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 an in the business.	J	orporatio	on who	has a fi	nancial intere	est
Complete the information below and attach the A copy of your driver's license or state ident Background report: This must be dated wit from the State of Minnesota Bureau of Criminal 55106 or at 651-793-2400. You must include a relephone numbers is on our website. Attach a resume or a summary of your previor similar business.	ification card hin 30 days of Apprehensior eport from ea ous experienc	n at 1430 ch state e in a ma) Maryla you hav	and Ave	E. St. Paul, N A list of all s	//N <u>state</u>
Backgro	ound Informat	ion				
Legal Corporate Name of Business	Trade Name of	Business (DBA)			
Street Address of Licensed Premises	Zip Code	Business Phone Number Y			Your Cell Phone Number	
our 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 (1		ach addi	tional s	heets if	necessary.	
List your residences for the past ten (1 Street Address	O) years. Atta	ach addi	tional s State	heets if Zip	necessary. From:	То:
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· · · · · · · · · · · · · · · · · · ·	City		State	Zip	From:	
Street Address	City	years. At	State	Zip	From:	
Street Address Employers, occupations, and addresses for the	City past ten (10) y	years. At	State	Zip	From:	cessary.
Street Address Employers, occupations, and addresses for the	City past ten (10) y	years. At	State	Zip	From:	cessary.
Street Address Employers, occupations, and addresses for the	City past ten (10) y	years. At	State	Zip	From:	cessary.
Street Address Employers, occupations, and addresses for the	City past ten (10) y	years. At	State	Zip	From:	cessary.

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				