



THERAPEUTIC MASSAGE ENTERPRISE LICENSE APPLICATION - PART II PERSONAL HISTORY

City of Savage | 6000 McColl Drive, Savage, MN 55378 | Office: 952-882-2660 | Fax: 952-882-2656

If applicant is an individual, it shall be completed by a such person; if a corporation; by an officer; if a partnership, by one of the general partners; if an unincorporated association or organization, by the manager or managing officer.

SECTION 1: APPLICANT			
APPLICANT INFORMATION			
Applicants Full Name		Maiden Name	
Address	City	State	Zip
County	State Driver's License No.		
Phone No.	Date of Birth	Place of Birth	
Height	Weight	Hair Color	Eye Color
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a U.S. Citizen? If yes, but birthplace was not in the U.S., please provide a Certificate of Naturalization, Certificate of Citizenship, or current passport. If no, present proof of immigration/employment status.		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever used or been known by a name or names other than the name given above? If yes, list such name(s) and information concerning dates and places used:		
	Name(s)	Date(s)	
	Place(s) Used		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been convicted of any felony, crime or violation of any ordinance other than a minor traffic offense? If yes, provide the time, place and offense:		
	Time	Place	Offence
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever had an interest in, as an individual or as part of a corporation, partnership, association, enterprise, business or firm, a massage license that was revoked or suspended within the last five (5) years? If yes, explain:		
	Explain:		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you made an application for a massage therapist license which was denied? If yes, state the circumstances:		
	Explain:		
ADDRESS(ES) AT WHICH YOU HAVE LIVED DURING THE PRECEDING FIVE (5) YEARS			
Address	City	State	Zip
Address	City	State	Zip
Address	City	State	Zip
Address	City	State	Zip
Address	City	State	Zip
CURRENT/PAST EMPLOYERS			
Employer	Start Date		End Date
Address	City	State	Zip

Current/Past Employers Continued...

Employer	Start Date	End Date
Address	City	State Zip
Employer	Start Date	End Date
Address	City	State Zip

MARITAL STATUS

Married Single Divorced Widowed

Complete the following questions as they apply.

Spouses Full Name	Maiden Name		
Address	City	State	Zip
County	Phone No.		
Date of Birth	Place of Birth		

Address(es) in which your spouse has lived during the preceding five (5) years, if different.

Address	City	State	Zip
Address	City	State	Zip
Address	City	State	Zip
Address	City	State	Zip
Address	City	State	Zip

Business(es) and occupation in which your spouse has as been engaged in during the preceding five (5) years.

Employer	Start Date	End Date	
Address	City	State	Zip
Employer	Start Date	End Date	
Address	City	State	Zip
Employer	Start Date	End Date	
Address	City	State	Zip
Employer	Start Date	End Date	
Address	City	State	Zip
Employer	Start Date	End Date	
Address	City	State	Zip

Yes No **Has your spouse been engaged in the operation of massage services?** If yes, furnish name, place and length of time of the involvement in such an establishment.

Employer	Start Date	End Date	
Address	City	State	Zip

Yes No **Has your spouse ever had a massage-related license suspended or revoked in the preceding five (5) years? If yes, provide the date, reason, and where it the suspension or revocation took place.**

Date	Reason
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Place of Suspension or Revocation

Address	City	State	Zip
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Date	Reason
------	--------

Place of Suspension or Revocation

Address	City	State	Zip
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Date	Reason
------	--------

Place of Suspension or Revocation

Address	City	State	Zip
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Date	Reason
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Place of Suspension or Revocation

Address	City	State	Zip
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Date	Reason
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Place of Suspension or Revocation

Address	City	State	Zip
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NOTICE

The data on this form will be used to approve or deny your license application. Some requested data is private pursuant to the Minnesota Government Data Practices Act. Private data is available to you and City staff or officials who require the information to perform their duties, but is not available to the public. You are not legally required to provide this data, but the City may not be able to approve your application if you do not provide it.

I hereby acknowledge that I have reviewed Chapter 114 of the City Code, Therapeutic Massage Enterprises and Therapists Regulation, and the City zoning requirements for said businesses, as provided in Chapter 152.171 of the City Code, and are familiar with the provisions thereof.

The information I have provided on this application is truthful. I understand that the falsification or misrepresentation of information submitted with my application, including failure to reveal a criminal conviction, constitutes grounds for denial of the license. I authorize the City of Savage to verify any and all of the information requested on this application, including the ordering of criminal background checks, and to conduct any necessary investigation to assure this application complies with the City's licensing and zoning ordinances.

Subscribed and sworn to before me, a Notary Public, on this _____ day of _____, 20_____.

Commission expires on _____.

Applicant Signature

Notary Signature



BACKGROUND INVESTIGATION

DATA PRACTICES ADVISORY FOR PROTECTED INFORMATION

City of Savage | 6000 McColl Drive, Savage, MN 55378 | Office: 952-882-2660 | Fax: 952-882-2656

Read this Advisory before completing the consent for release information and providing the protected information on the reverse side.

As an applicant for a license/permit with the City of Savage, you are being asked to provide information about yourself that will be used to evaluate your eligibility to obtain a license/permit.

The purpose and intended use of the data requested on the reverse side is to conduct the background inquiries that this City uses to establish your eligibility to obtain a license/permit. A complete criminal history and driver's license check is conducted to determine whether there are any factors that affect your suitability for a license/permit.

DATA WE HAVE REQUESTED	INTENDED USE
All names you are known by, or have been known by	To conduct a complete criminal history and background check
Date of birth	To access driver's license and criminal history data
Gender	To access driver's license and criminal history data
Driver's license number	To access driver's license data

This data will be used solely for the above-mentioned purposes. This data will be forwarded to the appropriate City staff as determined necessary for completion for the background investigation.

You are not legally required to provide the requested information. However, if you do not, the City of Savage will be unable to conduct the required background inquiries and will not be able to issue a license/permit.

I have read and understand the information stated above.

Applicant Signature

Date



CONSENT FOR RELEASE OF INFORMATION IN ACCORDANCE WITH MSA 13.05, SUBD. 4(D)

City of Savage | 6000 McColl Drive, Savage, MN 55378 | Office: 952-882-2660 | Fax: 952-882-2656

I, _____, authorize the City of Savage Police Department to release criminal history data, as defined by Minnesota Statute 13.87, subd. 1 and driver's license and traffic record data to the City Clerk for the City of Savage. I understand that some of this data may be classified as private data under Minnesota statutes and I hereby give my informed consent to the release of that private data by the City of Savage Police Department to the City Clerk for the City of Savage.

This consent for the release of data is for the purpose of determining my eligibility to obtain a license/permit with the City of Savage. This information cannot be used for any other purposes.

I may revoke this authorization in writing at any time and in no event will it be valid for more than one year from the date below.

Signature of Individual Authorizing Release

Date

PLEASE COMPLETE THE FOLLOWING INFORMATION			
First	Middle		
Last			
Sex	Date of Birth		
Address			
City	State	Zip	
Drivers License No.			State Issued
Please list any other names you are or have been known by:			
Employer			

I certify that all statements by me on this form are true and complete. I understand that any false statements or omissions on this form shall be sufficient cause for rejection of my application for a license/permit.

I hereby authorize the City of Savage to use this information to determine my eligibility to obtain a license/permit.

Applicant Signature

Date