Application for Massage Operator Permit/Outcall Massage Service

Date:								
Business Type (C Massage Estate		Outcall Service						
Ownership (Check only one) Individual (self-employed, etc.) Corporation Partnership								
Each person listed mu	st fill out a separate	application packet, an	neral and limited partners and financially interested is subject to a complete background investigation					
Personal Informa								
Masseur/Masseus	Ope	erator						
Applicant's full N	ame:		Telephone No.	_				
Home address:								
Height V	WeightSex _	Eyes Hair	Date of Birth:					
Place of Birth:	Drive	r's Lic. No	Social Security No					
			have criminal charges pending against you arges and disposition of such conviction:	ı? (Y N)				
(Date)	(Location)	(Offense)	(Convicted/Pending)	_				
				_				
Describe the types	of massage to be	administered:						
List two (2) previo	ous business addre	sses prior to your cu	urrent address:					

Page 2 of 2 List two (2) previous home addresses prior to your current address: From: _____ To: ____ From: _____ To: ____ State business occupation or employment for three (3) years prior to date of application: From: _____ To: _____ From: _____ To: ____ From: To: Have you ever had a license or permit to give massage or operate a Massage Establishment or business in any other area? (Y N) If yes, where? Was the license or permit ever revoked or suspended? (Y N) If yes, for what reason? For Operators Only Establishment name: ______ Telephone No. _____ Describe the physical location and facilities within the establishment. Applicant Signature: _____ Date: _____ Applicants must provide the following: Written proof that applicant is a graduate of a State approved School (70 hours) where the work and

profession of massage is taught.

Written proof that applicant is over the age of 18 years.

Fingerprints

Two (2) passport size photographs

Doctor's certificate regarding communicable disease (Masseuse/Masseur Only) 30 days

Copy of County Business License (Operator Only)

DMV	Crim. Hist. Recd.	CCCSO	Fees Paid	
				