

Have you ever been known by a name other than your current name? Yes____ No____
If yes, please provide documentation of name change (ex. marriage certificate)

Have you ever been convicted of any felony, crime, or violation of any city ordinance other than traffic related? Yes____ No____ If yes:

Date of arrest_____ Municipality of arrest_____

Charge_____

Date of conviction_____ Sentence received_____

Have you ever had a license denied, revoked or suspended? Yes____ No____ If yes:

Where?_____

Type of license_____

Reason for revocation_____

List name, address and telephone number of two residents of Scott County, of good moral character, not related to you or financially interested in the premises or business, who can attest to your character:

Name	Address	Phone #

Provide your principal address(es) for the last ten years:

Street_____ City/State_____ Zip_____

Street_____ City/State_____ Zip_____

Street_____ City/State_____ Zip_____

Have you received formal training in massage? Yes____ No____ If yes:

Name of school_____

Please attach a copy of your schooling/certification to this application prior to submitting.

Address_____ City_____ State_____ Zip_____

Dates attended_____

Hours of training_____

CONSENT FOR RELEASE OF INFORMATION

I authorize the City of Prior Lake to release criminal history data, as defined by Minnesota Statute 13.87, subd.1 and driver's license and traffic record data to the Prior Lake City Manager, City Clerk, and the City Council for the City of Prior Lake. I understand that some of this data may be classified as private data under Minnesota statutes and I hereby give my informed consent to the release of this private data by the City of Prior Lake Police Department to the City Manager, City Clerk, and City Council.

I certify that the information provided on this application is truthful and I understand that false statements or omissions will result in denial of this application. I hereby authorize the City of Prior Lake to use this information to determine my eligibility to obtain a license/permit. *(Please include a copy of your drivers license with your application)*

Full Name (Please print) (First) (Full Middle) (Last)

Home Address _____
City _____ State _____ Zip _____
_____ Contact Phone Number _____ Date of Birth _____

Driver's License State _____ Number _____

Please list any other names you are or have been known by: *(Include copy of your marriage certificate if applicable)*

Sex: Male Female _____

Race: White/Caucasian African American Hispanic Asian

Signature of Applicant _____ Date _____

Required Attachments:

- Copy (front and back) of Drivers License
- Copy of Massage schooling transcript or certification of completion
- Copy of Marriage Certificate (if applicable)