

13. Has applicant previously been denied a license to perform massage services, or had a license revoked or suspended? Yes: ____ No: ____

If Yes, list date & location 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. Has applicant been convicted of a crime (other than a traffic violation) within the last five (5) years?

Yes: ____ No: ____ If Yes, list offense(s) with dates & locations:

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

Make check or money order payable to "City of Ramsey". VISA, MasterCard, Discover accepted.

This license will expire on December 31, 2022

Findings by Ramsey Police Department:

- Recommend Approval
- Recommend Denial
- See Attached

Additional Comments:

Police Chief Signature: _____

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

Form SP:C1
LICENSE APPLICANT:

Pursuant to Minnesota Statute 270.72 Tax Clearance; Issuance of Licenses, the licensing authority is required to provide to the Minnesota Commissioner of Revenue your Minnesota business tax identification number and the Social Security Number of each license applicant.

Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we are required to advise you of the following regarding the use of this information:

1. This information may be used to deny the issuance, renewal, or transfer of your license in the event you owe the Minnesota Department of Revenue delinquent taxes, penalties, or interest.
2. Upon receiving this information, the licensing authority will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Agreement the Department of Revenue may supply this information to the Internal Revenue Service.
3. Failure to supply this information may jeopardize or delay the processing of your licensing issuance or renewal application.

Please supply the following information and return along with your application to the agency issuing the license.

DO NOT RETURN TO THE DEPARTMENT OF REVENUE.

License being applied for or renewed: Therapeutic Massage Therapist

Licensing Authority: City of Ramsey

License Renewal Date: 1/1/2023

1. PERSONAL INFORMATION *(if applicable):*

Applicant's Name: _____

Applicant's Address: _____

City	State	ZIP
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2. BUSINESS INFORMATION *(Local store information):*

Business Name: _____

Business Address: _____

City	State	ZIP
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Local Store Contact: _____

Name (Owner/Manager) Phone No.

Minnesota Tax Identification No.: _____

(If a MN Tax ID number is not required, please explain on the reverse side)

Federal Tax Identification No.: _____

3. CORPORATION INFORMATION *(if applicable)*

Corporation Name: _____

Corporation Address: _____

City	State	ZIP
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Corporation Contact: _____

Name Phone No.

Signature	Position (Officer, Partner, etc.)	Date
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