

Here is a list of requirements for obtaining a therapeutic massage license in the city of New Hope. Please also read the attached ordinance (8-35) regulating therapeutic massage.

I. Definition of Massage Therapist

A person who practices or administers massage with recognized and standardized training in therapeutic massage (500 hours), health, and hygiene and provides a legitimate and necessary service to the general public.

II. Definition of Massage Therapy Enterprise

A place of business providing massage services to the general public.

III Investigation

The Police Department must conduct an investigation on the applicant of a massage enterprise/therapist license.

IV. Council Approval

Council must approve the license before it is issued. Council meetings are held semimonthly.

V. Insurance

A current certificate of insurance is required with professional coverage of or over \$1,000,000 that runs concurrent with the license year (January – December)

VI. Annual Fees

Massage Therapist	\$100
Massage Therapy Enterprise	\$100

VII. **One-Time Fee** Background Investigation Enterprise/Therapist \$300

VIII. Educational Certificate

Must provide a certificate demonstrating proof of 500 hours of training from an accredited school for massage therapy.

IX. Questions?

Please call the city clerk at 763-531-5117.



Therapeutic Massage License Application City of New Hope 4401 Xylon Ave N, New Hope MN 55428 Telephone: 763-531-5100, Fax: 763-531-5136

Applicant's Name (last, first, middle):	
Home Address:	Home Phone:
City/State/Zip:	Cell Phone:
Business Name:	Business Phone:
Doing Business As:	Email:
Business Address:	

 Fees:
 \$300 non-refundable investigation fee plus:
 Therapeutic massage enterprise: \$100 annually*

 *After 7/1 license fee is subject to a 50% reduction
 Therapeutic massage therapist: \$100 annually*

I enclose the sum of \$______ to the city of New Hope as required by the ordinances of said city and have complied with all the requirements of said ordinances necessary for obtaining this license.

I hereby make application to operate as a therapeutic massage therapist at the above business address for the period _______ through December 31, 20____, subject to all conditions and provisions of said ordinances.

ADDITIONAL REQUIREMENTS

- 1. Supplemental Application Form
- 2. Authorization and Release Form
- 3. Tax Identification Form
- 4. Minnesota Workers' Compensation Certificate of Compliance Form
- 5. Certification to practice massage therapy
- 6. Proof of Insurance (over \$1,000,000) certificate of insurance

The information in this Application is true and complete to the best of my knowledge.

Signature of Applicant

Date

APPLICATION FOR LICENSE INVOLVING PRIVATE OR CONFIDENTIAL INFORMATION

(Includes Tennessen Warning)

Under Minnesota law (M.S. 270.72), the agency issuing you this license is required 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 must advise you that:

- This information may be used to deny the issuance, renewal or transfer of your license if you owe the Minnesota Department of Revenue delinquent taxes, penalties, or interest;
- The licensing agency will supply this information only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Act, the Department of Revenue is allowed to supply this information to the Internal Revenue Service;
- Failure to supply this information may jeopardize or delay the issuance of your license or the processing of your renewal application.

City Use Only: <u>GL 9001-4125</u> Amount:	Date received:
Background investigation completion date:	_ Council meeting date:

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	- A-	1	-	assage License - l Application
Select type(s) of li	icense: 🗌 Therape	utic Massage Enter	prise 🗌 Therap	eutic Massage Therapist
Select Type of Bu	siness: 🗌 Individu	ıal 🗌 Partnership	Corporation	Other
Name of Business	5			
(If the business is to b		esignated name or style	other than the full individ ertified by the Clerk of the	2 11
<u>SECTION I</u> - All	applicants must co	mplete this section	l.	
Applicant's Name	e		Home Phone	
Date of Birth		Place of Birth		
Home Address				
	Street	City	State	Zip Code
			the date(s) and place(s) where used.
List street address	ses at which you ha	we lived during the	e preceding five years:	
List the type, nam preceding five ye		very business or oc	cupation you have bee	en engaged in during the
List the names an	d addresses of you	r employers and pa	rtners, if any, for the p	preceding five years:

Have you ever been convicted of a felony, crime or violation of an ordinance other than a minor traffic offense? Yes No If yes, give details as to type(s) of crime, time(s), place(s), and sentence(s):
Give your training and/or experience in performing massage services (furnish names, places, and length of time involved):
Legal description of the premises to be licensed (attach a plan of the area showing dimensions, location of buildings, street access, and parking facilities). If the premises is being planned, under construction, or undergoing substantial alterations, preliminary plans must show the design of the proposed premises (if building plans are on file with the building official, please indicate this).
Are all real estate and personal property taxes that are due and payable (for the premises to be licensed) paid? Yes No
If no, list the year(s) and the amount(s) that are unpaid:

<u>SECTION II</u> - *If applicant is a partnership, complete this section.*

Name	Address	Percentage of interest

List the names and addresses of general and limited partnership and percentage of interest:

Each partner must complete an individual Section I. A true copy of the partnership agreement must be attached to this application; also a certified copy of the certificate as to a trade name under MS 333.02, if applicable.

Name of managing partner

<u>SECTION III</u> - If applicant is a corporation or other organization, complete this section.

State in which incorporated

Name of Manager or Proprietor - Note: This person must also complete Section I

List all parties who control or own an interest in such corporation or organization.

<u>SECTION IV</u> - If applying for therapeutic massage therapist license, complete this section.

Social Security Number	Weight	Height	Hair Color	Eye Color
Current Employer	Address			

Please submit evidence of the following with your application:

- 1. Current insurance coverage of at least \$1,000,000 for professional liability in the practice of massage.
- 2. Training:
 - a. Certificate of Completion of 500 hours in certified therapeutic massage training from a recognized school that has been approved by the city manager; **OR**
 - b. One year of experience practicing massage therapy as established by an affidavit. Must document within two years of obtaining the license that you have completed the 500 hours of certified therapeutic massage training from a recognized school.

Signature of Applicant



City of New Hope 4401 Xylon Avenue N New Hope, MN 55428

To comply with State and Federal regulations, the City of New Hope is required to ask the information indicated below. This form will be filed separately from your application and will be used only for recordkeeping purposes.

AUTHORIZATION AND RELEASE FOR APPLICANT(S)

The undersigned, having filed an application with the city of New Hope for a <u>Therapeutic Massage</u> <u>license</u>, realizing that the city has need to investigate the background and history of the applicant in order to better evaluate his or her application for the above license, does hereby authorize and request every law enforcement official and every other person, firm, officer, corporation, association, organization or institution having control of any documents, records or other information pertaining to me to furnish the original or copies of any such documents, records and other information to the city or any of its representatives, and to permit said city or any of its representatives to inspect and make copies of any such documents, records and other information. I further authorize any such persons to answer any inquiries, questions or interrogatories concerning the undersigned, which may be submitted to them by the City or its authorized representative. I fully understand that the information so obtained by the City may be used by it in its evaluation of my application.

I hereby release and exonerate any person who shall comply with the authorization and request made herein from any and all liability of every nature and kind growing out of and in any way pertaining to the furnishing or inspection of such documents, records and other information.

Dated this	s day of		20		
PLEASE I	PRINT:		Signature of Applicant		
First	Middle Name	Last Name	Driver's License Number		
Home Ad	dress	City	State	Zip Code	
Date of Bi	irth	Name of	Name of Organization Associated With		
Home Pho	one Number	Email Ad	Email Address		



City of New Hope Tax Identification Form

Pursuant to laws of Minnesota, 2016, (270C.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.

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 or renewal of your license in the event you owe Minnesota sales, employer's withholding or motor vehicle excise taxes.
- 2. Upon receiving this information, the licensing authority will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Agreement the Department 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 application.

Please supply the following information and return along with your application to the licensing authority.

Business Owner's Last Name	Business Owner's First Name and Middle Initial	
Business Owner's Address	City, State, Zip Code	
Business Owner's Social Security Number	Position (Officer, Partner, etc.)	
Business Name	Business DBA	
Business Address	City, State, Zip Code	
Minnesota Tax Identification Number	Federal Tax Identification Number	
Signature	Date	

Certificate of Compliance Minnesota Workers' Compensation Law

This form must be completed by the business license applicant.

Print in ink or type

Minnesota Statutes § 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minn. Stat. chapter 176. If the required information is not provided or is falsely stated, it shall result in a \$2,000 penalty assessed against the applicant by the commissioner of the Department of Labor and Industry.

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

License or certificate number (if applicable)	Business telephone number	Alternate telephone number	
Business name (Brouide the legal name of the business antity of the business is a cale preprinter or partnership, provide the owner's			

Business name (Provide the legal name of the business entity. If the business is a sole proprietor or partnership, provide the owner's name(s), for example John Doe, or John Doe and Jane Doe.)

Business address (must be physical street address, no P.O. boxes)	City	State	ZIP code
County	Email address		

You must complete number 1 or 2 below.

Note: You must resubmit this form to the authority issuing your license if any of the information you have provided changes.

1. I have a workers' compensation insurance policy.

Insurance company name (not the insurance agent)

Po	licy number	Effective date	Expiration date		
	I am self-insured for workers' compensation. (Attach a copy of the authorization to self-insure from the Minnesota Department of Commerce; see www.mn.gov/commerce/industries/insurance/licensing/self-insurance.)				
2. Ia	I am not required to have workers' compensation insurance because:				
	I only use independent contractors and do not have emplo courier industries; Minn. Stat. § 181.723, subd. 4, for build industries.)	•	a		
	I do not use independent contractors and have no emplo of an employee.)	yees. (See Minn. Stat. § 176.011,	subd. 9, for the definition		
	I use independent contractors and I have employees who are not required to be covered by the workers' compensation law. (Explain below.)				
	I only have employees who are not required to be covered Minn. Stat. § 176.041 for a list of excluded employees.)	ed by the workers' compensation la	aw. (Explain below.) (See		
Explair	why your employees are not required to be covered				
I certify the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify I am authorized to sign on behalf of the business.					

Print name

Applicant signature (required)	Title	Date

If you have questions about completing this form or to request this form in Braille, large print or audio, call (651) 284-5032 or 1-800-342-5354.

Sec. 8-35. - Therapeutic massage.

- (a) *Findings.* It is found and determined that:
 - (1) Persons who have recognized and standardized training in therapeutic massage, health and hygiene provide a legitimate and necessary service to the general public;
 - (2) Health and sanitation regulations governing therapeutic massage enterprises and massage therapists will minimize the risk of the spread of communicable diseases and promote health and sanitation;
 - (3) License qualifications for therapeutic massage enterprises and massage therapists will minimize the risk that such businesses and persons may facilitate prostitution and other criminal activity in the city; and
 - (4) Massage services provided by persons without recognized 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.
- (b) *Definitions.* The terms defined in this section have the meanings given them.

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

In good repair means free of corrosion, breaks, cracks, chips, pitting, excessive wear and tear, leaks, obstructions and similar defects.

In the city means physical presence as well as telephone referrals such as phone-a-massage operations in which the business premises, although not physically located within the city, serves as a point of assignment of employees who respond to requests for services from in the city.

Massage means the rubbing, stroking, kneading, tapping or rolling of the body of another person with the hands for the purpose of physical fitness, health care referral, relaxation and for no other purpose.

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

Therapeutic massage enterprise means a place of business providing massage services to the public for consideration: the term does not include a hospital, sanitarium, rest home, nursing home, boarding home or other institution for the hospitalization or care of other human beings duly licensed under the provisions of Minn. Stat. §§ 144.50 through 144.69.

Therapeutic massage therapist means a person who practices or administers massage to the public for consideration.

- (c) License required.
 - (1) Therapeutic massage enterprise. It is unlawful to operate, offer, engage in or carry on massage services in the city without a therapeutic massage enterprise license.
 - (2) Therapeutic massage therapist license. It is unlawful to practice, administer or provide massage services in the city without a therapeutic massage therapist license.
- (d) *Exemptions.* A therapeutic massage enterprise license or massage therapist license is not required for the following persons and places:
 - Persons licensed by the state to practice medicine, surgery, osteopathy, chiropractic, physical therapy or podiatry, provided that the massage is administered in the regular course of the medical treatment not provided as part of a separate and distinct massage business;
 - (2) Persons licensed by the state as beauty culturists or barbers, provided the persons do not hold themselves out as giving massage treatments and provided that massage by beauty culturists is limited to the head, hand, neck and feet and the massage by barbers is limited to the head and neck;

- (3) Persons working solely under the direction and control of a person duly licensed by the state to practice medicine, surgery, osteopathy, chiropractic, physical therapy or podiatry;
- (4) Places licensed or operating as a hospital, nursing home, hospice, sanitarium or group home established for hospitalization or medical care; and
- (5) Athletic coaches, directors and trainers employed by public or private schools.
- (e) General rule. The owner or operator of a licensed therapeutic massage enterprise may only employ licensed therapeutic massage therapists to provide massage services. If the owner or operator of a licensed therapeutic massage enterprise personally provides massage services as well, said owner or operator must also be licensed as a therapeutic massage therapist.
- (f) License application.
 - (1) Therapeutic massage enterprise. The application for a therapeutic massage enterprise license must contain the following information:
 - a. For all applicants whether the applicant is an individual, corporation, partnership or other form of organization:
 - 1. The legal description of the premises to be licensed together with a plan of the area showing dimensions, location of buildings, street access and parking facilities;
 - 2. The floor number, street number and rooms where the massage services are to be conducted;
 - Whether all real estate and personal property taxes that are due and payable for the premises to be licensed have been paid, and if not, the years and amounts that are unpaid;
 - 4. If the application is for premises either planned or under construction or undergoing substantial alteration, the application must be accompanied by preliminary plans showing the design of the proposed premises; if the plans for design are on file with the building inspector, no plans need be submitted;
 - 5. The name and street address of the business if it is to be conducted under a designation, name or style other than the name of the applicant, and a certified copy of the certificate required by Minn. Stat. § 333.02;
 - 6. Other information that the city council may require.
 - b. For applicants who are individuals:
 - 1. The name and date of birth of the applicant and applicant's residence address;
 - 2. If the applicant has ever used or been known by a name other than the applicant's name, and if so, the name or names and information concerning the dates and places where used;
 - Residence addresses of the applicant during five years preceding the date of application;
 - 4. The type, name and location of every business or occupation the applicant has been engaged in during the preceding five years;
 - 5. Names and addresses of the applicant's employers for the preceding five years;
 - 6. If the applicant has ever been convicted of a felony, crime or violation of an ordinance other than a minor traffic offense; if so, the applicant must furnish information as to the time, place and offense involved in the convictions;
 - 7. If the applicant has ever been engaged in the operation of massage services; if so, the applicant must furnish information as to the name, place and length of time of the involvement in such activity.

- c. For applicants that are partnerships:
 - 1. The names and addresses of general and limited partners and the information concerning each general partner described in paragraph b. above;
 - 2. The managing partners must be designated, and the interest of each general and limited partner in the business must be disclosed;
 - 3. A true copy of the partnership agreement must be submitted with the application, and if the partnership is required to file a certificate as to a trade name under Minn. Stat. § 333.02, a certified copy of that certificate must be submitted. The license if issued will be in the name of the partnership.
- d. For applicants that are corporations:
 - 1. The name of the organization, and if incorporated, the state of incorporation;
 - 2. A true copy of the certificate of corporation, and, if a foreign corporation, a certificate of authority as described in Minn. Stat. § 333.02;
 - 3. The name of the general manager, corporate officers, proprietor, and other person in charge of the premises to be licensed, and the information about those persons described in subsection (f)(1)b. above;
 - 4. A list of the persons who own or have a controlling interest in the corporation or organization or who are officers of the corporation or organization, together with their addresses and the information regarding such persons described in subsection (f)(1)b. above.
- (2) Therapeutic massage therapist. An application for a therapeutic massage therapist license must contain the following information:
 - a. The applicant's name and address;
 - b. The applicant's current employer;
 - c. The applicant's date of birth and home telephone number.
 - d. If the applicant has ever been convicted of a felony, crime or violation of an ordinance other than a minor traffic offense and, if so, the time, place and offense involved in the convictions;
 - e. If the applicant has ever used or been known by a name other than the applicant's name, and if so, the name or names and information concerning dates and places where used;
 - f. Evidence that the applicant:
 - 1. Has current insurance coverage over \$1,000,000 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 from a recognized school that has been approved by the city manager; or
 - 4. Has one year of experience practicing massage therapy as established by an affidavit and can document within two years of obtaining the license that the person has completed 500 hours of certified therapeutic massage training from a recognized school; if such documentation cannot be established at the time of license renewal, the license will not be renewed and the person who received the license based upon experience may not receive a license in the future unless the person has the requisite certified hours;
 - g. Other information that the city council may require;

- h. The minimum requirement of massage training specified in subsections (f)(2)f.3 and 4 of this section does not apply to a massage therapist:
 - 1. Employed by an establishment licensed for massage on the effective date of Ordinance No. 10-09 adopted on July 26, 2010; and
 - 2. Continuously employed since that date by the licensed establishment.
- (g) Application and investigation fees. The fees for a massage enterprise or therapist license are set forth in chapter 14 of this Code. A one-time nonrefundable investigation fee will be charged for each license. An application for either license must be accompanied by payment in full of the required license and investigation fees.
- (h) Application verification and consideration.
 - (1) Therapeutic massage enterprise license. The city manager must verify the information supplied on the license application and investigate the background, including the criminal background, of the applicant to assure compliance with this section, by referring the application to the chief of police or the chief's designee for an investigation including a CCH investigation. Within 90 days of receipt of a complete application and fee for a therapeutic massage enterprise license, the city manager must make a written recommendation to the city council as to issuance or nonissuance of the license. The city council may order additional investigation if it deems it necessary, but must grant or deny the application within 120 days of receipt by the city manager of the complete application and required fees.
 - (2) Therapeutic massage therapist license. The city manager must verify the information supplied on the license application and investigate the background, including the criminal background, of the applicant to assure compliance with this section, by referring the application to the chief of police or the chief's designee for an investigation including a CCH investigation. Within 90 days of receipt of a complete application and fee for a therapeutic massage therapist license, the city manager must grant or deny the application. Notice will be sent to the applicant upon a denial informing the applicant of the right to appeal to the city council within 20 days. If an appeal is properly made, the matter will be placed on the next available city council agenda.
- (i) Persons ineligible for license.
 - (1) Therapeutic massage enterprise license. A therapeutic massage enterprise license may not be issued to an individual who:
 - a. Is under 18 years of age at the time the application is filed;
 - b. Has been convicted of any crime directly related to the occupation licensed as prescribed by Minn. Stat. § 364.03, subd. 2, 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 Minn. Stat. § 364.03, subd. 3;
 - c. Is not of good moral character or repute;
 - d. Is not the real party in interest of the enterprise;
 - e. Has misrepresented or falsified information on the license application.
 - f. Has, within one year prior to the date of the application been denied a license under this section, or any similar ordinance of any municipality of the state, or within the period has had revoked any license issued under this section, or any similar ordinance of any municipality of the state.
 - (2) Therapeutic massage therapist license. A therapeutic massage therapist license may not be issued to a person who could not qualify for a therapeutic massage enterprise license or who is not (i) affiliated with, (ii) employed by or (iii) does not hold a therapeutic massage enterprise license.
- (j) Locations ineligible for therapeutic massage enterprise license.

- (1) Delinquent taxes or assessments. A therapeutic massage enterprise may not be licensed if the enterprise is located on property on 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 Minn. Stat. §§ 278.01 through 278.13, questioning the amount or validity of taxes, the city council 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.
- (2) Building and zoning compliance. A therapeutic massage enterprise may not be licensed if the location of such enterprise is not in conformance with chapters 3 and 4 of this Code.
- (k) General license restrictions.
 - (1) Posting. A 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 therapeutic massage therapist must have in possession a copy of the license when therapeutic massage services are being rendered.
 - (2) Area. A therapeutic massage enterprise license is effective only for the compact and contiguous space specified in the approved license application. If the licensed premises is enlarged, altered or extended, the licensee must inform the city manager. A licensed therapeutic massage therapist may perform onsite massage at a business, public gathering, private home or other site not on the therapeutic massage enterprise premises.
 - (3) Transfer. The license issued is for the person or the premises named on the approved license application. Transfer of a license from place to place or from person to person is not permitted.
 - (4) Coverings. The therapist must require that the person who is receiving the massage will at all times have that person's breasts, buttocks, anus and genitals covered with nontransparent material or clothing. A therapist performing massage must have the therapist's breasts, buttocks, anus and genitals covered with a nontransparent material or clothing.
 - (5) Prohibited massage. A therapist may not massage or offer to massage the penis or scrotum of a male person or the breasts, mons veneris, vulva, or vaginal area of a female person.
- (I) Restrictions regarding sanitation and health.
 - (1) A therapeutic massage enterprise must be equipped with adequate and conveniently located toilet rooms for the accommodation of its employees and patrons. The toilet room must be well ventilated by natural or mechanical methods and be enclosed with a door. The toilet room must be kept clean and in good repair and be fully and adequately illuminated.
 - (2) A therapeutic massage enterprise must provide single-service disposal paper or clean linens to cover the table, chair, furniture or area on which the patron receives the massage. If the table, chair or furniture on which a patron receives the massage is made of material impervious to moisture, such table, chair or furniture must be sanitized after each massage.
 - (3) The therapeutic massage therapist must wash the therapist's hands and arms with water and soap, anti-bacterial scrubs, alcohol or other disinfectants prior to and following each massage service performed.
 - (4) Massage tables, chairs or furniture on which the patron receives the massage must have surfaces that can be readily disinfected after each massage.
 - (5) Rooms in a therapeutic massage enterprise must be illuminated.
 - (6) A therapeutic massage enterprise must have a janitor's closet that provides for the storage of cleaning supplies.
 - (7) Therapeutic massage enterprises must provide adequate refuse receptacles that must be emptied as required by this Code.
 - (8) Therapeutic massage enterprises must be maintained in good repair and sanitary condition.

- (9) Therapeutic massage enterprises must comply with the requirements of the Minnesota Indoor Clean Air Act.
- (10) A therapeutic massage enterprise must take reasonable steps to prevent the spread of infections and communicable diseases on the licensed premises.
- (11) Massage therapists must wear clean clothing when performing massage services.
- (m) License term; fees; renewals. Licenses expire annually on December 31. The license fee will be prorated in 30-day increments for licenses issued after June 30. The city manager must prepare an application form for the renewal of a license requiring information that the manager determines necessary for consideration of the renewal. The renewal application must be made no later than November 30. License fees are set by chapter 14 of this Code.
- (n) Suspension; revocation; denial. A license granted or to be granted under this section may be denied, suspended or revoked by the city council for any of the following reasons:
 - (1) Fraud, misrepresentation or incorrect statement contained in the application for the license, or made in carrying on the licensed activity.
 - (2) Conviction of any crime pertaining to the license held or applied for.
 - (3) Conducting licensed activity in such a manner as to constitute a breach of peace or a menace to the health, safety and welfare of the public or a disturbance of the peace or comfort of the residents of the city.
 - (4) Actions unauthorized or beyond the scope of the license granted.
 - (5) Violation of any regulation or provision of this Code applicable to the activity, for which the license has been granted, or any regulation or law of the state so applicable.
 - (6) Failure to continuously comply with all conditions required as precedent to the approval of the license.
- (o) Temporary therapist license.
 - (1) The city manager may issue a temporary therapeutic massage therapist license as provided in this subsection.
 - (2) A temporary massage therapist license may be issued to a person who:
 - a. Is qualified to hold a massage therapist license under this section;
 - b. Has completed the required application and paid the license fee at least seven days prior to the effective date of the license.
 - (3) A temporary license is effective for four consecutive days. A person may not be issued more than three temporary licenses in any period of 360 consecutive days.
 - (4) All other provisions of this section apply to temporary licenses.
- (p) *Hours of operation.* A licensed therapeutic massage enterprise may not operate for business between the hours of 9:00 p.m. and 7:00 a.m.

(Ord. No. 15-01, §§ 1, 2, 2-9-2015; Ord. No. 17-01, § 8, 1-23-2017)



City of New Hope Community Development

4401 Xylon Ave N • New Hope MN 55428 • Phone: 763-531-5127 • Fax: 763-531-5136 • ci.new-hope.mn.us

Home-Based Businesses

If you are considering operating a business out of your home, it is important to understand the city's home occupation ordinance, which establishes guidelines for home-based businesses operating within the city. The regulation of home occupations within residential structures is intended to ensure that the occupational use is clearly accessory or secondary to the principal dwelling use and that compatibility with surrounding residential uses is maintained.

Registration

Home-based businesses are required to register with the city's Community Development Department prior to operating (see reverse side). There is no charge for the one-time application, which is nontransferable.

Permitted Home-Based Businesses

Permitted home-based businesses must meet the following criteria:

- *Structural changes.* Businesses shall require no interior or exterior changes necessary to conduct the business and shall require no mechanical or electrical equipment not customarily found in a home.
- *Traffic*. Businesses shall not significantly alter the traffic pattern of the neighborhood.
- *Parking*. Parking related to the business shall be provided only in the garage or on the driveway of the property where it operates and shall be in compliance with subsection 4-3(e)(4)f of the City Code.
- *Deliveries*. Deliveries shall be limited to the type that typically service residences.
- *Employees.* Businesses shall not require employees other than those living on the premises.
- Clients. Businesses shall not generate more than eight client trips per day and serve no more than two clients at one time.
- *Area permitted*. Businesses shall not be allowed in accessory buildings and shall require no more than 20 percent of the gross floor area of a dwelling, not to exceed 300 square feet.
- *Sales on premises.* No physical products shall be displayed or sold on the premises except such that are incidental to the permitted home occupation.
- *Outside storage.* Businesses shall have no outdoor storage of equipment, machinery, inventory, tools or any other item required for use by the business.
- *Adverse effects.* Business shall not produce light, glare, noise, odor, smoke, fumes, dust, heat, vibration, radiation, or other hazardous or particulate matter that will in any way have an objectionable effect upon adjacent properties.
- *Signage.* Businesses shall be allowed one non-illuminated wall sign that is no larger than 6 square feet in size. The sign may identify the home occupation, resident and address but may contain no other information.
- Other Regulations. Businesses shall meet all other applicable City, State and Federal licenses, codes and regulations.
- *Day Care in Home.* Businesses shall be subject to applicable county and state licensing requirements, serving up to 12 persons, as referred to in subsections 4-5(a)(3), 4-6(b)(4) and 4-7(b)(3) of the City Code.

Prohibited Home-Based Businesses

- Conducting of retail business other than by U.S. mail, commercial delivery services by a vehicle no larger than a step van, or by taking and ordering delivery of orders by telephone or Internet sales.
- Manufacturing business.
- Repair, service, building, rebuilding or painting of autos, trucks, boats, engines, and other vehicles.
- Businesses, educational programs or similar gatherings which meet on a regular basis and have more than five non-residents in attendance at a time.



City of New Hope Community Development 4401 Xylon Ave N • New Hope MN 55428 • Phone: 763-531-5127 • Fax: 763-531-5136 • ci.new-hope.mn.us

Home-Based Business Registration

Name of Business	Received Application
Contact	Approved Application
Name	
Address	
Phone Cell	
E-mail	
Business	
Address	
Proposed Use for Space	
Required Inspections Completed by city staff Site None	
Approved By	Date
Notice I hereby certify that I have read and understand the city of Ne governing this type of business will be complied with whethe	ew Hope's home occupation ordinance. All provisions of laws and ordinances er specified herein or not.

☐ Signature ______

Date of Application _____