

# City of Alexandria



704 Broadway, Alexandria, MN 56308

320.763.6678 | 320.763.3511 (fax) | [www.AlexandriaMN.city](http://www.AlexandriaMN.city)

Licensing Period: \_\_\_\_\_ to \_\_\_\_\_

New: \_\_\_\_\_ Renewal: \_\_\_\_\_

License Fee: \$50

## Massage Therapist

*The undersigned hereby makes application for a license and agrees to operate in the City of Alexandria in accordance with the regulations governing this enterprise as set forth in the Alexandria City Code. It is understood that failure to conform renders this license null and void.*

### Applicant (Owner) Information

Legal Name First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Primary Phone \_\_\_\_\_ Alt. Phone \_\_\_\_\_ Email \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address (where future correspondence should be sent):

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Business Information:** Corporation \_\_\_\_\_ Limited Liability Company \_\_\_\_\_ Partnership \_\_\_\_\_ Other \_\_\_\_\_

Name of Company \_\_\_\_\_

Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_ Website \_\_\_\_\_

List all other names under which you conduct business (*legal names, mobile food unit signage, parent companies DBA, etc.*).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant/Licensee Signature \_\_\_\_\_

Title (if signing on behalf of an organization) \_\_\_\_\_ Date \_\_\_\_\_

\*If you have any questions, please contact Amy Riedel at 320-759-3622 or email at [ariedel@alexandriamn.city](mailto:ariedel@alexandriamn.city). On behalf of the City of Alexandria, thank you for your prompt attention in returning your application.

**\*Please make sure all the necessary documents accompany your license application and the forms are filled out completely and signed. Incomplete applications will not be approved.**

### (FOR OFFICE USE ONLY)

Date Received \_\_\_\_\_ Date of Staff Approval \_\_\_\_\_ License # \_\_\_\_\_

APPLICATION FOR INDIVIDUAL MASSEUR OR MASSEUSE LICENSE

CITY CODE SECTION 4.49

**PHOTO ID REQUIRED**

Name of Applicant: \_\_\_\_\_

Address where you will be doing business: \_\_\_\_\_

Resident Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Have you ever used or been known by any other name? Yes No

If yes, list names used: \_\_\_\_\_

Street Address for the past five years: \_\_\_\_\_

Formal Training or Experience in Massage Services? Yes No Certificate: Yes No

Years of Experience in the Occupation: \_\_\_\_\_

Past Employment and Position held for the past five years: \_\_\_\_\_

\_\_\_\_\_

Have you ever been convicted of any felony or crime: Yes No

Time, place and offense for which convictions were had: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is applicant licensed in other communities to run similar business? Yes No

Location: \_\_\_\_\_

Have you ever been denied a massage license? Yes No

Character references (residents of Douglas County):

<u>Name</u>	<u>Residence Address</u>	<u>Business Address</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

I, \_\_\_\_\_, being duly sworn, depose and say that the statements on this document by me made are true and correct to my knowledge. **(MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC)**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Subscribed and sworn to before me  
This \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public

# General Application For License

## CITY OF ALEXANDRIA

### Section A

#### Certification of Compliance—Minnesota Workers' Compensation Law

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 requirement of MSS Chapter 176. The information required is: the name of the insurance company, the policy number, and dates of coverage or the permit to self-insure. This information will be collected by the licensing agency and retained in their files.

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 this information is not provided or falsely stated, it may result in a \$2,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry.

Insurance Company Name (not the agent):	Policy Number:
Dates of Coverage: _____ to _____	

#### OR

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

- ☐ I have no employees
- ☐ I am self insured (include permit to self-insure)
- ☐ I have no employees who are covered by the workers' compensation law (these include spouse, parents, children, and certain farm employees)

I certify that the information provided above is accurate and complete and that a valid workers compensation policy will be kept in effect at all times as required by law.

### Section B

#### Tax Identification Information

Pursuant to Minnesota Statute 270C.72, the City of Alexandria is required upon request to provide to the Minnesota Commissioner of Revenue your Minnesota business tax identification number or 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:

- 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;
- Upon receiving this information, the City of Alexandria 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;
- Failure to supply this information may jeopardize or delay the processing of your license application.

Minnesota Business ID Number:	Federal Tax ID Number:
If a Minnesota Tax ID number is not required, please explain:	Social Security Number:

### Section C

#### Tennessee Warning

Under the Minnesota Government Data Practices Act, some of the data you are being asked to provide on this application, including any social security number, **are private data**. You are being asked to provide this data so that the City of Alexandria may evaluate your eligibility for the license for which you are applying. By signing below, you are consenting to allow this data to be shared with City of Alexandria staff, councilmembers and mayor so that they may process and evaluate your application and eligibility for the license. In addition, you are being asked to provide this data because the City may be required to provide it to the Minnesota Commissioner of Revenue. It is also possible that the City may be required to share the data with the state or legislative auditor or upon court order. You may choose not to provide some or all of this private data, but withholding it or providing incomplete information may prevent you from obtaining the license for which you are applying.

Signature:	Date of Birth:	Date:
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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED	INSURER A :	
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

**COVERAGES**

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>GENERAL LIABILITY</b>						EACH OCCURRENCE \$
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$
							GENERAL AGGREGATE \$
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO JECT <input type="checkbox"/> LOC						\$
	<b>AUTOMOBILE LIABILITY</b>						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS						\$
	<input type="checkbox"/> NON-OWNED AUTOS						
	<b>UMBRELLA LIAB</b>						EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR						AGGREGATE \$
	<b>EXCESS LIAB</b>						\$
	<input type="checkbox"/> CLAIMS-MADE						
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						WC STATUS- TORY LIMITS OTH ER
	DED RETENTION \$						E.L. EACH ACCIDENT \$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y/N	N/A				E.L. DISEASE - EA EMPLOYEE \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

The City of Alexandria is listed as an additional insured.

**CERTIFICATE HOLDER****CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Section 4.49. **Massage Therapy.**

Subd. 1. **Definitions.** The following words and terms when used in this Chapter shall have the following meanings unless the context clearly indicates otherwise.

A. "Operate" means to own, manage, or conduct.

B. "Within the City" includes physical presence as well as telephone referral situations, such as a "phone-a-message" type operations, in which the business premises, although not actually located within the City, serves as a point of assignment of employees who respond to requests for services from within the City.

C. "Massage" means the method of treating the superficial parts of the human body by rubbing, pressing, stroking, kneading, tapping, pounding, vibrating, or stimulating with the hands or any instrument.

D. "Sanitary" shall mean free from pathogenic-micro organisms.

E. "Adequate" or "approved" shall mean acceptable to the City Health Officer or the officer's agents following the officer's determination as to the conformance with public health practices and standards.

Subd. 2. **License Required.**

A. **Massage Therapy License.** It shall be unlawful for any person to operate a massage business within the City unless such business is currently licensed under this Section. This ordinance shall not apply to the following individuals while engaged in the personal performance of the duties of their respective professions:

1. Physicians, surgeons, chiropractors, osteopaths, acupuncturists, occupational therapists, or physical therapists who are duly licensed to practice their respective professions in the State of Minnesota.

2. Massage therapists who are hired or employed by a medical professional licensed under Chapters 147 or 148 or a dental professional licensed under Chapter 150A, who provides treatment exclusively on the premises of that medical or dental professional.

3. Nurses who are registered under the laws of this State.

4. Barbers and beauticians who are duly licensed under the laws of this State, except that this exemption shall apply solely to the massaging of the neck, face, scalp and hair of the customer or client for cosmetic or beautifying purposes.

B. Individual massage therapist License. It shall be unlawful for any person to perform massage services within the City unless currently licensed under this Section.

Subd. 3. **Application.** Every application for a license under this Section shall be filed with the City Clerk. Each application shall be made on a form supplied by the City and shall contain the following information:

A. **Business Licenses.**

1. Whether the applicant is a natural person, a corporation, a partnership, or other form of organization.

2. If the applicant is a natural person:

a. The true name, place and date of birth, and street resident address and phone number of the applicant.

b. Whether the applicant is a citizen of the United States or is otherwise legally authorized to work in the United States.

c. Whether the applicant has ever used or has been known by a name other than their true name; and if so, what was such name or names and information concerning dates and places where used.

d. The name of the business if it is to be conducted under a designation, name or style other than the full individual name of the applicant. In such case, a copy of the certification as required by M.S.A. Chapter 333, certified by the Clerk of District court, shall be attached to the application.

e. The street addresses at which applicant has lived during the preceding five years.

f. The kind, name and location of every business or occupation the applicant has been engaged in during the preceding five years.

g. The names and addresses of applicant's employer(s) and partner(s), if any, for the preceding five years.

h. Whether the applicant has ever been convicted of any felony or crime. If so, the applicant shall furnish information as to the time, place and offense for which convictions were had.

i. The physical description of the applicant.

j. Whether the applicant has any training or experience in performing massage services.

3. If the applicant is a partnership:

a. The names and addresses of all partners and all information concerning each partner as is required of an individual applicant in Subparagraph 2 above.

b. The name of the managing partner(s) and the interest of each partner in the business.

c. A true copy of the partnership agreement shall be submitted with the application. If the partnership is required to file a certificate as to a trade name under the provisions of M.S.A. Chapter 333, a copy of such certificate, certified by the Clerk of District Court, shall also be attached.

4. If the applicant is a corporation or other organization:

a. The name; and if incorporated, the state of incorporation.

b. A true copy of the Certificate of Incorporation, Articles of Incorporation or Association Agreement, and By-Laws shall be attached to the application. If a foreign corporation, a Certificate of Authority, as described in M.S.A. Chapter 303, shall also be attached.

c. The name of the manager or proprietor or other agent in charge of the business to be licensed and all information concerning said person(s) as is required in Subparagraph 2 above.

d. A list of all parties who control or own an interest in excess of five percent in such corporation or organization or who are officers of the corporation or organization and all information concerning said person(s) as is required in Subparagraph 2 above.

5. Whether the applicant is licensed in other communities to run similar businesses; and if so, where.

6. The names of those individuals to be licensed and working for the applicant who may work in the City of Alexandria.

7. Whether the applicant has previously been denied a massage therapist license.

8. The names, residences, and business addresses of three residents of Douglas County, of good moral character, not related to the applicant or financially interested in the premises or business, who may provide a reference as to the applicant's or manager's character.

9. The location of the business premises.

10. Such other information as the City Council may require.

B. Personal Service License. All the information requested under Subd. 3 A, Subparagraphs 1, 2, 5, 7, 8 and 10 shall be required of applicants for a personal service license.

C. Any falsification of information on the license application shall result in the denial of said license.

D. It shall be the continuing duty of each licensee to properly notify the City Clerk of any change in the information or facts required to be furnished on the application for license. This duty shall continue throughout the period of such license and failure to comply with this section shall constitute cause for revocation or suspension of such license.



Subd 4. **Execution of Application.** All applications for license, whether business or personal services, shall be signed and sworn to. If the application is that of a natural person, it shall be signed and sworn to by such person; if by a corporation, by an officer thereof; if by a partnership, by one of the partners; and if by an unincorporated association by the manager or managing officer thereof.

Subd. 5. **Fees.**

A. **License Fees.** Each application for a license shall be accompanied by payment in full of the required license fee. The fee for an individual massage therapy license, and for a business license shall be set by Resolution of the City Council. Upon rejection of any application for a license, the City shall refund the amount paid. No other refunds shall be made.

B. **Investigation Fees.** At the time of each original application for a business license, there shall be paid in full an investigation fee of \$200.00. No investigation fee shall be refunded.

Subd. 6. **Persons Ineligible for a License.** No license shall be issued to an applicant who (1) is under 18 years of age, (2) is not a United States citizen or otherwise legally authorized to work in the United States, (3) has been convicted of any violent crime, as that term is defined in Minn. Stat. § 609.1095, Subd. 1(d); any sex crime, as that term is defined in Minn. Stat. § 609.3457, subd. 4; or any violation of Minn. Stat. §§ 609.2241, 609.282, 609.284, 609.322, 609.324, 609.3242, 609.3243; or any violation of any similar ordinance or law of the United States or any other state.

Subd. 7. **Granting of Licenses.**

A. **Business Licenses.**

1. All applications shall be referred to the Chief of Police and to such other City Departments as the City Clerk shall deem necessary for verification and investigation of the facts set forth in the application. The Chief of Police and other consultants shall make a written recommendation to the City Council as to issuance or non-issuance of the license. The City Council may order and conduct such additional investigation as it deems necessary.

Subd. 8. **License Not Transferable.** Each license shall be issued to the applicant only and shall not be transferable to another holder. No licensee shall loan, sell, give or assign a license to another person.

Subd. 9. **Conditions of License.**

A. **Business License.** No business licensee shall solicit business or offer or agree to perform massage services, nor shall his or her employee(s) solicit business or offer or agree to perform massage services, within the City while under suspension or revocation by the City Council.

Subd. 10. **Suspension or Revocation of License.**

A. The City Council may suspend or revoke a license issued under this Chapter upon finding a violation of any of the conditions set forth in Subd. 9 or any provision upon violation of any other state statute regulating massage services. Any conviction for any crime listed in Subdivision 6 of this section shall result in the revocation of any license issued hereunder. The following shall also be considered cause for revocation:

1. It shall be grounds for revoking a license granted to any person, partnership or corporation under this ordinance if they fail to comply with any of the ordinances of the City of Alexandria or statutes of the State of Minnesota.

2. It shall be grounds for revoking a license granted to any person, partnership or corporation under this ordinance if the owner, manager, lessee, or any of the employees are found to be in control or possession of any alcoholic beverages or narcotic drugs and controlled substances on the premises, possession of which is illegal as defined by Minnesota Statutes or City of Alexandria Ordinances.

Subd. 11. **Construction and Maintenance of Premises.**

A. All massage therapy rooms and all restrooms and bathrooms used in connection therewith shall be constructed of materials which are impervious to moisture, bacteria, mold or fungus growth. The floor-to-wall and wall-to-wall joints shall be constructed to provide a sanitary cove with a minimum radius of one inch.

B. All restrooms used in connection with massage therapy rooms shall be provided with mechanical ventilation with 2 cfm per square foot of floor area, a minimum of 15 foot candles of illumination, a hand washing sink equipped with hot and cold running water under pressure, sanitary towels and a soap dispenser.

C. Each massage therapy establishment shall have a janitor's closet which shall be provided for the storage of cleaning supplies. Such a closet shall have mechanical ventilation with 2 cfm per square foot of floor area and a minimum of 10 foot candles of illumination. Such closet shall include a mop sink.

D. Floors, walls, and equipment in massage therapy rooms, restrooms and in bathrooms used in connection therewith must be kept in a state of good repair and sanitary at all times. Linens and other materials shall be stored at least 6 inches off the floor. Sanitary towels, wash cloths, cleaning agents and toilet tissue must be made available for each customer.

E. Individual lockers shall be made available for use by patrons. Such lockers shall have separate keys for locking.

F. 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 its being opened by any person from either side of the door with or without a key cannot be present on any doors of massage therapy rooms. All massage therapy rooms shall be constructed with air space between partitions and the ceiling, and be clearly identified by signs.

Subd. 12. **Massage Therapists Employed in the Business.**

A. No such business shall employ or use any person as a massage therapist unless such person is licensed by the City of Alexandria.

B. Any person acting as a massage therapist in any such business shall have their registration certificate or a true copy thereof displayed in a prominent place on the licensed premises.

C. Whenever a massage is given, it shall be required by the massage therapist that the person who is receiving the massage shall have his/her breasts, nipples, buttocks, anus and genitals covered with an appropriate non-transparent covering.

D. Any massage therapist performing massages shall be fully clothed at all times, and shall have his/her breasts, nipples, buttocks, anus and genitals covered with a non-transparent material.

E. No person shall engage in providing services as a massage therapist without being licensed by the City Council of the City of Alexandria.

F. A massage therapist shall apply to the City Council of the City of Alexandria for a license to provide services by paying the initial license fee, set by Resolution of the City Council, at the Office of City Clerk and by completing an application form prepared by the City Clerk. Such application shall include:

1. The name, age and address of the applicant.

2. The length of experience in this occupation and the past places of employment and position held; and

Source: Ord. 820-2<sup>nd</sup> Series  
Effective Date: 3/9/2020

3. A description of any crime including the time, place, date and disposition for which the applicant has been arrested or convicted.

Source: Ord. 838-2<sup>nd</sup> Series  
Effective Date: 10/26/2020

G. **Massage Therapist License.** Each masseur or masseuse license shall be subject to the following conditions:

1. The licensee shall carry, and display upon request, his/her license while working within the City.

2. No licensee shall perform or offer to perform massage services within the City while under suspension or revocation by the City Council.

3. No person shall solicit business in any public place or in any licensed liquor establishment within the City.

H. No sauna and/or massage parlor for which a license has been granted by the City shall be open for business unless and until any massage therapists employed in the business have first complied with the registration of this ordinance.

I. A license for a massage therapist may be denied or revoked upon any one of the following grounds.

1. Fraud or deception in the license application.

2. Applicant/licensee has a history of violations of laws and ordinances that apply to health, safety or are listed in Subdivision 6 of this Section.

3. Applicant/licensee is convicted of an ordinance or State statute violation arising within the business establishment to which a sauna and/or massage parlor license was granted under this ordinance; and

4. Applicant/licensee has been convicted of crimes or offenses involving sexual misconduct.

Source: Ord. 820-2<sup>nd</sup> Series  
Effective Date: 3/9/2020

J. A new license issued by the City of Alexandria providing services as a masseur or masseuse unless revoked, is for the calendar year or part thereof for which it has been issued and one additional calendar year. A renewal application shall be made in the same manner as provided for in the original application. The annual license fee shall be set by Resolution of the City Council.

Source: Ord. 838-2<sup>nd</sup> Series  
Effective Date: 10/26/2020

Subd. 13. **Submission of Plans and Specifications.** All persons who hereafter construct, extensively remodel or convert buildings or facilities for use as a massage therapy room shall conform and comply in their construction, erection or alteration with the requirements of this ordinance. Plans and specifications for such layout, arrangement and plumbing and construction materials of the sauna and massage areas, and locations, size, and type of equipment and facilities shall be filed by the owner in the Office of the City Clerk. A building permit shall not be issued for any such construction, remodeling, or alteration until such permit shall have the approval of the City Health Officer or the officer's agents.

Subd. 14. **Hearing.**

A. **Business License.** Except in the case of a suspension pending a hearing on revocation, revocation or suspension by the Council shall be preceded by written notice to the licensee and a public hearing. The notice shall give at least eight days' notice of the time and place of the hearing and shall state the nature of the charges against the licensee. The Council may, without any notice, suspend any license pending a hearing on revocation for a period not exceeding 30 days. The notice may be served upon the licensee personally or by leaving the same at the licensed premises with the person in charge thereof. No suspension shall exceed 60 days.

B. **Massage Therapist License.** Within 30 days of a written request by the suspended or revoked licensee, a public hearing before the City Council shall be held concerning the reasons for suspension or revocation.

Subd. 15. **Duration of License.**

A. All licenses issued pursuant to this Chapter shall be effective up to two years. All licenses shall expire on December 31 of the year following the year of issuance, regardless of the date a license is issued. There shall be no pro-rata adjustment for licenses issued after January 1.

Source: Ord. 820-2<sup>nd</sup> Series  
Effective Date: 3/9/2020

B. When a licensee makes application for renewal of a current license and pays the required fee to the issuing authority on or before the termination date, the licensee is authorized to operate until such a time as the City Council acts upon the applicant's renewal application and the license is either renewed or denied.

Subd. 16. **Inspection of Premises.** During business hours, all saunas and/or massage parlors shall be open to inspection by City Health, Building Inspectors, Police, or other duly designated officers. Upon demand by any police officer, any person engaged in providing services in any licensed premises shall identify himself giving his or her true legal name and correct address.

Source: Ord. 335-2<sup>nd</sup> Series  
Effective Date: 12/28/92

Subd. 17. **Hours of Operation.** No customers or patrons shall be allowed to enter the licensed premises after 9:00 p.m. and before 8:00 a.m. daily.

Source: Ord. 580-2<sup>nd</sup> Series  
Effective Date: 2/27/06

Subd. 18. **Penalty.** Every person who commits or attempts to commit, conspires to commit, or aid or abets in the commission of any act constituting a violation of this ordinance, whether individually or in connection with one or more other persons or as principal agent, or accessory, shall be guilty of a misdemeanor and every person who falsely, fraudulently, forcibly or willfully induced, causes, coerces, permits or directs another to violate any of the provisions of this ordinance is likewise guilty of a misdemeanor.