*Owner Name

Business Address:

CITY OF SHOREWOOD

5755 COUNTRY CLUB ROAD SHOREWOOD, MINNESOTA 55331 (952) 960-7900

Middle

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Dotos		
Date:		

First

This may be attached on a separate sheet.

If YES, provide details or attach:

All Owners must sign:

SIGNATURE

Has Owner, Partners or Officers been convicted?

areas where massage therapy will be performed.

THERAPEUTIC MASSAGE LICENSE **APPLICATION**

City Code Chapter 311 \$100 Annual Fee payable to City of Shorewood; may be prorated upon initial application Office Use Only Receipt No.____ License Year_____ Permit No___ License expires the last day of December of each year. *Birthdate Last *Other Name(s) known by:_____ *Address: * If a partnership, or corporation, the names, addresses and dates of birth for all owners must be provided. If Owner, Partners, or Officers have been convicted of a felony, crime, or ordinance violation other than minor traffic offenses, provide the date, place and conviction. This information may be attached. YES NO **Attach**: Floor Plan of the premises in which the massage therapy services will be conducted, showing Attach: If an individual, proof the individual completed the necessary coursework, training and hours required to be a certified massage therapist from a certified massage therapy school, pursuant to City Code section 311.06. **Provide** proof of general liability insurance of at least \$1,000,000.

SIGNATURE

CITY OF SHOREWOOD

NOTIFICATION FOR LICENSE APPLICATION INVOLVING PRIVATE OR CONFIDENTIAL INFORMATION

(Includes Tennessen Warning)

City of Shorewood, 5755 Country Club Road, Shorewood, MN 55331 Phone: 952-960-7900 / Fax: 952-474-0128 / Email: cityhall@ci.shorewood.mn.us

As part of your application for a license or permit, the City has asked that you provide information about yourself which may be classified as private, confidential, nonpublic, or protected nonpublic under the Minnesota Government Data Practices Act. This means that this data is not ordinarily available to the general public. Accordingly, the City is required to inform you of the following:

- The purpose and intended use of the information requested is to determine if you are eligible for a license or permit from the City of Shorewood.
- You are not legally obligated to supply the requested information.
- The known consequences of supplying the requested information is that the information or further investigation could disclose information which could cause your application to be denied.
- The known consequences of refusing to supply the requested information is that your request for a license or permit cannot be processed.
- A criminal charge, arrest, or conviction will not necessarily bar you from obtaining a license or permit with the City, unless the conviction is related to the matter for which the license or permit is sought, according to Minnesota Statute 364.03. However, failure to reveal the requested criminal information will be considered falsification of the application and may be used as grounds for the denial of the application.
- Other governmental agencies necessary to process your application are authorized by law to receive the information provided.
- The City is required by law to furnish some of this information to the Department of Labor and Industry and the Minnesota Commissioner of Revenue.

The undersigned, by signing of this notice. Return this not	this notice, acknowledges that he/she has read and tice with your application.	understood the contents
of this notice. Revail this not	no man jour approunds.	
Date	Signature	

CITY OF SHOREWOOD CERTIFICATE OF COMPLIANCE DEPARTMENT OF REVENUE INFORMATION

City of Shorewood, 5755 Country Club Road, Shorewood, MN 55331 Phone: 952-960-7900 / Fax: 952-474-0128 / Email: cityhall@ci.shorewood.mn.us

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 (person signing the application).

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:

- · You are not legally obligated to supply the requested information.
- The known consequences of supplying the requested information is that the information or further investigation could disclose information which could cause your application to be denied.
- The known consequences of refusing to supply the requested information is that your request for a license cannot be processed.
- A criminal charge, arrest, or conviction will not necessarily bar you from obtaining a license with the City, unless the
 conviction is related to the matter for which the license is sought, according to Minnesota Statute 364.03. However,
 failure to reveal the requested criminal information will be considered falsification of the application and may be used
 as grounds for the denial of the application.
- Upon receiving this information, the license 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

Please supply the following information and return along with your application:

PERSONAL INFORMATION		
Applicant Name		
	Phone Number	
BUSINESS INFORMATION		
Business Name		
	Federal Tax ID#	
If a MN Tax ID# is not required, explain	on the reverse side	
Signature	Title	Date