

# ROCHESTER



## Office of the City Clerk

This section must be completed for **all** massage therapy business licenses by the designated manager with responsibility for the business. For licenses issued to a sole proprietor, the licensee must complete this section.

<b>A. MASSAGE THERAPY BUSINESS DESIGNATED MANAGER</b>												
1. Name (First, Middle, Last)	2. Are you an owner of the business? <input type="checkbox"/> Yes <input type="checkbox"/> No – If yes, indicate title and percent of ownership interest: _____											
3. Are you also the on-site manager? <input type="checkbox"/> Yes <input type="checkbox"/> No	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. 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										
14. Proof of identification must be provided pursuant to RCO 5-15-7 subd. B (7) from one of the following: <input type="checkbox"/> 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 <input type="checkbox"/> A valid identification card including a photo & date of birth, issued by Minnesota, another state, a province of Canada, or a state of Mexico <input type="checkbox"/> A valid military identification card issued by the U.S. Department of Defense <input type="checkbox"/> A valid U.S. passport, or, <input type="checkbox"/> In the case of a foreign national, a valid passport												
15. 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  _____  _____												
16. Addresses used for Last Five years – attach additional sheets if needed <table style="width: 100%; border: none;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black; width: 15%;"><u>Dates</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>Addresses</u></th> </tr> </thead> <tbody> <tr><td style="border-top: 1px solid black; border-bottom: 1px solid black;"> </td><td style="border-top: 1px solid black; border-bottom: 1px solid black;"> </td></tr> <tr><td style="border-top: 1px solid black; border-bottom: 1px solid black;"> </td><td style="border-top: 1px solid black; border-bottom: 1px solid black;"> </td></tr> <tr><td style="border-top: 1px solid black; border-bottom: 1px solid black;"> </td><td style="border-top: 1px solid black; border-bottom: 1px solid black;"> </td></tr> <tr><td style="border-top: 1px solid black; border-bottom: 1px solid black;"> </td><td style="border-top: 1px solid black; border-bottom: 1px solid black;"> </td></tr> </tbody> </table>			<u>Dates</u>	<u>Addresses</u>								
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17. Have you ever had a business license or individual massage therapist license denied, revoked, or suspended by any local unit of government or state? <input type="checkbox"/> Yes <input type="checkbox"/> No  If Yes, provide details about any adverse license action, including the type of license(s), jurisdiction(s) involved, and date(s) and your business activity or occupation following the action.  _____												

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

Yes  No

If Yes, provide details about your prior experience

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19. 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>
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**NOTIFICATION AND VERIFICATION OF DESIGNATED MANAGER**

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** \_\_\_\_\_