



Personal History Form

600 Town Center Parkway
Lino Lakes, MN 55014
651-982-2400

Therapeutic Massage

Note: This application requests information which may be classified as private or confidential under the Minnesota Data Practices Act. State law or City ordinance requires this information. The information will be used to determine your eligibility for issuance of your license or renewal. Failure to provide the information may result in a denial of the license. The application background fee is non-refundable.

Any information that you provide will be made accessible to the following persons or entities:

- A. The subject(s) of the data, which may include someone other than yourself.
- B. Individuals within the City of Lino Lakes whose work assignments reasonably require access to the information you provide.
- C. Any persons, entities or agencies authorized by state or federal law to have access to the information. These include, but are not necessarily limited to, the following:
 - 1. Law enforcement agencies. The information you provide may be referred to a law enforcement agency for purposes of initiating or furthering a criminal investigation. You are advised, however, that any statements you make under threat of discipline, or evidence obtained as a result of such statements, cannot be used against you in any criminal proceeding.
 - 2. Contracting Parties. Where a contract between the City of Lino Lakes requires that such party have access, the information you provide will be shared with that contracting party. The contracting party may not disclose the information except as authorized by state or federal law.
 - 3. City Attorneys. The information you provide may be shared with the City of Lino Lakes attorneys, if the information is related to a matter upon which the City of Lino Lakes has requested legal advice.
 - 4. Open Meetings. If it becomes reasonably necessary to discuss such information at any meeting required by law to be open to the public, the information you provide may become available to the public at such meeting.
 - 5. Court Order. The information you provide will be made available to any persons or entities authorized by court order to have access to the information.
- D. Persons or entities who have the express written consent of the data subject, who may be someone other than yourself.

I have read and understand the above advisory.

Signed

Date

DIRECTIONS: This form must be filled out with typewriter or by printing in ink. If the application is by a natural person, by such person; if by a corporation, by an officer of the corporation; if by a partnership, by one of the partners; if by an unincorporated association, by the manager or managing officer of the association.

True name: _____
(Last) (First) (Middle - Required)

Maiden, Alias or Former Name: _____

Residence Address: _____
(Street)

(City) (State) (Zip)

Home Phone Number: (_____) _____ Sex (M or F) _____

County in which you live: _____ Date of Birth: _____

Social Security Number (optional): _____

Drivers License # _____

Have you ever had a driver's license in another state? Yes _____ No _____

If yes, give state and year (s): _____

Marital Status: Married _____ Single _____ Divorced _____

Business Name: _____

Business Address: _____
(Street)

(City) (State) (Zip)

Business Phone: (_____) _____

If you have ever used or been known by a name or names other than the true name given above, list such name(s) and information concerning dates and places used:

1. _____

2. _____

Address(s) at which you have lived during the preceding 10 years. (Begin with present address)

(Street, City, State, Zip) (Dates)

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I authorize the Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information to the City of Lino Lakes for the purpose of obtaining a (enterprise or individual) therapeutic massage license in this city.

The expiration of this authorization shall be one year from the date of my signature.

Signature of Applicant _____ Date _____

Subscribed and sworn to before me a Notary Public on the ____ day of _____.

My commission expires on: _____

(Notary Public)