



Amount Paid: _____
Date Received: _____
Receipt #: _____

City of Orono

**Application for
Massage Therapy License**

Parts I and II

**General Information and
Personal History Statement & Background Check**

LICENSING REQUIREMENTS

1. **New establishments** that have never before been licensed for Massage Therapy require an **inspection** of the premises before license approval is granted. The licensee should contact the Orono Building Official at 952-249-4600 to schedule the inspection.
2. Any business in Minnesota (*Individual, Corporation, Limited Partnership or Limited Liability Company*), that conducts business under a name other than their full legal name, must provide the City with a **copy** of their **Certificate of Assumed Name**.
3. A background investigation on the applicant/owner and all therapists is required.
4. Failure to fully complete the application may result in license denial.
5. False or inaccurate responses in the application may result in license denial.

Procedure for Licensing with the City of Orono:

1. Submit completed License Application and \$100 license fee (payable to the City of Orono).
2. Submit investigation fee payment of \$150 (payable to the City of Orono) with each application for a new license (not required for renewal applications).
3. City Clerk processes application to be investigated by Orono Police Department.
4. City Clerk submits application for review and consideration by the Orono City Council.

Note: A minimum of 6 weeks is required to process an application.

**MASSAGE THERAPY LICENSE APPLICATION
PART I – GENERAL INFORMATION, Continued**

Name of Massage Therapy Business: _____

MASSAGE THERAPY LICENSE APPLICATION

PART I — GENERAL INFORMATION

Directions: If the application is by an individual, by such person; if by a partnership, by one of the partners; if by a corporation, by an officer thereof.

Specify Type of License: New (*first application*) New (*Name and/or owner change*)

Specify Type of Business:

- Individually Owned
- Partnership
- Corporation
- Limited Liability Company
- Other _____

Applicant / Owner Information

Licensee Name: _____

Trade Name or DBA: _____

License Location (full address): _____

License Location Phone: _____

License Period: _____

List of all current employees and/or independent contractors giving massage:

Full Name	Address	Date of Birth	Title*	Percentage of interest in partnership or corporation



**MASSAGE THERAPY LICENSE APPLICATION
PART I – GENERAL INFORMATION, Continued**

Name of Massage Therapy Business: _____

Premises Information

1. Attach plan showing property dimensions, location of buildings, street access, parking facilities, etc.

2. Legal description of premises to which license applies:

3. How is the premises classified under the zoning ordinance?

4. Name and address of building owner or owners (if other than applicant):

Full Name	Address	City/State/Zip	Phone
Full Name	Address	City/State/Zip	Phone

5. If this application is for premises either planned or under construction, or undergoing substantial alteration, the application shall be accompanied by a set of preliminary plans showing the design of the proposed premises to be licenses. If the plans or design are on file with the Orono Building and Zoning Department, no additional plans need be filed with the application.

a. State the floor number, general area, and rooms where massage therapy is to take place. (Applicant shall attach a floor plan showing dimensions indicating and identifying all other rooms.)

b. Have the necessary applications for City licenses (i.e., plumbing, mechanical, etc.) for this establishment been prepared for submission? Yes No

6. Applicant hereby certifies that they have read the foregoing questions and that the answers to said questions are true to the best of their knowledge.

7. As the person executing this application for this license, 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.

**MASSAGE THERAPY LICENSE APPLICATION
PART I – GENERAL INFORMATION, Continued**

Name of Massage Therapy Business: _____

8. 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 Zoning: <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> NA	By: _____
Review by Police Department: <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> NA	By: _____
Comments: _____ _____ _____	

MESSAGE THERAPY LICENSE APPLICATION

PART II Personal History Statement and Background Investigation for Applicant / Owner/ Therapists

Name of Massage Therapy Business: _____

Name of Applicant/Owner:

_____ (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 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)

**MASSAGE THERAPY LICENSE APPLICATION
 PART II - Personal History Statement and Background Investigation for
 Applicant / Owner, Therapists, Continued**

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)

MASSAGE THERAPY LICENSE APPLICATION
PART II - Personal History Statement and Background Investigation for
Applicant / Owner, Therapists, Continued

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)

MASSAGE THERAPY LICENSE APPLICATION
PART II - Personal History Statement and Background Investigation for
Applicant / Owner, Therapists, Continued

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)

MASSAGE THERAPY LICENSE APPLICATION
PART II - Personal History Statement and Background Investigation for
Applicant / Owner, Therapists, Continued

Name of Massage Therapy Business: _____

G. Attach four (4) "Good Character Reference" forms from persons vouching for your good character. (Forms are part of the license package.)

H. Attach three (3) "Business Reference" forms, including one bank reference. (Forms are part of the license package.)

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

**MASSAGE THERAPY LICENSE APPLICATION
PART II - Personal History Statement and Background Investigation for
Applicant / Owner, Therapists, Continued**

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 Zoning: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	By: _____
Review by Police Department: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	By: _____
Comments: _____	

**MASSAGE THERAPY LICENSE APPLICATION
PART II - Personal History Statement and Background Investigation for
Applicant / Owner, Therapists, Continued**

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: _____

**MASSAGE THERAPY LICENSE APPLICATION
PART II - Personal History Statement and Background Investigation for
Applicant / Owner, Therapists, Continued**

Name of Massage Therapy Business: _____

**GOOD CHARACTER REFERENCE
IN SUPPORT OF MASSAGE THERAPY LICENSE APPLICATION**

Name: _____
(Provide name of Applicant / Owner)

REFERENCE

"I am personally acquainted with, and am not a relative of, the above-referenced applicant for a license.

I have known the applicant personally, have observed his/her conduct for the past five years, and vouch for his/her sobriety, honesty, and general good character as a reputable citizen.

I certify the foregoing statement is true to the best of my knowledge and belief."

Signature of Reference Date

Printed Name of Reference

Street Address

City State ZIP

() _____
Business telephone

() _____
Home telephone

Note: Four (4) of these forms are required.

**MASSAGE THERAPY LICENSE APPLICATION
PART II - Personal History Statement and Background Investigation for
Applicant / Owner, Therapists, Continued**

Name of Massage Therapy Business: _____

**GOOD CHARACTER REFERENCE
IN SUPPORT OF MASSAGE THERAPY LICENSE APPLICATION**

Name: _____
(Provide name of Applicant / Owner)

REFERENCE

"I am personally acquainted with, and am not a relative of, the above-referenced applicant for a license.

I have known the applicant personally, have observed his/her conduct for the past five years, and vouch for his/her sobriety, honesty, and general good character as a reputable citizen.

I certify the foregoing statement is true to the best of my knowledge and belief."

Signature of Reference Date

Printed Name of Reference

Street Address

City State ZIP

() _____
Business telephone

() _____
Home telephone

Note: Four (4) of these forms are required.

**MASSAGE THERAPY LICENSE APPLICATION
PART II - Personal History Statement and Background Investigation for
Applicant / Owner, Therapists, Continued**

Name of Massage Therapy Business: _____

**GOOD CHARACTER REFERENCE
IN SUPPORT OF MASSAGE THERAPY LICENSE APPLICATION**

Name: _____
(Provide name of Applicant / Owner)

REFERENCE

"I am personally acquainted with, and am not a relative of, the above-referenced applicant for a license.

I have known the applicant personally, have observed his/her conduct for the past five years, and vouch for his/her sobriety, honesty, and general good character as a reputable citizen.

I certify the foregoing statement is true to the best of my knowledge and belief."

Signature of Reference Date

Printed Name of Reference

Street Address

City State ZIP

() _____
Business telephone

() _____
Home telephone

Note: Four (4) of these forms are required.

**MASSAGE THERAPY LICENSE APPLICATION
PART II - Personal History Statement and Background Investigation for
Applicant / Owner, Therapists, Continued**

Name of Massage Therapy Business: _____

**GOOD CHARACTER REFERENCE
IN SUPPORT OF MASSAGE THERAPY LICENSE APPLICATION**

Name: _____
(Provide name of Applicant / Owner)

REFERENCE

"I am personally acquainted with, and am not a relative of, the above-referenced applicant for a license.

I have known the applicant personally, have observed his/her conduct for the past five years, and vouch for his/her sobriety, honesty, and general good character as a reputable citizen.

I certify the foregoing statement is true to the best of my knowledge and belief."

Signature of Reference Date

Printed Name of Reference

Street Address

City State ZIP

() _____
Business telephone

() _____
Home telephone

Note: Four (4) of these forms are required.

**MASSAGE THERAPY LICENSE APPLICATION
PART II - Personal History Statement and Background Investigation for
Applicant / Owner, Therapists, Continued**

Name of Massage Therapy Business: _____

**BUSINESS REFERENCE
IN SUPPORT OF MASSAGE THERAPY LICENSE APPLICATION**

APPLICANT /OWNER INFORMATION

Applicant / Owner Name: _____

Address: _____ Phone: _____

Applicant / Owner Authorization for Release of Information

I hereby authorize the release of any information to the City of Orono about my business affairs from the business reference listed below in support of my application for a license.

Signature of License Applicant / Owner

Date

BUSINESS REFERENCE INFORMATION

Name: _____

Position with Business: _____

Business Name: _____

Business Address: _____

Business Phone: _____

State the basis of your knowledge of the applicant's business affairs: _____

How long have you had business relations with the applicant? _____

Have business relationships with the applicant been satisfactory? (Explain) _____

Has your credit experience with the applicant been satisfactory? (Explain) _____

General remarks: _____

Signature of Business Reference

Date

Note: Three (3) of these forms are required.

**MASSAGE THERAPY LICENSE APPLICATION
PART II - Personal History Statement and Background Investigation for
Applicant / Owner, Therapists, Continued**

Name of Massage Therapy Business: _____

**BUSINESS REFERENCE
IN SUPPORT OF MASSAGE THERAPY LICENSE APPLICATION**

APPLICANT /OWNER INFORMATION

Applicant / Owner Name: _____

Address: _____ Phone: _____

Applicant / Owner Authorization for Release of Information

I hereby authorize the release of any information to the City of Orono about my business affairs from the business reference listed below in support of my application for a license.

Signature of License Applicant / Owner

Date

BUSINESS REFERENCE INFORMATION

Name: _____

Position with Business: _____

Business Name: _____

Business Address: _____

Business Phone: _____

State the basis of your knowledge of the applicant's business affairs: _____

How long have you had business relations with the applicant? _____

Have business relationships with the applicant been satisfactory? (Explain) _____

Has your credit experience with the applicant been satisfactory? (Explain) _____

General remarks: _____

Signature of Business Reference

Date

Note: Three (3) of these forms are required.

**MASSAGE THERAPY LICENSE APPLICATION
PART II - Personal History Statement and Background Investigation for
Applicant / Owner, Therapists, Continued**

Name of Massage Therapy Business: _____

**BUSINESS REFERENCE
IN SUPPORT OF MASSAGE THERAPY LICENSE APPLICATION**

APPLICANT /OWNER INFORMATION

Applicant / Owner Name: _____

Address: _____ Phone: _____

Applicant / Owner Authorization for Release of Information

I hereby authorize the release of any information to the City of Orono about my business affairs from the business reference listed below in support of my application for a license.

Signature of License Applicant / Owner

Date

BUSINESS REFERENCE INFORMATION

Name: _____

Position with Business: _____

Business Name: _____

Business Address: _____

Business Phone: _____

State the basis of your knowledge of the applicant's business affairs: _____

How long have you had business relations with the applicant? _____

Have business relationships with the applicant been satisfactory? (Explain) _____

Has your credit experience with the applicant been satisfactory? (Explain) _____

General remarks:

Signature of Business Reference

Date

Note: Three (3) of these forms are required.



City of Orono

Application for Massage Therapy License

Part III

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

2750 Kelley Parkway, Orono, MN 55356
Phone: 952-249-4600 / Fax: 952-249-4616 / www.oronomn.gov

PART III - MASSAGE THERAPY LICENSE APPLICATION

Personal History Statement and Background Check for Manger(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 application *may* result in license denial. False or inaccurate responses in the 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 Manger(s), Assistant Manager(s), Partners of a Partnership, Officers of a Corporation or Therapists

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 - MASSAGE THERAPY LICENSE APPLICATION, Continued

Personal History Statement and Background Check for Manger(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)

G. Attach four (4) "Affidavit of Good Character" forms from persons vouching for your good character. (Forms are part of the license package.)

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 - MASSAGE THERAPY LICENSE APPLICATION, Continued

Personal History Statement and Background Check for Manger(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: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	By: _____
Review by Police Department: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	By: _____
Comments: _____ _____ _____	

PART III - MASSAGE THERAPY LICENSE APPLICATION, Continued
**Personal History Statement and Background Check for Manger(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 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: _____

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

Name of Massage Therapy Business: _____

**AFFIDAVIT OF GOOD CHARACTER
IN SUPPORT OF MASSAGE THERAPY LICENSE APPLICATION**

Name: _____
(Provide name of Manager, Assistant Manager, Partner in a Partnership, Officer of a Corporation, or Therapist)

AFFIDAVIT

"I am personally acquainted with, and am not a relative of, the above-referenced applicant for a license.

I have known the applicant personally, have observed his/her conduct for the past five years, and vouch for his/her sobriety, honesty, and general good character as a reputable citizen.

I certify the foregoing statement is true to the best of my knowledge and belief."

Signature of Affiant Date

Printed Name of Affiant

Street Address

City State ZIP

() _____
Business telephone

() _____
Home telephone

Note: Four (4) of these forms are required.

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

Name of Massage Therapy Business: _____

AFFIDAVIT OF GOOD CHARACTER
IN SUPPORT OF MASSAGE THERAPY LICENSE APPLICATION

Name: _____
(Provide name of Manager, Assistant Manager, Partner in a Partnership, Officer of a Corporation or Therapist)

AFFIDAVIT

"I am personally acquainted with, and am not a relative of, the above-referenced applicant for a license.

I have known the applicant personally, have observed his/her conduct for the past five years, and vouch for his/her sobriety, honesty, and general good character as a reputable citizen.

I certify the foregoing statement is true to the best of my knowledge and belief."

Signature of Affiant Date

Printed Name of Affiant

Street Address

City State ZIP

() _____
Business telephone

() _____
Home telephone

Note: Four (4) of these forms are required.

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

Name of Massage Therapy Business: _____

**AFFIDAVIT OF GOOD CHARACTER
IN SUPPORT OF MASSAGE THERAPY LICENSE APPLICATION**

Name: _____
(Provide name of Manager, Assistant Manager, Partner in a Partnership, Officer of a Corporation, Therapist)

AFFIDAVIT

"I am personally acquainted with, and am not a relative of, the above-referenced applicant for a license.

I have known the applicant personally, have observed his/her conduct for the past five years, and vouch for his/her sobriety, honesty, and general good character as a reputable citizen.

I certify the foregoing statement is true to the best of my knowledge and belief."

Signature of Affiant Date

Printed Name of Affiant

Street Address

City State ZIP

() _____
Business telephone

() _____
Home telephone

Note: Four (4) of these forms are required.

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

Name of Massage Therapy Business: _____

**AFFIDAVIT OF GOOD CHARACTER
IN SUPPORT OF MASSAGE THERAPY LICENSE APPLICATION**

Name: _____
(Provide name of Manager, Assistant Manager, Partner in a Partnership, Officer of a Corporation, Therapist)

AFFIDAVIT

"I am personally acquainted with, and am not a relative of, the above-referenced applicant for a license.

I have known the applicant personally, have observed his/her conduct for the past five years, and vouch for his/her sobriety, honesty, and general good character as a reputable citizen.

I certify the foregoing statement is true to the best of my knowledge and belief."

Signature of Affiant Date

Printed Name of Affiant

Street Address

City State ZIP

() _____
Business telephone

() _____
Home telephone

Note: Four (4) of these forms are required.