

# ROCHESTER



## Office of the City Clerk

### APPLICATION VERIFICATION AND ACCEPTANCE OF RESPONSIBILITY

#### Notice of Collection of Private Data

In accordance with the Minnesota Government Data Practices Act, the City of Rochester is required to inform you of your rights as they relate to information collected about you. The information collected and required from you as part of this license application will be used to determine whether or not to issue the massage therapy business license being applied for. Disclosure of this information is voluntary. You are not legally required to provide this data, however, if you fail to do so, the City of Rochester may be unable to process this application.

Your Social Security Number and Birth Date are classified as private data, and are not available to the public. Disclosure of Social Security Number (or Individual Tax ID Number only for individuals without a social security number) is required by Minnesota Statutes 270C.72, and may be requested by and released to the Minnesota Commissioner of Revenue. Access to this data is limited to staff with a business need in order to administer and manage the licensing program. All other information contained in this application is public information pursuant to the Government Data Practices Act, Minnesota Statutes Chapter 13.

You have the right to see and obtain copies of the data maintained on you, including private data. You also have the right to be told the contents and meaning of the data, and to contest the accuracy and completeness of the data. You can exercise these rights by contacting the City Clerk's Office.

#### Notice of Ability to Sign up for Electronic Notifications of Proposed City Ordinances

As an applicant for a business license or renewal of an existing business license, you are also hereby notified that the City of Rochester distributes general city information and notices through an electronic notification system, and you may sign up to receive notices through this electronic notification system on the City's website at <http://www.rochestermn.gov/i-want-to/sign-up-for/email-updates>. This includes notice of proposed ordinances at least 10 days prior to final adoption by the City Council in accordance with Minn. Stat. 415.19.

**A SIGNATURE VERIFYING THE OVERALL ACCURACY AND COMPLETENESS OF THIS APPLICATION BY THE DESIGNATED MANAGER OR SOLE OWNER IS REQUIRED IN ORDER TO PROCESS THIS LICENSE APPLICATION**

I, (print name) \_\_\_\_\_, have read and understand the above information regarding my rights as a subject of government data. I acknowledge I have been provided information about what is required to obtain a business license from the City of Rochester, and how to receive notifications of proposed City ordinances. I agree I will strictly comply with all the laws of the State of Minnesota governing the taxation of business and all ordinances of the City of Rochester, and understand I can review all City ordinances on the City website or in the City Clerk's Office.

I understand that by submitting this application, I hereby consent to allow the appropriate City personnel, or any authorized representative or agents, to conduct a background investigation as authorized by RCO 115A.07 subd. 1.

I affirm I have no intention or agreement to transfer the license being applied for to another person or entity, or to allow any other person or entity to operate under the authority of the license. I understand that by submitting this application, I hereby consent to allow the appropriate City personnel, or any authorized representative or agents, to inspect the licensed premises for the purpose of ensuring compliance with the law, at any time the business is occupied and/or open for business. I also understand that a denial of permission for such a lawful inspection of the premises is a violation of the license provisions.

I further hereby certify that I have read and understand every question in this application and that the answer to every question is true to my knowledge, information and belief. I further understand that the giving of false information as part of this application, regardless of when it is discovered, and/or failure to give required pertinent information can constitute cause for denial, suspension, or revocation of my business license.

Signature of Applicant \_\_\_\_\_ Printed Name \_\_\_\_\_

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

\_\_\_\_\_  
(NOTARY PUBLIC)

(NOTARY SEAL)

**AFFIRMATION OF RESPONSIBILITY BY ON SITE MANAGER**

As the business' appointed on-site manager or agent – or the sole owner and operator of the business - I hereby provide my notarized written consent to:

- a) Take full responsibility for the conduct of the Licensed Premises and operation; and
- b) Serve as agent for service of notices and other processes relating to the license.

Signature of On-Site Manager \_\_\_\_\_ Printed Name \_\_\_\_\_

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

\_\_\_\_\_  
(NOTARY PUBLIC)

(NOTARY SEAL)