

ROCHESTER



Office of the City Clerk

B. ALL OWNERS & OPERATORS, INCLUDING PARTNERS, OWNERS, AND CORPORATE MEMBERS

Every owner, partner, and corporate member with a 5% interest or greater in the business must complete this section. In addition, any additional on-site managers or business operators who did not complete the designated manager section must also complete this section. Submit separate copies of this section for each individual completing it.

1. Role of person completing this section:

- Owner/partner/corporate member with a 5% interest or greater in the business
- On site manager (other than designated manager in prior section B.)
- Additional on-site managers or operators with management responsibilities (this does not include individual therapists working as employees or contractors in the business without a management role)

2. Name (First, Middle, Last)		3. If you are an owner of the business, indicate nature and percent of ownership interest: _____
4. Date of Birth (MM/DD/YYYY)		5. Place of Birth (City & State, or City & Country if outside U.S.)
6. Home Address		7. City, State, Zip Code
8. Direct Phone Number	9. Cell Phone Number	10. Email
11. Social Security Number		12. Driver's License or ID Number & Issuing state

13. Proof of identification must be provided pursuant to RCO 115.06 subd. 2.A.(7) from one of the following:

- A valid driver's license including a photo & date of birth, issued by Minnesota, another state, a province of Canada, or a state of Mexico
- A valid identification card including a photo & date of birth, issued by Minnesota, another state, a province of Canada, or a state of Mexico
- A valid military identification card issued by the U.S. Department of Defense
- A valid U.S. passport, or,
- In the case of a foreign national, a valid passport

14. Have you ever been known by any other name than the one listed on this application?
 Yes No
 If Yes, List all other names or aliases ever used, as well as the dates and locations (city, state/country) of the use of each name

15. Have you ever had a business license or individual massage therapist license revoked by any local unit of government or state? Yes No

If Yes, provide details about any revocation, including the type of license(s), jurisdiction(s) involved, and date(s)

16. Addresses used for Last Five years – attach additional sheets if needed

<u>Dates</u>	<u>Addresses</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

17. Have you ever been engaged in the operation of a business providing Massage Therapy?

Yes No

If Yes, provide details about any denial, revocation, or suspension of a related license, including the type of license(s), jurisdiction(s) involved, and date(s), and your business activity or occupation following the action.

18. Provide information on any criminal conviction(s) of any state, county, or local law or regulation – attach additional sheets if needed

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

NOTIFICATION AND VERIFICATION

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. 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 5-15-9.

Signature of Applicant _____ Date _____

Printed name of witness _____ **Signature** _____