



## Massage Therapist Permit Application

1. Name of Applicant: \_\_\_\_\_  
First Initial Last

2. Address of Applicant: \_\_\_\_\_  
Number Street Name City State Zip

3. Telephone No.: \_\_\_\_\_ 4. Social Security No. \_\_\_\_\_

5. Driver's License No.: \_\_\_\_\_ State Issued: \_\_\_\_\_ Expire Date: \_\_\_\_\_

6. Applicant Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

7. Applicant's Business Occupation or Employment for the last three(3) years. (If necessary use additional paper.)

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8. Business License or Permit History for Massage Business. Please list any Agency, Board, City, County, or State if Application was Approved, Revoked, and/or Suspended and the reasons thereof:

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9. Name of Establishment: \_\_\_\_\_

10. Address of Establishment: \_\_\_\_\_  
Number Street Name City State Zip

11. Telephone Number of Establishment: \_\_\_\_\_

12. Has the applicant ever been convicted of any of the following? (Circle letter of all that apply)

- a. An offense involving conduct which requires registration pursuant to Section 290 of the Penal Code.
- b. An offense involving the use of force and violence upon the person of another that amounts to a felony.
- c. An offense involving sexual misconduct with children.
- d. An offense as defined in California Penal Code Section 311, 315, 316, 318, 266a, 266n, 266d, 266e, 266f, 266g, 266h, 266i, 647, Subdivision (b), 647a, or any violation of Penal Code Section 182.
- e. Conspiracy to violate any of the aforementioned sections of the California Penal Code, or
- f. The Commission of the equivalent of any of the aforesaid crimes in a jurisdiction outside of the state.

If Yes, Please Explain: \_\_\_\_\_

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The Applicant shall provide the name and address of the owner and lessor of the real property upon or in which the business is to be conducted, and a copy of the lease or rental agreement;

The Applicant shall provide other identification and information as may be required.

The Chief of Police may require the Applicant to furnish fingerprints when needed for the purpose of establishing identification.

You may not begin your Massage Therapist Business until the business license and this permit is approved. At the time of issuance of the business license, you must pay for the business license fee.

Filing Fee: \$100.00.

I hereby consent to said use if approved:

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

<p>For City Use Only:</p> <p>Staff Signature: _____</p> <p>Title: _____ Date: _____</p> <p>Additional Comments: _____</p> <p>_____</p>
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