

\_\_\_\_\_  
NEW LICENSE  
\_\_\_\_\_  
RENEWAL LICENSE  
APPLICATION # \_\_\_\_\_

DATE RECEIVED \_\_\_\_\_  
RECEIPT NUMBER \_\_\_\_\_  
AMOUNT PAID \_\_\_\_\_

**CITY OF ROCHESTER, MINNESOTA**

**APPLICATION FOR SAUNA AND MASSAGE LICENSE**

Covering the period of \_\_\_\_\_, 20\_\_\_\_ through **December 31, 20**\_\_\_\_\_

The following items must be completed and/or accompany the completed application forms. Whoever shall knowingly falsify the answers to the following questions shall be deemed guilty of perjury and shall be punished accordingly. In answering the following questions, one of the officers of a corporation or partnership shall complete the application for all corporate officers, directors and stockholders, or all members of the partnership.

Name of Applicant: \_\_\_\_\_  
(First) (Full Middle) (Last)

Home Address: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone \_\_\_\_\_

Federal Tax Number \_\_\_\_\_ State Tax Number \_\_\_\_\_

1. Exact description of area to be licensed for operation within the building at the business address listed above. If area to be used is not constructed or furnished at time of application, detailed plans need to be attached.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Complete the following requested information for each individual, partner or officer of a corporation (use additional sheets if necessary) applying for this license.  
Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(FIRST) (FULL MIDDLE) (LAST)

Other names used \_\_\_\_\_  
(FIRST) (FULL MIDDLE) (LAST)

Home Address: \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Business Phone \_\_\_\_\_ Social Security # \_\_\_\_\_

Business Address \_\_\_\_\_

Position Title: \_\_\_\_\_ Percentage of Interest in Partnership or Corporation \_\_\_\_\_

Name and Address of two persons who may be referred to by the City for information on your character .

1. \_\_\_\_\_

2. \_\_\_\_\_

Have you ever been convicted of any felony, gross misdemeanor, or misdemeanor for which jail sentence could have been imposed, including the time, place, date and disposition.

\_\_\_\_\_ No

\_\_\_\_\_ Yes If Yes, describe as required above \_\_\_\_\_

Addresses lived at during the preceding five years.

\_\_\_\_\_  
(Street Number) (City) (State)

\_\_\_\_\_  
(Street Number) (City) (State)

\_\_\_\_\_  
(Street Number) (City) (State)

If married, state name (maiden name if wife) and date of birth of spouse:

\_\_\_\_\_ No

\_\_\_\_\_ Yes Name : \_\_\_\_\_  
(FIRST) (FULL MIDDLE) (LAST)

Date of Birth: \_\_\_\_\_

Other names used \_\_\_\_\_  
(FIRST) (FULL MIDDLE) (LAST)

I have read the Tennessee Warning and authorize a background investigation \_\_\_\_\_  
Signature

2. Complete the following requested information for each individual, partner or officer of a corporation (use additional sheets if necessary) applying for this license.

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(FIRST) (FULL MIDDLE) (LAST)

Other names used \_\_\_\_\_  
(FIRST) (FULL MIDDLE) (LAST)

Home Address: \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Business Phone \_\_\_\_\_ Social Security # \_\_\_\_\_

Business Address \_\_\_\_\_

Position Title: \_\_\_\_\_ Percentage of Interest in Partnership or Corporation \_\_\_\_\_

Name and Address of two persons who may be referred to by the City for information on your character .

1. \_\_\_\_\_

2. \_\_\_\_\_

Have you ever been convicted of any felony, gross misdemeanor, or misdemeanor for which jail sentence could have been imposed, including the time, place, date and disposition.

\_\_\_\_\_ No

\_\_\_\_\_ Yes If Yes, describe as required above \_\_\_\_\_

Addresses lived at during the preceding five years.

\_\_\_\_\_  
(Street Number) (City) (State)

\_\_\_\_\_  
(Street Number) (City) (State)

\_\_\_\_\_  
(Street Number) (City) (State)

If married, state name (maiden name if wife) and date of birth of spouse:

\_\_\_\_\_ No

\_\_\_\_\_ Yes Name : \_\_\_\_\_  
(FIRST) (FULL MIDDLE) (LAST)

Date of Birth: \_\_\_\_\_

Other names used \_\_\_\_\_  
(FIRST) (FULL MIDDLE) (LAST)

I have read the Tennessee Warning and authorize a background investigation \_\_\_\_\_

Signature

3. Identify all of the individuals who will be involved in the day-to-day management or supervision of the proposed business. Please provide other name(s) used.

\_\_\_\_\_  
(FIRST) (FULL MIDDLE) (LAST) (DATE OF BIRTH MO/DAY/YEAR)

\_\_\_\_\_  
(FIRST) (FULL MIDDLE) (LAST) (DATE OF BIRTH MO/DAY/YEAR)

\_\_\_\_\_  
(FIRST) (FULL MIDDLE) (LAST) (DATE OF BIRTH MO/DAY/YEAR)

\_\_\_\_\_  
(FIRST) (FULL MIDDLE) (LAST) (DATE OF BIRTH MO/DAY/YEAR)

I have read the Tennessee Warning and authorize a background investigation \_\_\_\_\_

**All management and supervisors must read the Tennessee Warning and sign to the right!**

\_\_\_\_\_  
(Signature)  
\_\_\_\_\_  
(Signature)  
\_\_\_\_\_  
(Signature)  
\_\_\_\_\_  
(Signature)

4. All employees of the business must register by providing the following information. The Police Department will take a photograph of each employee showing both the front and side view and a complete set of fingerprints. (Use additional sheets if necessary)

Employee #1

Name \_\_\_\_\_  
(First) (Full Middle) (Last)

Address \_\_\_\_\_

Birth Date \_\_\_\_\_

Have you ever been convicted of any felony, gross misdemeanor, or misdemeanor for which jail sentence could have been imposed, including the time, place, date and disposition.

\_\_\_\_\_ No  
\_\_\_\_\_ Yes (If yes, describe) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employee #2

Name \_\_\_\_\_  
(First) (Full Middle) (Last)

Address \_\_\_\_\_

Birth Date \_\_\_\_\_

Have you ever been convicted of any felony, gross misdemeanor, or misdemeanor for which jail sentence could have been imposed, including the time, place, date and disposition.

\_\_\_\_\_ No

\_\_\_\_\_ Yes (If yes, describe) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Employee #3

Name \_\_\_\_\_  
(First) (Full Middle) (Last)

Address \_\_\_\_\_

Birth Date \_\_\_\_\_

Have you ever been convicted of any felony, gross misdemeanor, or misdemeanor for which jail sentence could have been imposed, including the time, place, date and disposition.

\_\_\_\_\_ No

\_\_\_\_\_ Yes (If yes, describe) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

5. Description of Services to be offered: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. License Fees as Follows:

Sauna and Massage Licenses \$3600 per year

Individual Employee Registration \$25.00 each

If six months or less of year remain, license fee shall be half the annual fee.

7. If employer, insurance certificate showing proof of worker's compensation coverage (Minnesota Statute 176.182)

Make check or money order payable to the **CITY OF ROCHESTER** and return to the **OFFICE OF THE CITY CLERK, ROOM 135, 201 4<sup>TH</sup> ST SE, ROCHESTER, MN 55904.**

*I hereby certify that the information provided is true and correct to the best of my knowledge and belief, and that the Common Council of the City of Rochester may rely on the accuracy of such information provided in determining whether or not a license should be issued.*

\_\_\_\_\_  
**(SIGNATURE OF APPLICANT)**

**Subscribed and Sworn to Before Me on this**  
\_\_\_\_\_ Day of \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_  
**(Notary Public)**

**FOR OFFICE USE ONLY**

**POLICE DEPARTMENT:**

***This is to certify that the information in this application as pertains to the applicant has been verified***

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**APPROVAL:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
**(SIGNATURE)**

**FIRE DEPARTMENT:**

***This is to certify that the premises herein described have been inspected and that the premises comply with our inspection standards relating to fire protection.***

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**APPROVAL:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
**(SIGNATURE)**

**BUILDING SAFETY DEPARTMENT:**

*This is to certify that the premises have been inspected and are in compliance with All local, state and federal building and safety codes.*

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**APPROVAL:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
(SIGNATURE)

**PLANNING & ZONING DEPARTMENT:**

*This is to certify that the premises have been inspected and are in compliance with The Rochester Zoning Code.*

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**APPROVAL:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
(SIGNATURE)

**HEALTH DEPARTMENT:**

*This is to certify that the premises have been inspected and are in compliance with our inspection standards relating to health issues.*

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**APPROVAL:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
(SIGNATURE)

**DATE OF COUNCIL APPROVAL:** \_\_\_\_\_

**LICENSE NUMBER:** \_\_\_\_\_ **DATE SENT:** \_\_\_\_\_

**RIGHTS OF SUBJECTS OF GOVERNMENT DATA**

**LICENSE AND PERMIT DATA**

**“TENNESSEN WARNING”**

*In accordance with the Minnesota Government Data Practices Act, the City of Rochester 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 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) AT THE TIME OF APPLICATION**

**PRIVATE – SOCIAL SECURITY INFORMATION, BIRTH DATE INFORMATION**

**(MS 13.355 & 13.37(a))**

*The information collected and required from you is to determine your eligibility for a City of Rochester License or Permit. If you do not supply the required information, the City of Rochester 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 the licensing program. Persons or agencies with whom this information may be shared include:*

**CITY, COUNTY, AND STATE PERSONNEL INVOLVED IN DETERMINING YOUR ELIGIBILITY, CONTRACTED PUBLIC AUDITORS, AND THOSE INDIVIDUALS TO WHOM 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 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 Clerk’s Office, Room135, City Hall, Rochester, Mn. 55904*

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

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**(Signature of Data Subject)**

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**(Date)**

*White Copy - City Clerk's Office*

*Buff Copy - Applicant*