## Personal Information Form Massage and Bodywork Establishments

This form must be completed by each of the following:

On-Site Manager(s)

Owners, Partners, Corporate Officers, and anyone in the corporation who has a financial interest in the business.

Complete the information below and attach the following:

A copy of your driver's license or state identification card

Background report: This must be dated *within 30 days* of receipt of this application. This is available from the <u>State of Minnesota</u> Bureau of Criminal Apprehension at 1430 Maryland Ave E. St. Paul, MN 55106 or at 651-793-2400. You must include a report from each state you have lived. A list of all <u>state</u> <u>telephone numbers</u> is on our website.

Attach a resume or a summary of your previous experience in a massage and bodywork establishment or similar business.

Background Information							
Legal Corporate Name of Business	Trade Name of Business (DBA)						
Street Address of Licensed Premises	Zip Code Business Phone Number			Your Cell Phone Number			
Your Name (First, Middle, Last)	First, middle, or last names you have ever used or been known by						
Email Address	Title				% of ownership		
List your residences for the past ten (10) years. Attach additional sheets if necessary.							
Street Address	City		State	Zip	From:	То:	
Employers, occupations, and addresses for the past ten (10) years. Attach additional sheets if necessary.							
Employer and Occupation	Street Address and City		State	Zip	From:	То:	

Have you ever had a license denied, revoked, or suspended? Yes No If yes, list the type of license, location, date of denial, revocation or suspension, and reason for denial, revocation, or suspension.
Data Privacy Advisory
The Minnesota Data Practices Act requires that you be advised of the following information. As part of this application, you are asked to provide private and/or confidential information about yourself that will be used to check driving history, criminal history, arrest records, warrant information, and other relevant records. You may refuse to provide this information. However, should you refuse, our investigation cannot be completed and will result in your application not being processed. The information you provide is public and will be used by the Minneapolis Police Department, License Inspection Unit and/or the Minneapolis Division of Licenses and Consumer Services, the Minneapolis City Council, and the general public. This Authorization for Release of Information will expire two years from the date you sign below.
Verification
The data you furnish on this application will be used by the City of Minneapolis to assess your qualifications for licensure. 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 Minneapolis may be unable to process this application. After issuance of a license, all information contained in this application, except your Social Security Number, will be public information pursuant to Minnesota Statutes, Chapter 13. A signature is required.
I have read and understand the above Data Practices Advisory.
I have read and agree to the <u>Terms and Conditions</u> for electronic signatures, records and payment.
I, (print name), certify or declare under penalty of perjury under the laws of the State of Minnesota that the information on this application, checklist, and attached documents is true and correct. All information given is subject to verification by the State of Minnesota. I understand that false information may result in the denial, suspension or revocation of my business license.
By typing your name, you are electronically signing this application.
Signature of Applicant Date Title Date