

Return completed form to: City Clerk's Office City of Albert Lea

221 E. Clark St., Albert Lea, MN 56007 507-377-4335

dmaras@ci.albertlea.mn.us (call to arrange payment)

Please type or print legibly

LICENSE APPLICATION

Massage Therapist – \$100 per year

Appli Full no	0100.0						
			city, state, zip code				
Email	address						
	Business: Business name						
			city, state, zip code				
1) In	Including your present business/employment, please list the businesses you have worked for during the past five years: Employer Address City, State, Zip Code						
-							
	umber of Tableslease list your experience		years	months			
,							
* * *	* * * * * * * * * * * *	* * * * * * * * * * * * * * *	* * * * * * * * * * * * * * * * * * * *	* * * * * * * *			
Count	of Minnesota) ty of Freeborn) ss. f Albert Lea)						
THE A	ALBERT LEA CITY COD	DE AS THEY RELATE TO TH DERSTAND THAT FALSIFIC	VITH THE LAWS OF THE STATE OF HE LICENSING AND OPERATION OF CATION OF ANY PART OF THIS APP	LICENSES			
Signa	ture		Date				
FOR (OFFICE USE						
Date received		Cr	neck number/cash/CC				
Fee received		Cit	ty Council approval date				
Background check complete			Processor initials				



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Corporate ownership

Investigation fee:

Individual ownership

\$100 plus \$25 for each employee Partnership ownership \$125 plus \$25 for each employee \$175 plus \$25 for each employee

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Investigation Application						
Date						
The following named individual has made applica	ation with this agency for a					
		license.				
First, middle, and last name of applicant (please p	print)					
Maiden, alias or former name (please print)						
Date of birth: month/day/year	How many years living in MN					
Social security number						
Driver's license number	State of issuance					
Business name						
Business address						
I authorize the City of Albert Lea Law Enforceme record information to the City of Albert Lea City conducting the statutorily required background applying for as indicated on this application.	y Clerk or her designee for the pur	pose of				
The expiration of this authorization shall be for a of my signature.	period no longer than one year from t	he date				
Signature of applicant	Date					
Police Chief	Date					
City Clerk	 Date					



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INDEMNITY AGREEMENT

AGREEMENT made thisc	day of,	by and between the
City of Albert Lea, Minnesota herein referred to, herein	o as "the City" and referred to as "the Licensee".	
WHEREAS, the licensee shall execute for said purpose, an indemnification agreement damage resulting from the operation of said but	nt holding City harmless for any	
NOW, THEREFORE, in consideration	of the foregoing, the parties her	reto agree as follows:
1. Subject to the terms and condit defend, and hold harmless the City against an judgments, including reasonable attorney's fee matters, for death or injuries to persons or for with the operation and maintenance by license business within the public right of ways of the	y and all claims, demands, cau es, costs and expenses incurred loss of or damage to property a see or any of their agents, contra	ses of action, suits or d in connection with such rising out of or in connection
2. Indemnity under this agreemen of Albert Lea.	t shall commence as of the date	e of the agreement by the City
3. The City agrees to notify license Notice of any indemnified claim. IN WITNESS WHEREOF, the parties h		
APPLICANT/LICENSEE	CITY OF ALBERT LEA, N	MINNESOTA
	By: Its: Mayor	
	By: Its: City Clerk	



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RIGHTS OF SUBJECTS OF GOVERNMENT DATA 'TENNESSEN WARNING'

In accordance with the Minnesota Government Data Practices Act, the City of Albert Lea is required to inform you of your rights as they pertain to the information collected about you. Public information is that information which is available to the general public; private information is that information which is available to you, not to the general public; and confidential information is that information which is not available to you or the public. The information we collect from you is either public or private. The separation of that information is as follows:

<u>Public</u> – name and address of applicant(s) Private – all other information collected on the application

The information collected and required from you is to determine your eligibility for a City of Albert Lea license. If you do not supply the required information, the City of Albert Lea will not be able to determine your eligibility.

The dissemination and use of the private data we collect is limited to that necessary for the administration and management of regulatory licenses. Persons or agencies with whom this information may be shared include:

- City of Albert Lea departmental personnel involved in determining your eligibility for a license or administering the program in connection with which the application is submitted.
- Freeborn County departmental personnel involved in the program.
- City Council members (only that information needed to approve the application for a license).
- Federal, State, County, and local and contracted public auditors.
- Law enforcement personnel in the cases of suspected fraud related to the application or license
- Those individuals or agencies to which you give your express written permission.

Unless otherwise authorized by state statute or federal law, other government agencies utilizing the reported private data must also treat the information as private.

You may wish to exercise your rights as contained in the Minnesota Government Data Practices Act. These rights include:

- The right to see and obtain copies of the data maintained on you.
- The right to be told the contents and meaning of the data.
- The right to contest the accuracy and completeness of the data.

To exercise these rights, contact the City Manager's Office, 221 East Clark Street, Albert Lea, MN 56007-2496.

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HAVE READ AND UNDI AS A SUBJECT OF GOVE	RSTAND THE ABOVE INFORMATION REGARDING MY RIGHTS RNMENT DATA.
Signature	Date
Title	Business Name or Individual's Name