

13. 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.

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

15. Applicant's Position with Company: _____

16. 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:
City of Ramsey, Attn: Business Licenses, 7550 Sunwood Drive NW, Ramsey, MN 55303
Phone: 763-433-9828 Fax: 763-433-9848***

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, 2019

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