

CITY OF RAMSEY

APPLICATION FOR 2017 THERAPEUTIC MASSAGE THERAPIST LICENSE

Date: _____

Application is hereby submitted for a Therapeutic Massage Establishment license within the City of Ramsey, in accordance with the Ordinances of said city regulating the same.

Enclose with this applications:

- The license fee of \$50
- A completed and signed "background check authorization" form and copy of driver's license
- Fee for therapist background check: In-State \$35 Out-of-State \$200

1. Applicant's **Full** Name: _____

2. Applicant's Phone Number(s): _____
Last First Middle Name
() ()
Cell Home

3. Applicant's Email Address: _____

4. Applicant's Home Address: _____

5. Applicant's Date of Birth: _____

6. Applicant's Place of Birth: _____

7. I will be working as a Massage Therapist at:

_____ a Residential Home – Provide address: _____

_____ a Business – Provide address: _____

8. Number of years of experience as a Massage Therapist: _____

9. Name and Address of any training institutions attended and the date of attendance.

10. Previous employment as a Massage Therapist (list name, address and position held):

11. Other communities you are licensed in, or have been licensed in to perform massage services and status of that license.

12. Have you ever been denied a license to perform massage services, or have you had a license revoked or suspended, and if so, state the circumstances of such denial, revocation or suspension.

13. Describe the services you will be providing, including specific techniques and equipment you will be using.

14. Applicant's Position with Company: _____

15. Description of any crime or other offense, including the time, place, date, and disposition for which the applicant has been arrested and convicted:

DATA PRACTICES ADVISORY: *The data supplied in this application will be used to assess the qualifications for a license. This data is not legally required but the City will not be able to grant the license without it. If a license is granted, the data will constitute a public record.*

I hereby certify that the foregoing statements are true and correct to the best of my knowledge and that the giving of false information or the failure to give pertinent information constitutes cause for revocation of this permit. Further, I agree to comply with all the provisions of the ordinance under which this license is granted.

Applicant's Signature: _____

Date: _____

Subscribed and sworn to before me, a notary public, on this ____ day of _____, 20_____

NOTARY PUBLIC

My Commission expires: _____

***Return completed application and requested information along with the fee to: Jo Thieling,
City Clerk, City of Ramsey, 7550 Sunwood Drive NW, Ramsey, MN 55303
Phone: 763-433-9840 Fax: 763-433-9898***

Make check or money order payable to "City of Ramsey"

OFFICE USE ONLY:

Approved By/Date

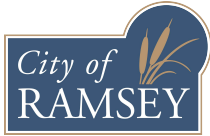
License Fee

Receipt No.

License No.

Findings by Ramsey Police Department:

This license will expire on December 31, 2017



CITY OF RAMSEY

TENNESSEN WARNING

In connection with your request for a license, the City of Ramsey has asked that you provide 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 private or confidential information requested includes, but may not necessarily be limited to, the following: *Your social security number or Minnesota business identification number.*
2. The purpose and intended use of the information requested is: *To comply with Minnesota Statutes, Section 270.72.*
3. You are required to supply the requested information.
4. The known consequences of supplying the requested information are as follows: *Loss or denial of the requested license if you owe the State of Minnesota delinquent taxes, penalties or interest.*
5. The known consequences of refusing to supply the requested information is: *Your request for a license cannot be processed.*
6. The following persons and entities are authorized by law to receive the information if provided: *State of Minnesota - Department of Revenue and other government agencies as provided by law.*

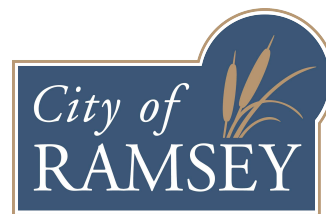
The undersigned, by signing this notice, acknowledges that he/she has read and understood the contents of this notice.

Date

Signature of Applicant

Print Name

CITY OF RAMSEY
CITY CLERK'S OFFICE
REQUEST FOR BACKGROUND CHECK INFORMATION



DATA PRIVACY ADVISORY: The data supplied on this form will be used to assess the qualifications for a license. This data is not legally required but the City will not be able to grant the license without it. If a license is granted, the data will constitute a public record. The data is needed to distinguish this application from others, to identify this application in City license files, to verify the identity of the applicant, to contact the applicant if additional information is required and to determine if the applicant meets all ordinance requirements.

INFORMATION TO BE USED FOR BUSINESS LICENSE PROCESSING ONLY

Ramsey Police Department Records Division

Individual Background Check to Include: Criminal History, Drivers License Check, Outstanding Warrants

Please Print

Type of License Applied For: _____

Business Name: _____

Business Address: _____

Applicant Information:

Driver's license, State ID, or Military ID Number (*attach copy*): _____

Name: _____ Date of Birth: _____
First Middle Last

Phone(*daytime*): _____ Sex: _____ Race: _____

Address: _____
Street City State Zip Code

Other Names Used (*in past 5 years*): _____

Other Addresses (*in past 5 years*): _____
(Attach separate sheet if necessary)

I, the undersigned do hereby authorize the RAMSEY POLICE DEPARTMENT to disclose all criminal history record information to the City Clerk's Office for the purpose of licensing with the City of Ramsey. This authorization shall be valid for one year from the date of my signature.

Signature

Date

FOR OFFICE USE ONLY

Approved Denied

Checks: Criminal History Driver's License Warrants

Comments:

Application Processed by: _____ Date: _____