

To be filled out by the sole owner, each general and managing partner, each officer or director, each general manager, proprietor, manager or any other individual or agent in charge of the licensed premises and by each person who by combined ownership or control has an interest in excess of 5 percent.

## Section 1: Applicant

Complete for applicant only. Refer to Section 2 for spouse of applicant.

1. Establishment where employed \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Address \_\_\_\_\_  
Street City County State Zip

2. Name \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_  
Last First Full middle Maiden name

Address \_\_\_\_\_  
Street City County State Zip

3. Height \_\_\_\_\_ Weight \_\_\_\_\_ Color of hair \_\_\_\_\_ Color of eyes \_\_\_\_\_

4. Place of birth \_\_\_\_\_ Date of birth \_\_\_\_\_

5. **Are you a U.S. citizen?** *If yes, but birthplace was not in the U.S., please provide a Certificate of Naturalization, Certificate of Citizenship, or current passport. If no, present proof of immigration/employment status.*  Yes  No

5. **Have you ever used or been known by a name or names other than the name given above?**  Yes  No  
*If yes, list such name(s) and information concerning dates and places used.*

6. **Are you a registered voter?**  Yes  No *If yes, where are you registered?* \_\_\_\_\_

7. **Have you been in military service?**  Yes  No  
*If yes, was discharge(s) honorable?*  Yes  No *Copies of discharge papers may be required.*

8. **Address(es) at which you have lived during the preceding five years.**

\_\_\_\_\_  
Street City County State Zip

9. **Name, address and type of every business and occupation you have engaged in during the preceding five years.**

\_\_\_\_\_

\_\_\_\_\_

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10. Name and address of every employer and partner, if any, for the preceding five years.

\_\_\_\_\_  
\_\_\_\_\_

11. Marital status  Married  Single  Divorced  Widowed

**Section 2: Applicant's spouse**

*If you are married, complete questions 12 - 17. Otherwise, proceed to question 18.*

12. Name \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_  
*Last First Full middle Maiden name*

Address \_\_\_\_\_  
*Street City County State Zip*

13. Place of birth \_\_\_\_\_ Date of birth \_\_\_\_\_

14. Is your spouse a registered voter?  Yes  No *If yes, where is your spouse registered?* \_\_\_\_\_

15. Address(es) at which your spouse has lived during preceding five years, if different than question 8.

\_\_\_\_\_  
*Street City County State Zip*

16. Name, address and type of every business and occupation your spouse has engaged in during the preceding five years.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

17. Name and address of your spouse's employers and partners, if any, for the preceding five years.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Section 3: History**

All applicants complete this section.

18. **Have you, your spouse, parent, brother, sister, or the child of either you or your spouse, ever been engaged as an employee or operated a spa, salon or other business which offered massage?**  Yes  No  
*If yes, give dates and places.*

19. **Do you and/or your spouse have a direct or indirect interest in any other establishment in the City of Bloomington to which a therapeutic message license has been issued?**  Yes  No  
*Refer to City Code, Section 13.01, for definition of "interest".  
If yes, list names, addresses and interest.*

20. **Have you, your spouse, parent, brother, sister, or the child of either you or your spouse, ever been convicted of any felony, crime or violation of any ordinance, other than traffic?**  Yes  No  
*If yes, give date, place and nature of conviction.*

21. **Have you or your spouse had any interest in any previous therapeutic massage license that was revoked, or suspended or not renewed?**  Yes  No  
*If yes, explain in detail providing dates of such revocation.*

22. **Have you individually, or with others, made an application for a therapeutic massage license which was denied?**  Yes  No  
*If yes, state circumstances.*

23. **What is the amount and source of investments you will have in the business, buildings, premises, fixtures, furniture, stock in trade?**

**Notice and notarized signature**

The data on this form will be used to approve your license. Some requested data is private. Private data is available to you and the City or State staff who need this information to perform their duties, but is not available to the public. You are not legally required to provide this data, but the City may not be able to approve your license if you do not provide it.

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 (*Minnesota Statute 364.03*). I understand that falsification of the application, including failure to reveal a criminal conviction, constitutes grounds for denial of the license.

The information I have provided on this application is truthful. I authorize the City of Bloomington to verify any and all of the information requested on this application, including the ordering of criminal background checks, and to conduct any necessary investigation to assure this application complies with the licensing and zoning ordinances.

**X** \_\_\_\_\_  
*Applicant signature*

Subscribed and sworn to before me, a  
Notary Public, on this \_\_\_\_\_ day  
of \_\_\_\_\_, 20 \_\_\_\_\_.  
Commission expires on \_\_\_\_\_.

\_\_\_\_\_  
*Notary signature*