

CITY OF SOLANA BEACH



MESSAGE TECHNICIAN PERMIT RENEWAL APPLICATION
HOLISTIC HEALTH PRACTITIONER RENEWAL APPLICATION

APPLICATIONS MUST BE SUBMITTED IN PERSON. CALL (858) 720-2403 FOR APPOINTMENT.

ALL INFORMATION REQUESTED ON THIS FORM IS REQUIRED.
COMPLETED APPLICATIONS REQUIRE THIRTY (30 DAYS TO PROCESS).

- ESTABLISHMENT**
- OFF PREMISE ONLY**
- ESTABLISHMENT & OFF PREMISE**

(FEES ARE NON REFUNDABLE)

Certain information provided in this application may be disclosed pursuant to valid requests for public information.

YOU ARE REQUIRED TO SUBMIT THE FOLLOWING ITEMS WITH THIS APPLICATION:

1. COPY OF Current photo identification, written proof satisfactory to the Sheriff that applicant is over the age of 18 (i.e. California drivers license, I.D. card or other approved identification).
2. COPY OF Transcripts showing a minimum of 12 hours of continuing education from an accredited school (renewal applicants only).
3. Correct fee in the form of cash, check or money order.
4. COPY OF valid Business Registration Certificate from the City of Solana Beach , or completed application and fee (if self employed or Off Premise Massage Business only application).

NOTE: You will be photographed at the time of application submission if photographs are not on file.

PERSONAL INFORMATION (Print or type only)

Name _____
Last First Middle

All Other Names Used: _____

Date of Birth: _____ Place of Birth: _____

Drivers License #: _____ State: _____ SSN: _____

Current Residence Address: _____
No. Street City Zip

Current Mailing Address (if different): _____
No. & Street / P.O. Box City Zip
cell phone: _____

Home Phone: _____

Sex: M F Height: _____ Weight: _____ Hair: _____ Eyes: _____

RESIDENCE ADDRESS FOR PAST 3 YEARS

OCCUPATIONS(S) FOR THE PAST 3 YEARS

Business Name/Address/City: _____

Position Held/Dates Employed: _____

Business Name/Address/City: _____

Position Held/Dates Employed: _____

Business Name/Address/City: _____

Position Held/Dates Employed: _____

HAVE YOU EVER BEEN ISSUED A MESSAGE LICENSE/PERMIT? YES NO

If yes, explain the type of Massage License/Permit, where issued and by whom:

TYPE	BUSINESS	ADDRESS	ISSUING AGENCY
_____	_____	_____	_____

HAVE YOU EVER HAD A MESSAGE BUSINESS LICENSE OR PERMIT SUSPENDED OR REVOKED, OR HAD AN APPLICATION FOR SAME DENIED? YES NO If yes, explain in detail below.

HAVE YOU EVER BEEN ISSUED A LICENSE TO OPERATE A BUSINESS? YES NO

HAVE YOU EVER HAD A BUSINESS LICENSE SUSPENDED OR REVOKED, OR AN APPLICATION FOR SAME DENIED: YES NO

If yes, explain in detail below.

ESTABLISHMENT NAME WHERE YOU WILL BE WORKING: _____

BUSINESS ADDRESS: _____ BUSINESS PHONE: _____

OFF PREMISE BUSINESS NAME: _____

BUSINESS ADDRESS: _____ BUSINESS PHONE: _____

LIST ALL CHARGES RESULTING IN A CONVICTION OR PLEA OF NOLO CONTENDERE, INCLUDING CONVICTIONS DISMISSED PURSUANT TO PENAL CODE SECTION 1203.4, AND ANY PENDING CRIMINAL CHARGES (except minor traffic violations). IF NONE, PLEASE INDICATE "NONE".

DATE	AGENCY	CHARGE	DISPOSITION	DATE RELEASED OR PLACED ON PROBATION
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT ANY FALSE STATEMENTS OR INFORMATION ARE GROUNDS FOR DENIAL OF THIS APPLICATION. I AGREE TO HAVE ALL THE REQUIRED NOTICES, UNLESS OTHERWISE SPECIFIED, SENT BY U.S. MAIL TO THE ADDRESS GIVEN ON THIS APPLICATION. I AM AWARE THAT ALL FEES ASSOCIATED WITH THIS APPLICATION ARE NONREFUNDABLE. THE RIGHT OF REASONABLE INSPECTION SHALL BE A CONDITION FOR ISSUANCE OF THIS PERMIT/LICENSE. I HAVE READ AND UNDERSTAND THE SECTIONS OF THE SOLANA BEACH CODE OF REGULATORY ORDINANCES PERTAINING TO MASSAGE TECHNICIANS AND/OR OFF PREMISE MASSAGE BUSINESSES.

SIGNATURE OF APPLICANT: _____ DATE: _____

CHANGES OF ANY KIND MUST BE REPORTED TO THE LICENSING AGENCY IN WRITING WITHIN TEN (10) DAYS

Accepted by: _____ Date: _____