

Have you been licensed as a massage therapist in another municipality? Yes____ No____ If yes:

What city or cities:_____

What year(s):_____

Have you ever been known by a name other than your true name? Yes____ No____

If yes, please provide documentation of name change.

Have you ever been convicted of any felony, crime, or violation of any city ordinance other than traffic related? Yes____ No____ If yes:

Date of arrest_____ Municipality of arrest_____

Charge_____

Date of conviction_____ Sentence received_____

Have you ever had a license denied, revoked or suspended? Yes____ No____ If yes:

Where?_____

Type of license_____

Reason for revocation_____

List name, address and telephone number of two residents of Scott County, of good moral character, not related to you or financially interested in the premises or business, who can attest to your character:

Name	Address	Phone #

Provide your principal address(es) for the last ten years:

Street_____ City/State_____ Zip_____

Street_____ City/State_____ Zip_____

Street_____ City/State_____ Zip_____

Have you received formal training in massage? Yes____ No____ If yes:

Name of school_____

Address_____ City_____ State_____ Zip_____

Dates attended_____

Hours of training _____

CONSENT FOR RELEASE OF INFORMATION

I authorize the City of Prior Lake to release criminal history data, as defined by Minnesota Statute 13.87, subd.1 and driver's license and traffic record data to the Prior Lake City Manager, Accounting Specialist, and the City Council for the City of Prior Lake. I understand that some of this data may be classified as private data under Minnesota statutes and I hereby give my informed consent to the release of this private data by the City of Prior Lake Police Department to the City Manager, Accounting Specialist, and City Council.

I certify that the information provided on this application is truthful and I understand that false statements or omissions will result in denial of this application. I hereby authorize the City of Prior Lake to use this information to determine my eligibility to obtain a license/permit.

Full Name (Please print) _____
(First) (Full Middle) (Last)

Home Address _____

City _____ State _____ Zip _____

Contact Phone Number _____ Date of Birth _____

Driver's License State and Number _____

Please list any other names you are or have been known by:

Sex: Male Female

Race: White/Caucasian African American Hispanic Asian _____

Signature of Applicant

Date