

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 _____

Please carefully read the following. By signing below you agree to and are bound by each item.

- I have received from the City of Prior Lake a copy of the Massage Therapy Ordinance and will familiarize myself with its 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. I understand that failure to reveal a criminal conviction is falsification of the application and constitutes ground for denial of the license.
- The information I have provided on this application is truthful. I authorize the City of Prior Lake to investigate the information and contact persons/organizations named on this application.

Signature of Applicant _____

CITY OF PRIOR LAKE
CONSENT FOR RELEASE OF INFORMATION

I, _____
 Print Full Name (First) (Full Middle) (Last)

Residing at _____
 (Address) (City) (State) (Zip Code)

Driver's License/State Date of Birth

Authorize the Prior Lake Police Department to disclose to the Prior Lake City Manager, License Clerk and the Prior Lake City Council all information collected as a result of the background investigation done for the purpose of evaluating the attached license application.

I understand that failure to provide this release will result in a denial of my application.

I understand that my records are subject to the State Data Practices Act and become public documents unless otherwise provided for by state or federal law. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it.

Signature of above individual authorizing release

Witness: _____