



City Clerk's Office
 221 East Clark Street
 Albert Lea, MN 56007-2496
 Telephone: 507-377-4335
 dmaras@ci.albertlea.mn.us

LICENSE APPLICATION
 () *Massage Therapists* \$75.00
 () *Sauna* \$75.00
 () *Spa/Health Club* \$75.00

Please Type or Print Legibly

Applicant:

Full Name: _____ Social Security #: _____
 Home Address: _____ City, State, Zip Code: _____
 Home Telephone Number (Daytime): _____

Business:

Business Name: _____
 Business Address: _____ City, State, Zip Code: _____
 Business Telephone Number (Daytime): _____
 Tax ID: _____

Questions:

1) Including your present business/employment, please list the businesses you have worked for during the past five years:

<u>Employer</u>	<u>Address</u>	<u>City, State, Zip Code</u>

2) Number of Tables: _____
 3) Please list your experience as a masseur or masseuse: _____ years _____ months
 4) Have you ever been convicted, fined, imprisoned, or placed on probation for violation of any law excluding a traffic or parking violation? _____
 a. If 'Yes', please list the dates of convictions, where, and the sentence imposed: _____

State of Minnesota)
 County of Freeborn) ss
 City of Albert Lea)
 THE UNDERSIGNED HEREBY AGREES TO COMPLY WITH THE LAWS OF THE STATE OF MINNESOTA AND THE ALBERT LEA CITY CODE AS THEY RELATE TO THE LICENSING AND OPERATION OF LICENSES BEING APPLIED FOR. I UNDERSTAND THAT FALSIFICATION OF ANY PART OF THIS APPLICATION IS CAUSE FOR DENIAL OR REVOCATION.

 Signature Date

Office Use

Date Received: _____ Check #/Cash/CC: _____ Processor Initials: _____
 Council Approval Date: _____ Fee Received: _____ for _____