



Amount Paid:	_____
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City of Orono

Massage Therapy License Renewal Application

Part III

**Personal History Statement and Background Check
for Manager(s), Assistant Manager(s),
Partners of a Partnership, Officers of a Corporation
or Therapists**

PART III – MESSAGE THERAPY LICENSE APPLICATION

Personal History Statement and Background Check for Manager(s), Assistant Manager(s), Partners of a Partnership, Officers of a Corporation or Therapists

Name of Massage Therapy Business: _____

Directions: Complete Part III for each Manager(s), Assistant Manager(s), Partners in a Partnership, Officers of a Corporation or Therapists listed in Part I - General Information.

NOTE: Failure to fully complete the renewal application *may* result in license denial. False or inaccurate responses in the renewal application *may* result in license denial.

Your Name:

_____ (Last) (First) (Full Middle)

_____ Other names used. (Include alias, maiden names, previous married names)

Date of Birth: _____ **Social Security Number:** _____

Place of Birth: (City) _____ (County) _____ (State) _____

Driver License #: _____ **State of Issue:** _____

Marital

Status: Single Married Widowed Divorced Separated

If married, full name of spouse and address if different from Question 4 above:

Current Home Address:

_____ (Street) (City) (Street) (Zip)

How long have you lived there? _____
Years Months

Telephone Numbers: Home: _____ Work: _____

Past Residences:

List of past residences for the past three (3) years (include city, county, state, and dates, month and year.)

Address	City	County	State	From (yr.)	To (yr.)

(Use additional sheets if necessary)

PART III – MASSAGE THERAPY LICENSE APPLICATION, Continued
Personal History Statement and Background Check for Manager(s), Assistant Manager(s),
Partners of a Partnership, Officers of a Corporation or Therapists

Name of Massage Therapy Business: _____

Please provide the following information:

A. Physical Description:

Circle One: Male Female	Citizen: U.S. (Circle) Other: (Fill in)
Height: _____	_____
Hair Color: _____	_____
Weight: _____	Any scars / marks/ tattoos? If yes, explain:
Eye Color: _____	_____

B. Criminal History: *(Circle Yes or No)*

- | | | |
|---|-----|----|
| 1. Have you ever been arrested or detained? | Yes | No |
| 2. Have you ever been convicted of a crime including, but not limited to felony, gross misdemeanor or misdemeanor including, but not limited to violation of municipal ordinance excluding traffic violations in which a jail sentence was or could be imposed? | Yes | No |
| 3. Have you ever been the subject of an indictment? | Yes | No |
| 4. Have you ever been subpoenaed for testimony or appearance? | Yes | No |
| 5. Have you ever been pardoned for any criminal offense? | Yes | No |

If "yes" to any of the above questions, please provide the following information:

- | | |
|----------------------|----------------------------------|
| — Date of conviction | — City and State where convicted |
| — Nature of offense | — Order of the court |

(Use additional sheets if necessary)

- | | | |
|---|-----|----|
| 6. Are you currently charged and awaiting resolution of any violation of the law? | Yes | No |
|---|-----|----|

If "yes", provide the following information:

- Date of offense
- Nature of offense
- City and State where offense occurred

(Use additional sheet if necessary)

PART III – MESSAGE THERAPY LICENSE APPLICATION, Continued
Personal History Statement and Background Check for Manager(s), Assistant Manager(s),
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Name of Massage Therapy Business: _____

7. Have you been fingerprinted for any purpose within the last year? Yes No

If "yes", provide the following information:

- Date - Agency receiving the fingerprint cards
- Reason for fingerprinting

(Use additional sheet if necessary)

C. Previous Massage Therapy Licenses:

1. Have you ever held a Massage Therapy License by any other governmental agency? Yes No
2. Have you been denied a Massage Therapy License by any other governmental agency? Yes No

If "yes", provide the following information:

- Date licensed - Agency issuing license
- Type of license held - State where license was issued

(Use additional sheet if necessary)

D. Previous Employment: Please provide the following information concerning your employment history. Include current employer. This information is **required** for all employers for the past three (3) years.

Name of Employer	Employer's address	From (Mo/Yr)	To (Mo/Yr)

(Use additional sheets if necessary)

PART III – MESSAGE THERAPY LICENSE APPLICATION, Continued
Personal History Statement and Background Check for Manager(s), Assistant Manager(s),
Partners of a Partnership, Officers of a Corporation or Therapists

Name of Massage Therapy Business: _____

E. Other Licensing: *(Circle Yes or No)*

- | | | | |
|----|---|-----|----|
| 1. | Have you ever failed to file Federal or State income tax records? | Yes | No |
| 2. | Have you ever had a sales or use tax permit revoked? | Yes | No |
| 3. | Have you ever had any other license or permit revoked, denied or cancelled including but not limited to liquor license, driver license, professional license, etc.? | Yes | No |
| 4. | Have you ever failed to submit a report to a governmental agency? | Yes | No |

Please completely explain any "Yes" answers on the following page.

(Use additional sheets if necessary)

F. Financial interest in other massage therapy related activities:

Please indicate by answering the following questions concerning whether or not you have financial interests in any other activity or business.

- | | | | |
|----|---|-----|----|
| 1. | Are you invested or have loaned money, have an option to purchase or have a contract for service to any other massage therapy facility or activity? | Yes | No |
| 2. | Do you have ownership interest in equipment being leased or otherwise provided to any other massage therapy establishment? | Yes | No |

Please completely explain all "Yes" answers.

(Use additional sheets if necessary)

I certify that all statements made by me in this document are true, complete and correct to the best of my knowledge and belief and are made by me in good faith.

Signature of Applicant

Date signed

PART III – MESSAGE THERAPY LICENSE APPLICATION, Continued
Personal History Statement and Background Check for Manager(s), Assistant Manager(s), Partners of a Partnership, Officers of a Corporation or Therapists

Name of Massage Therapy Business: _____

ORONO POLICE DEPARTMENT
Post Office Box 86
Crystal Bay, MN 55323
(952) 249-4700

AUTHORITY TO CONDUCT A BACKGROUND CHECK

I, _____ acknowledge that an investigation will be conducted for use in determining my qualifications. I hereby expressly authorize release of any and all information which any organization, company or person may have, including information of a confidential or privileged nature. I hereby release the City and any organization, company or person furnishing information to the City, as expressly authorized above, from any liability for damage which may result from furnishing the information requested.

In accordance with Minnesota §13.04, the information requested on this form will be used by the City of Orono in the issuance of your license or processing of your renewal application. You may refuse to supply data, but refusal may require that the City deny the permit or license. Per Chapter 30 of the Orono Minnesota City Code, a computerized criminal history inquiry and/or a driver's license history inquiry on the applicant may be conducted to verify the information provided with the application. The information that you supply on this form will become public information when received by the City of Orono.

ANY FALSIFICATION OF ANSWERS TO THE ABOVE QUESTIONS WILL RESULT IN DENIAL OF THE APPLICATION.

Signature of Applicant

Title

Print Name

Date

(Notary stamp)

Subscribed and sworn to before me this _____ day of _____, 20____.

(Notary Public/City Clerk)

For Office Use Only

Review by Administration:

Approved Denied

By: _____

Review by Police Department:

Approved Denied

By: _____

Comments: _____

**PART III – MESSAGE THERAPY LICENSE APPLICATION, Continued
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Name of Massage Therapy Business: _____

ORONO POLICE DEPARTMENT
Post Office Box 86
Crystal Bay, MN 55323
(952) 249-4700

AUTHORITY TO RELEASE INFORMATION

I, _____, authorize and grant my consent to permit the Orono Police Department, any law enforcement agency, and any other individual or agency deemed necessary, to release any information to any identified law enforcement officer of the Orono Police Department.

This information is subject to the Minnesota Data Privacy Act and for the express purpose of determining my eligibility for a massage therapy license under authority of Minnesota State Statutes. This authority to release information is irrevocable.

NAME:

_____ (Last) (First) (Full Middle)

_____ Date of Birth

_____ Social Security Number

_____ Signature

_____ Date

Sworn and subscribed before me this
_____ day of _____ 20__

Notary: _____