

ROCHESTER



Office of the City Clerk

Name of associated Pawnbrokers business: _____			
Addendum ____ of ____ Submitted with this application.			
ADDENDUM 1: TO BE COMPLETED BY: a) AN INDIVIDUAL APPLICANT FOR A PAWNBROKERS LICENSE b) THE MANAGER OR INDIVIDUAL IN CHARGE OF DAILY OPERATIONS c) ALL PARTNERS, OWNERS, MEMBERS OR OFFICERS OF A BUSINESS ENTITY APPLYING FOR A PAWNBROKERS LICENSE			
1. Name of individual (First, Middle, Last)			
2. Role of person completing this section <input type="checkbox"/> Owner/partner/corporate member with a 5% interest or greater in the business <input type="checkbox"/> Manager		3. Place of Birth (City & State, or City & Country if outside U.S.)	
4. Height and Weight		5. Eye Color	
6. Home Address		7. City, State, Zip Code	
8. Primary Telephone Number	9. Type of Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Business <input type="checkbox"/> Home <input type="checkbox"/> Other	10. Alternate Phone Number	11. Type of Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Business <input type="checkbox"/> Home <input type="checkbox"/> Other
12. Email			
13. Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, are you legally permitted to be in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No			
ATTACH ADDITIONAL SHEETS FOR ANY QUESTIONS THAT REQUIRE MORE SPACE THAN PROVIDED			
14. Have you ever been known by any name other than the one listed above on this application? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, List all other names or aliases ever used, as well as the dates of the use of each name _____ _____			
15. Addresses used for Last Five years			
<u>Dates</u>		<u>Addresses</u>	
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

16. Employment History for Last Five years, beginning with current employment

Name of employer _____ Dates of employment _____

Address _____ Phone number _____

Name of employer _____ Dates of employment _____

Address _____ Phone number _____

Name of employer _____ Dates of employment _____

Address _____ Phone number _____

Name of employer _____ Dates of employment _____

Address _____ Phone number _____

17. Provide information on any and all criminal conviction(s) of any state, county, or local law or regulation, other than traffic violations

<u>Date</u>	<u>Offense</u>	<u>Location</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

NOTIFICATION AND VERIFICATION OF INDIVIDUAL COMPLETING THIS ADDENDUM

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 Birth Date is classified as private data, and are is not available to the public. 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.

A SIGNATURE 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 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. I give my consent for the City of Rochester to conduct a background investigation as authorized by RCO 5-13.

Signature of Applicant _____ Date _____