

Pacifica Police Department MESSAGE THERAPIST PERMIT APPLICATION

Application Type

- Establishment/Outcall
 Employee/Trainee

Fees (includes application & fingerprinting)

Establishment/Outcall = \$331.00 (new) / \$100 (renewal)
Employee/Trainee = \$162.00 (new) / \$50 (renewal)

This application must be complete with full payment of fees and all required documents attached.

1) Print the following:

Home Phone _____ Cell Phone _____ Work Phone _____

Name _____ Birth Date/Place _____
Last First Middle Month/Day/Year City/State

Male Female Height _____ Weight _____ Eye Color _____ Hair Color _____

Title (if corporate officer) _____

Aliases _____ Scars/Tattoos _____
Type/Location

Drivers License/ID# _____ Social Security # _____

Business Name _____ Business Phone _____

Business Location _____ Owner/Operator _____

2) Provide your *residence address(s)* for the past three years (list current first):

Street/City/State/Zip	Dates of Residence
_____	_____
_____	_____
_____	_____

3) Provide your *occupation* and *business address(s)* for the past three years (list current first):

Employer/Title	Address/Phone
_____	_____
_____	_____
_____	_____

4) Have you ever had a business license/regulatory permit in this or any other city? Yes No
If yes, list the location, date, type of business and name on the license/permit:

Has any previously held license been suspended or revoked? Yes No

If yes, list the location, type of business, date of suspension/revocation and by whom:

Reason:

In what business/occupation did you engage after such suspension or revocation?

5) Have you ever been registered or licensed as a prostitute or otherwise authorized by the laws of any jurisdiction to engage in prostitution? Yes No

If yes, please explain:

6) Have you ever been convicted in any state of a felony, misdemeanor or violation of any municipal ordinance, except minor traffic violations? (any charges that were dismissed after completion of probation pursuant to Penal Code Section 1203.4 or its equivalent in another state must be listed as a criminal conviction with an explanation) Yes No

If yes, state the nature of the offense, date charges were filed and disposition of case:

7) Are you currently delinquent in any city, county, state or federal taxes or fees? Yes No

If yes, list which agency, the amount delinquent and the circumstances:

I hereby declare under penalty of perjury that the above statements are true and correct to the best of my knowledge and belief. I further understand that any false, misleading or fraudulent statements in this application or other document submitted in conjunction herewith is grounds for denial, suspension and/or revocation or a permit issued pursuant to Title 5, Chapter 19 of the Pacifica Municipal Code.

Name _____

Signature _____ Date _____

P&A.13a (Rev. 08/10/2015)

The following documents must be submitted with this application:

- Copy of CA driver's license/identification card or certified copy of applicant birth certificate
- Two portrait photographs of applicant (minimum of 2" x 2" and taken within the last 60 days)
- Schedule fingerprints by calling Pacifica Police Technician at 650-738-7335 (included in fee)

If the applicant will have physical contact with customers or clients of the massage/bathing/health establishment, applicant must also submit the following:

- Name/address of a recognized school (defined by PMC 5-19.02(g) and pursuant to Sec. 29025 of the CA Education Code) attended, dates attended and copy of a diploma/certificate of graduation awarded the applicant, showing completion of a minimum of 70 hours of instruction in the theory, ethics, practice, methods and profession of massage therapists
- A certificate or letter on letterhead from a medical doctor stating that the applicant has, within 30 days immediately prior to the filing of the original and renewal application, been examined and found to be free from any infections, contagious or communicable diseases

If a massage therapist trainee, applicant must submit the following in addition to the above items:

- A letter from the owner/manager/director of a recognized massage school showing that the trainee is currently enrolled in a course of study of at least 70 hours of instruction which will lead to a diploma/certificate and the date of expected certification
- A letter from the owner/manager/director of the establishment where the trainee will be practicing that states a willingness to employ the trainee during the time they are in training

If the applicant will be the owner/operator of a massage/bathing/health establishment, the applicant must also submit a *Massage Establishment* Permit Application with the following, as applicable:

- If partnership, a copy of the partnership agreement and names/residence addresses of each partner, including limited partners (if one of the partners is a corporation, include information for corporate partner too)
- If corporation, proof that corporation is in good standing with the state of California, a copy of articles of incorporation and a list of names/residences of each of the officers, directors, and stockholders holding more than 10% of the stock of the corporation
- Proof of legal ownership or occupancy of establishment site (copy of deed/lease agreement)

(to be completed by police department personnel)

Fee Amount Collected _____ Receipt Number _____

Date Application Received _____ By _____

Date Live Scan Performed _____ Date Results Received _____

DMV AWS WPS NCIC Agency Records Check _____

Use Permit (Planning) Business License (Finance) Code Check (Fire/Building//Health)

Date Permit Issued _____