



Administration Department, License Division  
2660 Civic Center Drive, Roseville, MN 55113  
(651) 792-7023

## Massage Therapy Establishment License Application

New License       Renewal      For License Year Ending June 30, \_\_\_\_\_

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_

Business Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Tax ID \_\_\_\_\_ Federal Tax ID \_\_\_\_\_

*Attach Proof of Minnesota Tax Identification form*

### ***Person to Contact in Regard to Business License:***

Full Legal Name (Please Print) \_\_\_\_\_  
(Last) (First) (Middle)

Home Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Telephone \_\_\_\_\_  Cell  Home  Work

Date of Birth (mm/dd/yyyy) \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State of Issuance \_\_\_\_\_

Sex:       Male     Female     Prefer not to answer

Have you ever used or been known by any name other than the legal name given above?

Yes     No      If Yes, List each full name along with dates and places where used.

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

Has the business held any previous massage therapy establishment licenses in the past five years? If yes, in which city was it licensed?

Yes \_\_\_\_\_

**NOTE: Failure to disclose previous licenses will result in an automatic denial of your application.**

\_\_\_\_\_

*Falsification of answers given or material submitted will result in denial of application.*

The information that you are asked to provide on the application is classified by State law as either public, private or confidential. All data, with the exception of driver's license numbers and social security numbers, will constitute public record if and when the license is granted. Our intended use of the information is to perform the background check procedures required prior to license issuance. If you refuse to supply the information, the license application may not be processed.

**BACKGROUND CHECK** You are required to complete a background check by following the instructions included with this application. A license will not be issued until this is completed.

By signing below you certify that the above information is correct. In addition, you acknowledge that you are responsible for reviewing the background and work history of your employees, including those that have received a massage therapist license from the City.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Payment due at the time of application:

Annual License Fee (prorated quarterly)                      \$325

Make checks payable to: City of Roseville

Please return the completed Tennessee (Notice to Collect Private Data) form with your application and payment.



## NOTICE OF INTENT TO COLLECT PRIVATE DATA (TENNESSEN)

### Employee Background Check

In accordance with the Minnesota Government Data Practices Act, the City of Roseville is required to inform you of your rights as they relate to the private information collected from you. Private data is information that is available to you, but not to the public; the personal information we collect about you is private. Minnesota State Statutes 13.04 and 13.43 are two sections that govern what affects you as an applicant for employment at the City of Roseville. All data collected is considered private except for the following:

- Your Veteran’s status
- Your job history
- Relevant test scores
- Your education and training
- Your rank on our eligibility list
- Your work availability

Your name is considered private information; however, if you are selected to be interviewed as a finalist, your name becomes public information.

The City of Roseville, and Background Investigation Bureau (BIB), as its vendor, will obtain consumer reports, as indicated below, for the purpose of allowing the City to make informed decisions on my suitability for employment.

I understand that the data obtained through this background check will be accessed by authorized personnel whose jobs reasonably require access. This may include vendor personnel, Human Resources, background check administrators and others as allowed under State or Federal law.

I understand that I am not legally required to give my consent, but that if I do not, I will be removed from consideration for employment. I understand that I have an obligation to fully and accurately provide all information requested for background check purposes. I further understand that misrepresentation or omission of information will be sufficient cause, in and of itself, for rejection or dismissal whenever discovered.

I have reviewed and understand the contents of this document.

Applicant Name: \_\_\_\_\_ Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Email Address: \_\_\_\_\_

Driver’s License Information: \_\_\_\_\_  
State License #

Social Security Number: \_\_\_\_\_ Date of Birth (MM/DD/YYYY): \_\_\_\_\_

*Office Use Only*

Hiring Manager: \_\_\_\_\_

**Scope of Background Check:**

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Multi-jurisdictional Criminal Background check | <input checked="" type="checkbox"/> National Sex Offender Registry Check |
| <input checked="" type="checkbox"/> County Criminal Search                         | <input checked="" type="checkbox"/> Employment History & Verification    |
| <input checked="" type="checkbox"/> National Criminal Background Check             | <input checked="" type="checkbox"/> Reference Checks                     |
| <input checked="" type="checkbox"/> Federal Criminal Background Check              | <input type="checkbox"/> CDL/Driver’s License Verification & Record      |
| <input checked="" type="checkbox"/> Social Security Number & Address Verification  | <input type="checkbox"/> Professional License Verification               |
| <input type="checkbox"/> Credit Report   | <input type="checkbox"/> FBI Fingerprint Check                           |
| <input checked="" type="checkbox"/> Education Verification                         | <input type="checkbox"/> Military Records                                |
| <input type="checkbox"/> DOT Employment Verification                               |  |

**NOTICE TO PERSONS UNDER AGE OF 18**

Some of the information you are asked to provide is classified as private under state law. You have the right to request that some or all of the information not be given to one or both of your parents/legal guardians. Please complete the form below if you wish to have information withheld.

Your request does not automatically mean that the information will be withheld. State law requires the City to determine if honoring the request would be in your best interest. The City is required to consider:

- Whether you are of sufficient age and maturity to explain the reasons and understand the consequences,
- Whether denying access may protect you from physical or emotional harm,
- Whether there is reasonable grounds to support your reasons, and
- Whether the data concerns medical, dental, or other health services provided under Minn. Stat. 144.341 to 144.347. If so, the data may be released only if failure to inform the parent would seriously jeopardize your health.

**REQUEST TO WITHHOLD INFORMATION**

I request that the following information: \_\_\_\_\_

\_\_\_\_\_

Be withheld from: \_\_\_\_\_

For these reasons: \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_ Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

To complete your background check, please follow the steps below:

- 1) Log on <https://secureapplicant.com/student/city-of-roseville-emp-aka/>
- 2) Click on **Apply Now**
- 3) Select **Business License**.
- 4) Read the consent notice and click **Continue**.
- 5) Read the disclosure and acknowledgement.
- 6) Enter the required personal information.
- 7) Click **I Agree** and **Continue** (Note: Check and/or print available additional resources on the bottom of the page prior to clicking on Continue).
- 8) Review the notice of intent and scope of background check.
- 9) Enter your information to acknowledge the background check.
- 10) Click **I agree** and **Continue**.
- 11) Enter your personal information (e.g., name, address, DOB, SSN, alternative names).
- 12) Select **City of Roseville** under Location you would like to apply at.
- 13) Click **Continue**.
- 14) In the pop-up screen, review your personal information.
- 15) If everything is accurate, click **Continue**. If you need to make corrections, click **Close** to make the correction(s) and click **Continue**.
- 16) You have successfully initiated the background check.

## **Ordinance Notification for Business License Form**

Under Minnesota state law, cities must provide a 10-day notice of proposed ordinances. The law applies to new proposed ordinances and proposed amendments to existing ordinances. A recent change in the law further requires cities that have an electronic notification system to inform prospective business license applicants that they can opt-in to receive these notifications. If you opt-in, you will receive notifications of all proposed ordinance changes regardless of whether or not they impact your business.

To receive email and/or text notification of proposed ordinances and proposed amendments to existing ordinances, visit the City's Notify Me page at <http://www.cityofroseville.com/List.aspx>. Sign in with a valid email address and click one or both of the notification icons next to Proposed Ordinances to begin receiving notifications.