



2010 Massage Therapy Establishment License Application

Business Information: (Name and address of business located in St. Louis Park)

Business Name _____ Contact Name _____

Address _____

Phone () _____ FAX () _____ Alternate () _____

Corporate Information: (if information is different than listed above)

Corporate Name _____ Contact Name _____

Address _____

Phone () _____ FAX () _____ Alternate () _____

Must be filled out by applicant

Federal Tax ID No. _____ MN State Tax ID No. _____

Social Security No. (if Tax ID numbers are not available) _____

License Fee: \$325

Business License Fee: _____ **Late Fee (if applicable):** _____

Some or all of the information that you are asked to provide on the application is classified by State law as either private or confidential. Private data is information which generally cannot be given to the public but can be given to the subject of the data. Confidential data is information which generally cannot be given to either the public or the subject of the data. Our purpose and intended use of this information is annually update our records and records of other governmental agencies required by law. If you refuse to supply the information, the license may not be issued.

The Undersigned acknowledges that this application has been read and that the above is correct and agrees to comply with all the ordinances and laws of the City of St. Louis Park code.

Applicant's Signature _____ **Date** _____

**City of St. Louis Park * Inspections Department * 5005 Minnetonka Blvd * St. Louis Park, MN 55416
Phone 952-924-2588 * Fax 952-924-2663 www.stlouispark.org**

Office Use Only

Total Fee Paid: \$ _____ **Lic#** _____ **WC**

Form of payment: Check # _____ **Charge** _____ **Cash** _____ **Date Issued** _____ **Initials** _____



Inspections Department

Enclosed is the 2010 Massage Establishment license application and city code. **You are required to complete the enclosed application and return with payment before January 1, 2010. Any application and payment received after January 1, 2010 will be subject to a late fee of either \$50 or 25%, which ever is greater.**

The council approved all fees at the November 2, 2009 meeting. The 2010 license fee is \$325. Payment is due at the same time the application is submitted. The application must be postmarked no later than December 31, 2009. Any applications received after that date will be subject to the late fee. We have the capability of accepting cash, check (payable to the City of St. Louis Park) or credit card (Visa and MasterCard only).

The City has received notice from the Minnesota Department of Labor and Industry that all licensed establishments must complete and submit a "Certificate of Compliance" form proving evidence of compliance with the workers' compensation insurance coverage requirement by MN Statutes Chapter 176. This **signed** form is in addition to any other required license insurance certificates and will be required with license renewals each year going forward. **Please complete and sign the enclosed form and return with your license application.**

If your Workers' Compensation policy is ever cancelled within the license period, you are required to notify the City by resubmitting this form. If you have **any questions** regarding the new policy please contact the Minnesota Department of Labor and Industry at **651-284-5005**.

Please contact the Inspections Department at 952-924-2588 with any questions you may have regarding the 2010 Massage Establishment License requirements or application.

Please Enclose

- Completely filled out 2010 Massage Therapy Establishment License Application
- A filled out Certificate of Compliance form for the workers compensation insurance coverage requirement
- Cash, Visa or MasterCard, or Check made payable to the City of St. Louis Park for \$325

The Inspections Department

Subdivision VI. Therapeutic Massage Establishments

Sec. 8-296. License required.

No person shall engage in the business of operating a therapeutic massage establishment either exclusively or in connection with any other business enterprise without first obtaining a therapeutic massage establishment license from the city.

Sec. 8-297. Regulations adopted.

(a) Each licensed therapeutic massage establishment in the city shall be constructed and maintained in compliance with the health, safety and building regulations of the city, and all state laws, rules and regulations, including but not limited to the following:

- (1) Walls, floors and ceilings must be smooth, clean and in good repair. Low nap carpeting is permitted provided it is kept clean and without wear or tear.
- (2) Massage rooms must be equipped with lighting capable of illuminating horizontal surfaces with a minimum intensity of 50 foot candles to facilitate room cleaning.
- (3) Massage rooms must be equipped with mechanical air ventilation or an exhaust fan.
- (4) A hot and cold water hand washing sink or an NSF approved portable hand sink with soap and hand drying by mechanical or disposable towel is required in the therapeutic massage area. Use of a public bathroom or janitor's sink is not allowed.

(b) No customer or patron of a therapeutic massage establishment shall be allowed to enter the licensed premises after 8:30 p.m. and before 8:00 a.m. daily. No customer or patron of a therapeutic massage establishment shall be allowed to remain upon the licensed premises after 9:15 p.m. and before 8:00 a.m. daily. Such restrictions on hours shall not apply where the massage therapy is provided within a health/sports establishment, and in such case, the hours for massage therapy must coincide with the health/sports establishment's hours of operation.

(c) During any hours in which any person is present on the licensed premises of a therapeutic massage establishment, such therapeutic massage establishment shall be open to inspection by city inspectors and police officers. Upon demand by any police officer, all persons engaged in providing services in any therapeutic massage establishment licensed premises shall identify themselves, giving their true legal name and correct address.

(d) The applicant for a new license will be required to provide a copy of a current government issued identification and complete a license application addendum authorizing a background check to be completed by the Police Department.

Certificate of Compliance Minnesota Workers' Compensation Law

PRINT IN INK or TYPE.

Minnesota Statutes, Section 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business or engage in any activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minnesota Statutes, Chapter 176. The required workers' compensation insurance information is the name of the insurance company, the policy number, and the dates of coverage, or the permit to self-insure. If the required information is not provided or is falsely stated, it shall result in a \$2,000 penalty assessed against the applicant by the commissioner of the Department of Labor and Industry.

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

BUSINESS NAME (Individual name only if no company name used)	LICENSE OR PERMIT NO (if applicable)
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DBA (doing business as name) (if applicable)

BUSINESS ADDRESS (PO Box must include street address)	CITY	STATE	ZIP CODE
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YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WITHOUT THE FOLLOWING INFORMATION. You must complete number 1, 2 or 3 below.

NUMBER 1 COMPLETE THIS PORTION IF YOU ARE INSURED:

INSURANCE COMPANY NAME (not the insurance agent)

WORKERS' COMPENSATION INSURANCE POLICY NO.	EFFECTIVE DATE	EXPIRATION DATE
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NUMBER 2 COMPLETE THIS PORTION IF SELF-INSURED:

I have attached a copy of the permit to self-insure.

NUMBER 3 COMPLETE THIS PORTION IF EXEMPT:

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

- I have no employees.
- I have employees but they are not covered by the workers' compensation law. (See Minn. Stat. § 176.041 for a list of excluded employees.) Explain why your employees are not covered: _____
- Other: _____

ALL APPLICANTS COMPLETE THIS PORTION:

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

APPLICANT SIGNATURE (mandatory)	TITLE	DATE
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NOTE: If your Workers' Compensation policy is cancelled within the license or permit period, you must notify the agency who issued the license or permit by resubmitting this form.
This material can be made available in different forms, such as large print, Braille or on a tape. To request, call 1-800-342-5354 (DIAL-DLI) Voice or TDD (651) 297-4198.