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**APPLICATION MUST BE SUBMITTED IN PERSON BY APPOINTMENT ONLY****INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED****Please allow 30 days for processing.**

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***Complete the following***

1. Sole Proprietor Application - must be completed by the applicant
2. Copy of lease, deed, or contract for deed agreement
3. Business filing with the Secretary of State
4. Certificate of Insurance for Personal Professional Liability for \$1,000,000
5. \$150.00 Non-refundable Investigation Fee (for first application only)
6. \$150.00 Enterprise License Fee
7. \$75.00 Massage Therapist License Fee
8. Proof of Legal Work Status (if you are not a U.S citizen or birthplace was not in the U.S., provide proof of immigration/employment status, such as a Work Authorization Card or Certificate of Naturalization)
9. Current MN issued driver's license or ID (if not a permanent resident of Minnesota, please indicate on the application).
10. Official Transcript showing a minimum of 500 hours of certified therapeutic massage training must be provided by the accredited or approved institution or program and sent to the Plymouth Police Dept.
11. Schedule appointment at [massage@plymouthmn.gov](mailto:massage@plymouthmn.gov) or 763-509-5620

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***Review Process***

This application must be completed by the individual applying for Sole Proprietor Enterprise License. The application process may take up to 30 days to complete

Approved Application: An email will be sent once the applicant is approved and the license and ID card must be picked up within 10 days of notice.

Denied Application: A letter will be mailed to the address provided on the application. The decision may be appealed to the City Manager in accordance with the Plymouth City Code.

Review and retain the Plymouth City Code Section 1135, regarding your responsibilities and the practice of massage within the city limits.



# Sole Proprietor Massage Enterprise New Application

| APPLICANT INFORMATION   |                |                         |               |  |              |
|---|----------------|-------------------------|---------------|--|--------------|
| First Name  |                | Full Middle             |               | Last Name                                    |              |
| Maiden Name(s) (if applicable)<br>Or other names used   |                |                         |               | Date of Birth                                |              |
| Home Address  |                | City                    |               | State  | Zip          |
| Social Security Number  |                | Driver's License Number |               | Email  |              |
| ADDRESSES WHICH YOU HAVE LIVED DURING THE PREVIOUS TEN (10) YEARS, INCLUDE SEASONAL OR PART-TIME LOCATIONS (Attach an additional sheet if you run out of room)  |                |                         |               |  |              |
| From (Mo/Yr) – To (Mo/Yr)   | Street Address |                         | City/Township |  | Zip          |
|   |                |                         |               |  |              |
|   |                |                         |               |  |              |
|   |                |                         |               |  |              |
|   |                |                         |               |  |              |
|   |                |                         |               |  |              |
|   |                |                         |               |  |              |
|   |                |                         |               |  |              |
| PREVIOUS EMPLOYMENT. LIST EVERY BUSINESS OR OCCUPATION THAT YOU HAVE WORKED DURING THE PREVIOUS TEN (10) YEARS (Attach an additional sheet if you run out of room)  |                |                         |               |  |              |
| Company Name  |                | Your Occupation         |               | Employment Dates - From (Mo/Yr) – To (Mo/Yr) |              |
| Address   |                | City                    |               | State  | Phone Number |
| Company Name  |                | Your Occupation         |               | Employment Dates - From (Mo/Yr) – To (Mo/Yr) |              |
| Address   |                | City                    |               | State  | Phone Number |
| Company Name  |                | Your Occupation         |               | Employment Dates - From (Mo/Yr) – To (Mo/Yr) |              |
| Address   |                | City                    |               | State  | Phone Number |
| Company Name  |                | Your Occupation         |               | Employment Dates - From (Mo/Yr) – To (Mo/Yr) |              |
| Address   |                | City                    |               | State  | Phone Number |
| Company Name  |                | Your Occupation         |               | Employment Dates - From (Mo/Yr) – To (Mo/Yr) |              |
| Address   |                | City                    |               | State  | Phone Number |
| <p align="center"><b>For Office Use Only</b></p> <p align="center"><b>\$150 Investigation Fee – Code 100-50-510-5100-4100.600</b></p> <p align="center"><b>\$150 Enterprise License Fee – Code 100-20-211-21100-4100.900</b></p> <p align="center"><b>\$75 Massage Therapist License Fee – Code 100-20-211-2100-4100.90</b></p> |                |                         |               |  |              |

| PREVIOUS EMPLOYMENT. LIST EVERY BUSINESS OR OCCUPATION THAT YOU HAVE WORKED DURING THE <b>PREVIOUS TEN (10) YEARS</b> (Attach an additional sheet if you run out of room) |                 |  |              |
|---|-----------------|--|--------------|
| Company Name  | Your Occupation | Employment Dates - From (Mo/Yr) – To (Mo/Yr) |              |
| Address   | City            | State  | Phone Number |
| Company Name  | Your Occupation | Employment Dates - From (Mo/Yr) – To (Mo/Yr) |              |
| Address   | City            | State  | Phone Number |
| Company Name  | Your Occupation | Employment Dates - From (Mo/Yr) – To (Mo/Yr) |              |
| Address   | City            | State  | Phone Number |
| Company Name  | Your Occupation | Employment Dates - From (Mo/Yr) – To (Mo/Yr) |              |
| Address   | City            | State  | Phone Number |
| Company Name  | Your Occupation | Employment Dates - From (Mo/Yr) – To (Mo/Yr) |              |
| Address   | City            | State  | Phone Number |
| Company Name  | Your Occupation | Employment Dates - From (Mo/Yr) – To (Mo/Yr) |              |
| Address   | City            | State  | Phone Number |
| Company Name  | Your Occupation | Employment Dates - From (Mo/Yr) – To (Mo/Yr) |              |
| Address   | City            | State  | Phone Number |
| Company Name  | Your Occupation | Employment Dates - From (Mo/Yr) – To (Mo/Yr) |              |
| Address   | City            | State  | Phone Number |
| Company Name  | Your Occupation | Employment Dates - From (Mo/Yr) – To (Mo/Yr) |              |
| Address   | City            | State  | Phone Number |
| Company Name  | Your Occupation | Employment Dates - From (Mo/Yr) – To (Mo/Yr) |              |
| Address   | City            | State  | Phone Number |
| Company Name  | Your Occupation | Employment Dates - From (Mo/Yr) – To (Mo/Yr) |              |
| Address   | City            | State  | Phone Number |
| Company Name  | Your Occupation | Employment Dates - From (Mo/Yr) – To (Mo/Yr) |              |
| Address   | City            | State  | Phone Number |

| <b>BUSINESS INFORMATION (Your business, where you intend to practice massage in Plymouth)</b><br>If this is a home operated business, you must obtain an Interim Home Occupation License from the Planning Department.   |  |                 |                |                      |              |
|--|--|-----------------|----------------|----------------------|--------------|
| Business Name  |  |                 | Contact Person |                      |              |
| Business Address   |  |                 | Business Phone |                      |              |
| BUILDING OWNER INFORMATION   |  |                 |                |                      |              |
| First Name   |  | Last Name       |                | Phone Number         |              |
| Address  |  | City            | State          | Email Address        |              |
| MESSAGE THERAPY EXPERIENCE AND TRAINING  |  |                 |                |                      |              |
| School Name  |  | Degree Received |                | Date Degree Received |              |
| Address  |  | City            | State          | Zip                  | School Phone |
| Describe your training and experience related to massage therapy.  |  |                 |                |                      |              |
| Are you a U.S. citizen or legally permitted to be in the U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO<br>• If yes, but birthplace was not in the U.S., please provide a Certificate of Naturalization, Certificate of Citizenship, or current U.S. Passport.<br>• If no, provide immigration/employment status.                                  |  |                 |                |                      |              |
| Are you a resident of the State of Minnesota? <input type="checkbox"/> YES <input type="checkbox"/> NO<br>• If yes, how long have you been a continuous resident of Minnesota?<br>• If no, where do you currently reside?  |  |                 |                |                      |              |
| Have you or your spouse ever owned a massage therapy business in other communities? <input type="checkbox"/> YES <input type="checkbox"/> NO<br>• If yes, provide a list of those communities:   |  |                 |                |                      |              |
| Have you ever been licensed as a massage therapist in other communities? <input type="checkbox"/> YES <input type="checkbox"/> NO<br>• If yes, provide a list those communities:   |  |                 |                |                      |              |
| Have you or your spouse ever had a license denied, revoked, or suspended related to the conduct of massage? <input type="checkbox"/> YES <input type="checkbox"/> NO<br>• If yes, provide date, place, and explanation:  |  |                 |                |                      |              |
| Have you ever made an application for a massage therapy business license? <input type="checkbox"/> YES <input type="checkbox"/> NO<br>• If yes, provide location:  |  |                 |                |                      |              |
| Have you ever made an application for a massage therapy business license that has been denied? <input type="checkbox"/> YES <input type="checkbox"/> NO<br>• If yes, provide location:   |  |                 |                |                      |              |
| Are you the real party of interest in the business license which you are applying? <input type="checkbox"/> YES <input type="checkbox"/> NO  |  |                 |                |                      |              |
| LIST TWO (2) PERSONS WHO ARE RESIDENTS OF THE STATE OF MINNESOTA, NOT RELATED TO YOU AND HAVE NO FINANCIAL INTEREST IN YOUR BUSINESS   |  |                 |                |                      |              |
| First Name   |  | Last Name       |                | Home Phone           |              |
| Home Address   |  | City            |                | State                | Zip          |
| First Name   |  | Last Name       |                | Home Phone           |              |
| Home Address   |  | City            |                | State                | Zip          |
| <i>I hereby swear that the statements herein are true to the best of my knowledge and belief. I have read and understand all laws and ordinances pertaining to the license for which I am applying. I agree to notify the City of any change in residence address, or a change in address of where massage therapy is practiced, 30 days prior to such change.</i> |  |                 |                |                      |              |
| Signature of Applicant   |  |                 |                | Date                 |              |



**SOLE PROPRIETOR OWNER / MASSAGE THERAPIST  
DEPARTMENT OF PUBLIC SAFETY**

**BACKGROUND INVESTIGATION CONSENT RELEASE**

City of Plymouth • 3400 Plymouth Boulevard, Plymouth, MN 55447 • 763-509-5000

*As a license applicant, I hereby give my consent for a personal background investigation, to include a criminal history check, to be used in the determination of whether my application is to be approved. The results of such investigation shall be made public pursuant to appropriate City Council approval or denial of the license application. I understand that I am under no legal obligation to consent to such investigation, but that my refusal to so consent may be the basis for denying my application.*

Type of License **MASSAGE THERAPY LICENSE**

|                                |     |             |                        |           |                |            |
|--------------------------------|-----|-------------|------------------------|-----------|----------------|------------|
| First Name                     |     | Full Middle |                        | Last Name |                |            |
| Maiden Name(s) (if applicable) |     |             | Date of Birth          |           | Place of Birth |            |
| Home Address                   |     | City        | State                  | Zip       | Phone          |            |
| Driver's License Number        |     |             | Social Security Number |           |                |            |
| Physical Attributes            | Sex | Race        | Height                 | Weight    | Eye Color      | Hair Color |

Have you ever been known by any other names not mentioned above? ☐ YES ☐ NO

- If yes, please list:

Have you ever been convicted of any felony, gross misdemeanor, misdemeanor, or violation of any ordinance? YES NO

- If yes, provide date, place and offense:

Have you ever been convicted of any crime relating to this type of license? ☐ YES ☐ NO

- If yes, provide date, place and offense:

**TENNESSEN WARNING:** In connection with your request for a license, the City has asked that you provide information about yourself which may be classified as private, confidential, nonpublic, or protected nonpublic under the Minnesota Government Data Practices Act. This means that this data is not ordinarily available to the general public. Accordingly, the City is required to inform you of the following:

1. The purpose and intended use of the information requested is to determine if you are eligible for a license from the City of Plymouth.
2. You are not legally obligated to supply the requested information.
3. The known consequences of supplying the requested information is that the information or further investigation could disclose information which could cause your application to be denied.
4. The known consequences of refusing to supply the requested information is that your request for a license cannot be processed.
5. A criminal charge, arrest, or conviction will not necessarily bar you from obtaining a license with the City, unless the conviction is related to the matter for which the license is sought, according to Minnesota 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 application.
6. Other governmental agencies necessary to process your application are authorized by law to receive the information provided.
7. The City is required by law to furnish some of this information to the Department of Labor and Industry and the Minnesota Commissioner of Revenue.

The undersigned, by signing this notice, acknowledges that he/she has read and understood the contents of this notice and has received a copy of this notice.

**Signature**

**Date**

***These statements are true, correct and are made with the knowledge that this information may be made public. False disclosures are subject to perjury proceedings and forfeiture of the license application.***



# CERTIFICATE OF COMPLIANCE DEPARTMENT OF REVENUE INFORMATION

City of Plymouth • 3400 Plymouth Boulevard, Plymouth, MN 55447 • 763-509-5000

Pursuant to Minnesota Statute 270.72 Tax Clearance; Issuance of Licenses, 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 (person signing the application).

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 license authority will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Agreement, the Department of Revenue may supply this information to the Internal Revenue Service;
3. Failure to supply this information may jeopardize or delay the processing of your license issuance.

Please supply the following information and return along with your application:

## SOLE PROPRIETOR MASSAGE ENTERPRISE LICENSE

### PERSONAL OWNER INFORMATION

|                             |                  |
|-----------------------------|------------------|
| Name<br>First, Middle, Last |                  |
| Home<br>Address             | City, State, Zip |
| Social Security Number      | Home<br>Phone    |

### BUSINESS INFORMATION

|  |                         |                       |     |
|--|-------------------------|-----------------------|-----|
| Business<br>Name   |                         | Business<br>Phone     |     |
| Business<br>Address  | City<br><b>Plymouth</b> | State<br><b>MN</b>    | Zip |
| Minnesota Tax ID Number  |                         | Federal Tax ID Number |     |
| <i>If a Minnesota Tax ID number is not required, please explain:</i> |                         |                       |     |
| <b>Signature</b>   |                         |                       |     |
| <b>Position</b>  |                         | <b>Date</b>           |     |



# CERTIFICATE OF COMPLIANCE MINNESOTA WORKERS' COMPENSATION LAW

3400 Plymouth Blvd., Plymouth, MN 55447

Minnesota Statute, 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 an activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirements of MSS 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.

This information is required by law, and licenses and permits to operate a business may not be issued or renewed if it is not provided and/or is falsely reported. Furthermore, 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. This information will be collected by the City and retained in the files.

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

Please supply the following information and return along with your application:

Business Name (*Use Applicant name if not affiliated with a company*):

License or Permit Number:

DBA (*doing business as name, if applicable*):

Business Address/City/State/Zip:

## **YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WITHOUT THE FOLLOWING INFORMATION.**

### **NUMBER 1 – Complete if insured by business:**

Insurance Company Name (*NOT the Agency or Agent*):

Workers' Compensation Insurance Policy Number:

Effective  
Date:

Expiration  
Date:

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.

### **NUMBER 2 – Complete 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 liability coverage because:*

☐ I have no employees

☐ I have employees but they are not covered by the workers' compensation law. (See MN Stat. 176.041 for a list of excluded employees.) Explain why your employees are not covered: \_\_\_\_\_

☐ Other: \_\_\_\_\_

## **ALL APPLICANTS COMPLETE THE FOLLOWING SECTION:**

***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

Title

Date

## **SECTION 1135. THERAPEUTIC MASSAGE**

### **1135.01. Purpose.**

The purpose of this section of the City Code is to prohibit massage businesses and services to the public except those licensed as therapeutic massage enterprises and massage therapists pursuant to this section. The licensing regulations prescribed herein are necessary in order to protect businesses that are operating legitimate enterprises, to prevent criminal activity and to protect the health and welfare of the community. The purpose of this section is not to impose restrictions or limitations on the freedom of protected speech or expression.

### **1135.03. Findings of the City Council.**

The City Council makes the following findings regarding the need to license therapeutic massage enterprises and therapists and to prohibit all other types of massage businesses and services to the public:

- A. Persons who have a bona fide and standardized training in therapeutic massage, health, and hygiene can provide a legitimate and necessary service to the general public.
- B. Health and sanitation regulations governing therapeutic massage enterprises and therapists can minimize the risk of the spread of communicable diseases and can promote overall health and sanitation.
- C. License qualifications for the restrictions on therapeutic massage enterprises and therapists can minimize the risk of the spread of communicable diseases and can promote overall health and sanitation.
- D. Massage services provided by persons with no specialized and standardized training in massage can endanger citizens by facilitating the spread of communicable diseases, by exposing citizens to unhealthy and unsanitary conditions, and by increasing the risk of personal injury.
- E. Massage businesses which employ persons with no specialized and standardized training can tax City law enforcement services because such businesses are more likely to be operated as fronts for prostitution and other criminal activity than operations established by persons with standardized training.
- F. The training of professional massage therapists at approved institutions is an important means of ensuring the fullest measure of protecting the public health, safety, and welfare.

### **1135.05. Definitions.**

The following words and terms when used in this section shall have the following meanings unless the context clearly indicates otherwise:

*Accredited Institution.* An educational institution holding accredited status recognized with the United States Department of Education or Minnesota Office of Higher Education.

*Accredited Program.* A professional massage program or educational institution accredited by the Commission on Massage Therapy Accreditation (COMTA) or the National Accrediting Commission of Career Arts and Sciences (NACCAS).



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*Approved Institution.* A professional massage education institution that has been approved by the Minnesota Office of Higher Education.

*Approved Program.* A professional massage program that has been approved by the Minnesota Office of Higher Education.

*Clean.* The absence of dirt, grease, rubbish, garbage and other offensive, unsightly or extraneous matter.

*Good Repair.* Free of corrosion, breaks, cracks, chips, pitting, excessive wear and tear, leaks, obstructions, and similar defects so as to constitute a good and sound condition.

*Issuing Authority.* The Public Safety Director, or his or her designee.

*Massage.* Any method of pressure on, or friction against, or the rubbing, stroking, kneading, tapping, pounding, vibrating, stimulating, or rolling of the external parts of the human body with the hands or with the aid of any mechanical or electrical apparatus, or other appliances or devices, with or without such supplementary aids as rubbing alcohol, liniment, antiseptic, oil, powder, cream, lotion, ointment, or other similar preparations.

*Massage Therapist.* An individual who practices or administers massage to the public who can demonstrate to the issuing authority that he or she:

1. Has current insurance coverage of \$1,000,000.00 for professional liability in the practice of massage;
2. Is affiliated with, employed by, or owns a therapeutic massage enterprise licensed by the City;
3. Has completed 500 hours of certified therapeutic massage training with content that includes the subjects of anatomy, physiology, hygiene, ethics, massage theory and research, and massage practice from (1) an accredited program or accredited institution licensed and verified by a state licensing board and that has been approved by the issuing authority or (2) an approved program or approved institution by the Minnesota Office of Higher Education that is currently a member in good standing of the Associated Bodywork and Massage Professionals, American Massage Therapy Association, or The National Certification Board for Therapeutic Massage and Bodywork. These training hours must be authenticated by a single provider through a certified copy of the transcript of academic record from the school issuing the training, degree or diploma. In the event the accredited/approved program or accredited/approved institution is no longer in existence, in the sole discretion of the City, a certified copy of the transcript of academic record may be accepted directly from the applicant with an affidavit stating said transcript of academic record is authentic. The certified copy of the transcript of academic record must contain the applicant's name, last address of the institution at the time of closing, and reflect the 500 hours of certified therapeutic massage training with content that includes the subjects of anatomy, physiology, hygiene, ethics, massage theory and research, and massage practice as required.

*Operate.* To own, manage or conduct, or to have control, charge or custody over.

*Person.* Any individual, firm, association, partnership, corporation, joint venture, or combination of individuals.

*Therapeutic Massage Enterprise.* An entity which operates a business which hires and/or contracts only licensed massage therapists to provide therapeutic massage to the public. The owner/operator of a therapeutic massage enterprise need not be licensed as a massage therapist if he or she does not at any time practice or administer massage to the public. A therapeutic massage enterprise may employ other individuals such as cosmetologist and estheticians, and these individuals are not required to have a massage therapist license as long as they are not providing therapeutic massage to the public.

(Ord. No. 2019-17, § 1, 9/24/2019; Ord. No. 2020-13, § 1, 10/13/2020; Ord. No. 2021-14, § 1, 6/22/2021; Ord. 2023-06, 6/27/2023)

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### 1135.07. License Required.

- A. *Therapeutic Massage Enterprise License.* It shall be unlawful for any person or entity to own, operate, engage in, or carry on, within the City, any type of massage services to the public for consideration without first having obtained a therapeutic massage enterprise license from the City pursuant to this section.
- B. *Massage Therapist License.* It shall be unlawful for any individual to practice, administer, or provide massage services to the public for consideration within the City without first having obtained a massage therapist license from the City pursuant to this section.

(Ord. No. 2024-07, § 1, 3/26/2024)

### 1135.09. Exceptions.

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

- A. Persons duly licensed or registered by this state to practice medicine, surgery, osteopathy, chiropractic, physical therapy or podiatry, or professional practices licensed or registered by this state and regulated by a governmental body with a board where concerns and complaint could be directed, registered nurses and nurses who work under the direction of such persons, provided the massage is administered in the regular course of the medical business as it prepares the patient for a medical procedure or complements a medical procedure previously performed on the patient and not provided as part of a separate and distinct massage business. Any duly licensed or registered person or professional practices that offers any form of massage without a direct link to a medical procedure must obtain a massage license.
- B. Persons working solely under the direction and control of a duly licensed or registered person by this state to practice medicine, surgery, osteopathy, chiropractic, physical therapy, podiatry, dentistry or a medical professional license under State Statutes Chapters 147 and 148, as they may be amended from time to time.
- C. Persons duly licensed by this state as beauty culturists or barbers, provided such persons do not hold themselves out as giving massage treatments and provided the massage by beauty culturists is limited to the head, neck, hand to elbow, and foot to knee and the massage by barbers is limited to the head and neck.
- D. Places licensed or operating as a hospital, nursing home, senior care facility, hospice, sanitarium or group home or other health care office, clinic, or facility established for the hospitalization or care of human beings provided the massage is administered only to the residents or patients of the facility as part of their care and not provided as a part of a separate service.
- E. Students of an approved institution who are performing massage services in the course of a clinical component of a program of study, provided that the students are performing the massage services at the location of the institution provided the students are limited to performing massage therapy only on owners or staff of licensed massage enterprises and not on members of the public.
- F. Individuals performing massage services as part of a wellness event/expo where such event will not be more than three days in length. Written notice must be provided to the issuing authority and must include dates, times, and location(s) of such event.

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### **1135.11. License Applications.**

All applications for therapeutic massage enterprise and massage therapist licenses issued under this section shall be made on forms prescribed by the City. Application forms are required to be fully completed along with requested supporting documentation.

### **1135.13. Terms, License Fees, Renewal of License, and Denials.**

- A. *Terms of Licenses.* The term of a therapeutic massage enterprise license is one year. If an enterprise submits an application any time during a calendar year, the term shall expire December 31 of the year of issuance, with the remainder of the year at a pro rata fee, with any unexpired fraction of a month being counted as one month. The massage therapist license shall expire on August 31 of each year.
- B. *License fees.* License fees, investigation fees, and late fees are set forth in Chapter X of this Code. No investigation fee shall be refunded.
- C. *Renewal of licenses.* An application for renewal of an enterprise or individual license shall be made in the same manner as the original application.
- D. *New and Renewal Applications that are denied.* The issuing authority will notify applicant if their new or renewal application has been denied based upon the results of the background investigation. The applicant may appeal the denial to the City Manager, or his or her designee, within 30 days of the date of the notice. A hearing will be scheduled within ten days after service of the notice of appeal upon the City Manager, or his or her designee. At the conclusion of the hearing, or as soon as thereafter as practicable, the City Manager, or his or her designee, may order:
  - 1. That the denial by the issuing authority be affirmed.
  - 2. That the denial by the issuing authority be reversed and the license be issued.

(Ord. No. 2020-13, § 2, 10/13/2020)

### **1135.15. License Application Verification and Consideration.**

- A. *Therapeutic massage enterprise license.* All applications shall be referred to the issuing authority and such other City departments as the City Manager, or his or her designee, shall deem necessary for verification and investigation of the facts set forth in the application. The issuing authority is empowered to conduct any and all investigations to verify the information on the application, including ordering a computerized criminal history inquiry and/or a driver's license history inquiry on the applicant. The issuing authority is authorized to access data maintained in the Minnesota Bureau of Criminal Apprehensions Computerized Criminal History Information system in accordance with BCA policy, as well as any additional investigation, including but not limited to contacting other state agencies. In addition, all applications must include results of comprehensive national criminal background checks from a background investigative provider approved by the City for all massage therapists performing massage therapy at the therapeutic massage enterprise location. The national criminal background check is to be obtained and paid for by the therapeutic massage enterprise licensee upon signed release from massage therapists. Upon completion of investigation, the issuing authority shall grant or deny the license.
- B. *Massage Therapist License.* The issuing authority is empowered to conduct any and all investigations to verify the information on the application, including ordering a computerized criminal history inquiry, background check, and/or a driver's license history inquiry on the applicant. Massage therapists who will be working at a City of Plymouth licensed therapeutic massage enterprise must include with their application a

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copy of the national criminal background check as required in Section 1135.15, Subd. A. Upon completion of investigation, the issuing authority shall grant or deny the application.

1. Photo Identification Cards. Photo identification cards shall be issued by the issuing authority to individuals receiving a massage therapist license. Each person licensed as a massage therapist shall have the photo identification card readily available upon request.

### **1135.17. Persons Ineligible for License.**

A. *Therapeutic massage enterprise license.* No therapeutic massage enterprise license shall be issued to a person who:

1. Is not 18 years of age or older at the time the application is submitted to the issuing authority;
2. Has pending a criminal charge, citation, or complaint for any violation of federal or state statute or regulation, or of any local ordinance, which adversely reflects upon the person's ability to conduct the therapeutic massage enterprise in a legal manner, violations would include, prostitution or the solicitation, inducement, or promotion thereof, sex trafficking, and criminal sexual conduct;
3. Has been convicted of any crime directly related to the occupation licensed as prescribed by Minnesota Statutes 364.03, Subd. 2, as it may be amended from time to time, and who has not shown competent evidence of sufficient rehabilitation and present fitness to perform the duties and responsibilities of a licensee as prescribed by Minnesota Statutes 364.03, Subd. 3, as it may be amended from time to time.
4. Has had an interest in, as an individual or as part of a corporation, partnership, association, enterprise, business or firm, a massage license that was denied, revoked or suspended within the last five years of the date the license application is submitted to the issuing authority;
5. Is not a citizen of the United States or a resident alien, or is legally prohibited from working in the United States;
6. Is not of good moral character or repute;
7. Is not the real party in interest of the enterprise;
8. Has knowingly misrepresented or falsified information on a license application at any time;
9. Cannot meet the definition of therapeutic massage enterprise in Section 1135.05 of this Code;
10. Is the spouse of a person whose massage related license has been denied, suspended, or revoked in the past five years;
11. Allowed a license to expire or surrendered a license, unless, at the sole discretion of the City, a license application is submitted for consideration. The application shall be treated the same as an application for a new license, subject to all ordinance regulations and review;
12. Does not provided all information required or answer fully all of the information requested by the license application or such other information as the City may require;
13. Does not have one or more massage therapists employed by or affiliated with the therapeutic massage enterprise who is licensed by the City at the time the therapeutic massage license is issued.

B. *Massage therapist license.* No massage therapist license shall be issued to a person who:

1. Is not 18 years of age or older at the time the application is submitted to the issuing authority;
2. Has pending a criminal charge, citation, or complaint for any violation of federal or state statute or regulation, or of any local ordinance, which adversely reflects upon the person's ability to conduct the

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licensed occupation in a legal manner, violations would include, prostitution or the solicitation, inducement, or promotion thereof, sex trafficking, and criminal sexual conduct;

3. Has been convicted of any crime directly related to the occupation licensed as prescribed by Minnesota Statutes 364.03, Subd. 2, as it may be amended from time to time, and who has not shown competent evidence of sufficient rehabilitation and present fitness to perform the duties and responsibilities of a licensee as prescribed by Minnesota Statutes 364.03, Subd. 3, as it may be amended from time to time;
4. Whether the applicant has had an interest individually or as part of a corporation, partnership, association, enterprise, business or firm, a massage license that was denied, revoked or suspended within the last five years of the date the license application is submitted to the issuing authority;
5. Is not a citizen of the United States or a resident alien, or is legally prohibited from working in the United States;
6. Is not of good moral character or repute;
7. Has knowingly misrepresented or falsified information on the license application at any time;
8. Cannot meet the definition of massage therapist in Section 1135.05 of this Code;
9. Allowed a license to expire or surrendered a license, unless, at the sole discretion of the City, a license application is submitted for consideration. The application shall be treated the same as an application for a new license, subject to all ordinance regulations and review;
10. Does not provide all information required or answer fully all of the information requested by the license application or such other information as the City may require;
11. Is not affiliated with, employed by, or does not own a therapeutic massage enterprise licensed by the City.

(Ord. No. 2019-17, § 1, 9/24/2019)

#### **1135.19. Locations Ineligible for Therapeutic Massage Enterprise License.**

- A. *Delinquent taxes.* No therapeutic massage enterprise shall be licensed if such enterprise is located on property in which taxes, assessments or other financial claims to the state, county, school district, or city are due and delinquent. In the event a suit has been commenced under Minnesota Statutes 278.01 through 278.13, questioning the amount or validity of taxes, the City Manager may on application waive strict compliance with this provision; no waiver may be granted, however, for taxes or any portion thereof, which remain unpaid for a period exceeding one year after becoming due.
- B. *Zoning.* No therapeutic massage enterprise shall be licensed if the location of such enterprise is not in conformance with Chapter 21 of this Code unless such enterprise is a legal, nonconforming use.
- C. *Building, fire, and code compliance violations.* No therapeutic massage enterprise shall be licensed if the location of such enterprise is not in compliance with State Building and Fire Codes in addition to this Code.
- D. *Separate entrance.* No therapeutic massage enterprise shall be licensed if the location of such enterprise does not have a separate, distinct, front-facing entrance. A separate, distinct, front-facing entrance for an entire building is required for enterprise locations within multiple suites.
- E. If the massage therapy license of two or more massage therapists employed by the therapeutic massage enterprise have been revoked within a twelve month period for twelve months following the revocation of the second massage therapist license, the location may not be used as a therapeutic massage enterprise and a therapeutic massage enterprise license may not be issued or renewed for that location.

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### 1135.21. License Restrictions.

- A. *Posting of licenses.* Therapeutic massage enterprise license issued must be posted in a conspicuous place on the premises for which it is used. A person licensed as a massage therapist shall have readily available at all times that therapeutic massage services are rendered, the photo identification card issued by the issuing authority.
- B. *Licensed premises.* A therapeutic massage enterprise license is only effective for the compact and contiguous space specified in the approved license application. If the licensed premises is enlarged, altered or extended, the licensee shall inform the issuing authority within ten business days. It shall be the continuing duty of each licensee to inform the issuing authority within ten business days of any change in the information or facts required to be furnished on the application for license and failure to comply with this section shall constitute cause for revocation or suspension of such license. A massage therapist license shall entitle the licensed therapist to perform massage at a licensed therapeutic massage enterprise, at the place of residence of the massage therapist, or at an office, business, or institution. Hotel and motel guest rooms, residential dwellings (with exception of written doctor's order per Section 1135.09), motor vehicles, and trailers are prohibited.
- C. *Transfer of license prohibited.* The license issued is for the person or premises named on the approved license application. No transfer of a license shall be permitted from place to place or from person to person without complying with the requirements of an original application.
- D. *Employment of unlicensed massage therapists prohibited.* No therapeutic massage enterprise shall employ or contract any person to perform massage who is not licensed as a massage therapist under this section, unless the person is specifically exempted from obtaining a massage therapist license in Section 1135.09 of this Code.
- E. *Coverage of genitals during massage.* The licensee shall require that the person who is receiving the massage shall completely cover at all times genitals and breasts with non-transparent material or clothing.
- F. *Massage therapist dress/uniform requirements.* Any massage therapist performing massage shall at all times be dressed professionally, including short sleeved shirts, skirts and shorts no shorter than three inches above the knees, no cleavage showing, nails trimmed and neat, hair pulled back and closed-toe shoes.
- G. *Effect of license suspension or revocation.* No licensee shall solicit business or offer to perform massage services while under license suspension or revocation by the City.
- H. *Massage of certain body parts prohibited.* At no time shall the massage therapist intentionally massage or offer to massage the penis, scrotum, mons veneris, vulva, vaginal area or breasts of a person.
- I. *Restrictions regarding hours of operation.* No therapeutic massage enterprise shall be open for business, nor will any massage therapist offer massage services, before 7:00 a.m. or after 10:00 p.m. any day of the week. No customers or patrons shall be allowed to remain upon the licensed premises after 10:00 p.m. and before 7:00 a.m. daily. Support activities such as cleaning, maintenance and bookkeeping are allowed outside of business hours.
- J. *Inspections.* In light of the high risk of involvement with illegal conduct an establishment providing massage therapy poses to the general public, the issuing authority, City inspectors and the City police department shall have the right to enter and inspect the licensed premises during the hours in which the licensed premises is open for business to ensure compliance with all provisions of this Code. Any search of the licensed premises are subject to reasonableness standards as recognized by the courts; search warrants will be secured when applicable. Any entry into a private residence will require either consent, exigent circumstances, or a search warrant. With reasonable notice, the business records of the licensee, including income tax returns, shall be available for inspection during the hours in which the licensed premises is open for business. The licensee is subject to a \$250.00 fee for a third inspection, if orders to correct are issued to

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the licensee and those orders are not corrected upon re-inspection. Licenses shall be granted only to establishments which can meet the safety and sanitary requirements of the City and of the building code regulations of the City and State.

- K. *Posting of rates.* A licensed therapeutic massage enterprise must post their rates for service in a prominent place in the entrance or lobby of the business.
- L. *Illegal activities.* In addition to the license restrictions set forth in this section, any advertising by a licensee or representative of licensee of any potential unlawful, misleading or erotic conduct at the licensed establishment shall be prohibited. A licensee under the section shall be strictly responsible for the conduct of the business being operated in compliance with all applicable laws and ordinances, including the actions of any employee or agent of the licensee on the licensed premises.
- M. *Restrictions involving minors.* No person under the age of 18 shall be permitted at any time to be in or on the licensed premises as a customer, guest, or employee, unless accompanied by his/her parent or guardian.
- N. *Food preparation.* Food preparation on site shall only occur in locations specifically designed for that purpose and with proper building permits having been obtained. Food preparation is limited to use for employees during breaks during their regular shift.
- O. *Habitation.* A licensed therapeutic massage enterprise shall not contain sleeping quarters or living spaces of any kind intended for habitation, including but not limited to beds, cots, or mattresses.
- P. *Alcoholic beverages.* Per State Statute 340A.401, no person may directly or indirectly, on any pretense or by any device, sell, consume, barter, keep for sale, charge for possession or otherwise dispose of alcoholic beverages onsite. Intoxicating alcoholic beverages does not include alcohol used in direct conjunction with massage therapy such as in cleaning.
- Q. *Change of address.* A licensed massage therapist shall inform the issuing authority of any change in residence address, or a change in the address of where massage therapy is practiced, 30 days prior to such change.

#### **1135.23. Restrictions Regarding Sanitation, Health, and Safety.**

- A. *Toilet room requirements.* A licensed therapeutic massage enterprise shall be equipped with adequate and conveniently located toilet rooms for the accommodation of its employees and patrons. The toilet room shall be well ventilated by natural or mechanical methods and be enclosed with a door. The toilet room shall be kept clean and in good repair and shall be adequately lighted.
- B. *Paper/linen requirements.* A licensed therapeutic massage enterprise shall provide single-service disposal paper or clean linens to cover the massage therapy table or chair on which the patron receives the massage; or in the alternative, if the massage therapy table or chair on which the patron receives the massage is made of material impervious to moisture, such massage therapy table, chair shall be properly sanitized after each massage.
- C. *Washing of hands required.* The licensed 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. *Door latches and locks.* Doors on massage therapy rooms shall not be locked or capable of being locked. Locks, latches or other devices intended to secure a door so as to prevent it from being opened by any person from either side of the door with or without a key cannot be present on any doors of rooms intended for massage therapy.
- E. *Equipment.* All modalities shall be performed on a raised massage therapy table or chair; no bed, mattress, or other similar type equipment shall be allowed onsite except for a mat similar to those used in yoga.

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- F. *Prohibited Modalities.* Modalities involving work performed on the floor or requiring a massage therapist to stand on a massage therapy table, including but not limited to Shiatsu are strictly prohibited unless completely clothed an massage therapist is certified in Shiatsu or other modality by an approved institution or program.

### **1135.25. Sanctions for License Violations.**

- A. *Suspension or revocation.* The issuing authority may suspend or revoke a license issued pursuant to this section for:
1. A violation related to fraud, misrepresentation, or false statement contained in a license application or a renewal application.
  2. A violation related to fraud, misrepresentation, or false statement made in the course of carrying on the licensed occupation or business.
  3. Any violation of this section of the Code or state law.
  4. A violation by any licensee or individual that is directly related to the occupation or business licensed as defined by Minnesota Statutes 364.03, Subd. 2.
  5. Conducting the licensed business or occupation in an unlawful manner or in such a manner as to constitute a breach of the peace or to constitute a menace to the health, safety, or general welfare of the public, or after repeated complaints received regarding conduct of business practices or method of solicitation.
  6. If the owner, manager, lessee or any of the employees are found to be in control or possession of an alcoholic beverage, a narcotic drug or controlled substance on the premises, other than drugs which may be purchased over the counter without a prescription or those for which the individual has a prescription.
  7. If the holder of a therapeutic massage enterprise license fails to maintain with the City a current list of all employees of such licensed premises.
  8. Neither the charging of a criminal violation nor a criminal conviction is required in order for the Director of Public Safety to suspend or revoke a license.
  9. In the event of multiple massage enterprise locations, any license suspension/revocation shall apply to any and all massage enterprise locations.
  10. Any pending criminal charge, citation, or complaint against the owner, manager, lessee, or an employee of the therapeutic massage enterprise, or the holder of a massage therapist license, of a violation of any ordinance or state or federal statute which adversely reflects upon the person's ability to conduct the licensed occupation in a legal manner.
- B. *Appeal process for suspension or revocation.* The licensee may appeal a license suspension or revocation to the City Manager, or his or her designee, within 30 days of the license being suspended or revoked by the issuing authority. A hearing will be scheduled within ten days after service of the notice of appeal upon the City Manager, or his or her designee. At the conclusion of the hearing, or as soon as thereafter as practicable, the City Manager, or his or her designee, may order:
1. That the suspension or revocation by the issuing authority be affirmed.
  2. That the suspension or revocation by the issuing authority be reversed or modified.
- C. *Penalties.* Any person or entity violating the provisions of this section is guilty of a misdemeanor under Minnesota law and shall be punished by a fine or by imprisonment, or both. Each violation of this section



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shall constitute a separate offense. Conviction of violation of this section, while not required, may be grounds for the suspension or revocation of any license issued under this section.

- D. *Ability to reapply after revocation.* The holder of a therapeutic massage enterprise license or massage therapist license may not reapply for a new license for a period of five years if their license is revoked under this section.
- E. *Ability to reapply after denial.* The applicant for a massage enterprise license or massage therapist license may not reapply for a license for a period of five years if the applicant's license has been previously denied by the City or another governmental entity for any reason.
- F. *Previous license infractions.* In the event there is a license infraction or a pending citation involving a licensed establishment and/or a licensed massage therapist, the issuing authority may, at their option, chose to not to take action on any license or renewal application until such infraction or pending citation has been resolved. The applicant for a massage enterprise license or massage therapist license may not reapply for a license for a period of five years if the licensee is convicted of any violation of the ordinance.

(Ord. 2017-22, 10/10/2017; Ord. 2018-18, 9/25/2018; Ord. No. 2019-17, § 1, 9/24/2019)