



CITY OF RICHFIELD

2023

**Application for
Therapeutic Massage Enterprise
License – **Part II****

LOGIS # _____

(TO BE FILLED OUT BY EACH OWNER/OFFICER/PARTNER/MANAGER)

PART II – PERSONAL HISTORY

1. Therapeutic Massage Enterprise name and address where you are employed:

2. Name: _____
Last First Middle

3. Maiden Name: _____

4. Residence Address: _____

City State Zip Code

5. Home Phone: (_____) _____

4. Business Phone: (_____) _____

5. Date of Birth: _____

Weight: _____ Height: _____ Eye Color: _____ Hair Color: _____

D/L # State: _____ # _____

6. Are you a U.S. citizen? Yes _____ No _____

Or

Are you a Resident Alien? Yes _____ No _____

Or

Do you have the legal authority to work in the United States? Yes _____ No _____

If you answered “No” to above, please provide documentation establishing your ability to be legally employed in the U.S.

7. If you have ever used or been known by a name or names other than the name given above, list such name(s) and information concerning dates and places used.

8. Address(es) at which you have lived during the previous five (5) years.

9. Name, address, type and duration of employment for every business, occupation, or employer you have been engaged in during the previous five (5) years.

10. Have you ever been convicted of any felony, crime or violation of any ordinance, other than a minor traffic offense?

Yes _____ No _____ If yes, give time, place and offense:

11. Have you had a massage enterprise license revoked within a two (2) year period immediately preceding the date the application was submitted?

Yes _____ No _____

If Yes, explain:

DATA PRIVACY NOTICE: The data you supply on this form will be used to assess your qualifications for the license. You are not legally required to provide this data, but we will not be able to grant the license without it. If a license is granted, the data you supply will constitute a public record, and copies may be issued to anyone. The data requested is needed to distinguish you from other applicants; to identify you in our license files; to verify that you are the person who applied for the license; to contact you if additional information is required; to determine if you meet any minimum age requirements; and to determine if any conviction you may have is a job-related consideration affecting your suitability for the license. Residence address and telephone number will be considered public data, and be made available to anyone unless you request this information to be private data, and that you provide an alternative address and telephone number.

I have read the Data Privacy Notice and understand the data is necessary to process the application. I have received from the City of Richfield a copy of the Therapeutic Massage Enterprise and Massage Therapist Ordinance and will familiarize myself with the provisions. I understand that a criminal conviction will not bar me from obtaining a License unless the conviction is directly related to the occupation for which the License is sought and there is no showing of sufficient rehabilitation and present fitness to perform the duties of the occupation (Minnesota Statute 364.03). I understand that failure to reveal a criminal conviction is falsification of the application and constitutes grounds for denial of the License.

The information I have provided on this application is truthful. I authorize the City of Richfield to verify any and all of the information requested on this application, including the ordering of criminal background checks, and to conduct any necessary investigation to assure this application complies with the Licensing and Zoning Ordinances.

Signature of Applicant: _____ Date: _____

Print Name: _____

**APPLICATION FOR LICENSE INVOLVING
PRIVATE OR CONFIDENTIAL INFORMATION
(Tennessee Warning)**

IN CONNECTION WITH YOUR REQUEST FOR A LICENSE, THE CITY HAS ASKED THAT YOU PROVIDE IT WITH INFORMATION ABOUT YOURSELF WHICH IS CLASSIFIED AS EITHER PRIVATE OR CONFIDENTIAL BY THE MINNESOTA GOVERNMENT DATA PRACTICES ACT (M.S.A 13.04). ACCORDINGLY, THE CITY IS REQUIRED TO INFORM YOU OF THE FOLLOWING:

1. The Purpose and intended use of the information requested is: To determine if you are eligible for a license from the City of Richfield.
2. You are not legally obligated to supply the requested information.
3. The known consequences of supplying the requested information is: The information, or further investigation could disclose information, which could cause your application to be denied.
4. The known consequences of refusing to supply the requested information is: Your request for a license cannot be processed.
5. The following persons and entities are authorized by law to receive the information if provided: Staff of Richfield Public Safety Department, Bureau of Criminal Apprehension, Hennepin County Warrant Office, Ramsey County Warrant Office, State of Minnesota – Driver License Section, Hennepin County Auditor, and other governmental agencies necessary to process your application.

The undersigned, by signing this notice, acknowledges that he/she has read and understood the contents of this notice.

SIGNATURE: _____

DATE: _____