch or massage with his/her hands or body a sexual or genital part of the therapist.
- (6) It shall be unlawful for a massage therapist or patron to expose his or her genital parts to any other person.

(Ord. No. 90-06, § 2, 5-8-90)

Sec. 14-58. Penalty.

No person shall practice massage for consideration except as provided in this article. Violation of this article shall be a misdemeanor. Each day of violation shall constitute a separate offense.

(Ord. No. 90-06, § 2, 5-8-90)

Secs. 14-59--14-79. Reserved.