



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)

LICENSE APPLICATION
 Massage Therapist – \$100 per year

Please type or print legibly

Applicant:

Full name _____
 Home address _____ city, state, zip code _____
 Home telephone number (daytime) _____
 Email address _____

Business:

Business name _____
 Business address _____ city, state, zip code _____
 Business telephone number (daytime) _____
 Minnesota Tax ID number _____

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 _____

FOR OFFICE USE	
Date received _____	Check number/cash/CC _____
Fee received _____	City Council approval date _____
Background check complete _____	Processor initials _____



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Investigation fee:
 Individual ownership \$100 plus \$25 for each employee
 Partnership ownership \$125 plus \$25 for each employee
 Corporate ownership \$175 plus \$25 for each employee

Investigation Application

Date: _____

The following named individual has made application with this agency for a

Massage Therapist License.

First, middle, and last name of applicant (please 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 Enforcement Department to disclose all criminal history record information to the City of Albert Lea City Clerk or her designee for the purpose of conducting the statutorily required background check for the issuance of the license I am applying for as indicated on this application.

The expiration of this authorization shall be for a period no longer than one year from the date of my signature.

Signature of applicant

Date

Police Chief

Date

City Clerk

Date



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INDEMNITY AGREEMENT

AGREEMENT made this _____ day of _____, _____ by and between the City of Albert Lea, Minnesota herein referred to as "the City" and _____, herein referred to as "the Licensee".

WHEREAS, the licensee shall execute and deliver to the City Clerk, on a form prescribed by the City for said purpose, an indemnification agreement holding City harmless for any person injury or property damage resulting from the operation of said business.

NOW, THEREFORE, in consideration of the foregoing, the parties hereto agree as follows:

1. Subject to the terms and conditions of this indemnity agreement, licensee shall indemnify, defend, and hold harmless the City against any and all claims, demands, causes of action, suits or judgments, including reasonable attorney's fees, costs and expenses incurred in connection with such matters, for death or injuries to persons or for loss of or damage to property arising out of or in connection with the operation and maintenance by licensee or any of their agents, contractors or employees of said business within the public right of ways of the City.
2. Indemnity under this agreement shall commence as of the date of the agreement by the City of Albert Lea.
3. The City agrees to notify licensee in writing within thirty (30) days of the receipt By the City of Notice of any indemnified claim.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement.

APPLICANT/LICENSEE

CITY OF ALBERT LEA, MINNESOTA

 Signature

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:

- Public – 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.

* * * * *

I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION REGARDING MY RIGHTS AS A SUBJECT OF GOVERNMENT DATA.

Signature

Date

Title

Business Name or Individual's Name