



SAN DIEGO COUNTY
SHERIFF'S DEPARTMENT

License Division, 9621 Ridgeway Court, PO Box 939062
San Diego, CA 92193-9062

William D. Gore, Sheriff

MESSAGE ESTABLISHMENT BUSINESS PERMIT

ALL INFORMATION REQUESTED ON THIS APPLICATION IS REQUIRED. COMPLETED APPLICATIONS REQUIRE (30) THIRTY DAYS TO PROCESS. INCOMPLETE APPLICATIONS WILL BE REJECTED, THUS DELAYING ISSUANCE OF ESTABLISHMENT PERMIT.

FEES: New \$ 398.00 PERMIT NO.
Renewal 379.00

YOU ARE REQUIRED TO SUBMIT THE FOLLOWING DOCUMENTS WITH YOUR APPLICATION:

- 1. Current photo identification, written proof satisfactory to sheriff that applicant is over the age of eighteen (18) years. (i. E. California driver's license, i.d. card, or other approved i. D.)
2. Correct fee (to include \$51.00 Fingerprinting fee if applicable)
3. Letter from owner of property with written permission for use of property including Parcel number.
4. Fictitious Name Registration or Corporate paper from State of California and Statement of Domestic Stock
5. Fire inspection by your local fire department
6. Employee list (see attached form)
7. Background miscellaneous information form and release & waiver form for the applicant and each officer or partner (if applicable).

NOTE: INITIAL APPLICANTS - It is recommended you check with County Zoning Department for zoning approval requirements.

BUSINESS INFORMATION

BUSINESS/ESTABLISHMENT-DBA BUSINESS PHONE:

ESTABLISHMENT ADDRESS (SITE)

BUSINESS ADDRESS (MAILING)

PLEASE CHECK ONE:

CORPORATION PARTNERSHIP (LLC) INDIVIDUAL/SOLE PROPRIETOR

WEBSITE FOR BUSINESS:

IF CORPORATION or LLC PROVIDE NAME OF CORPORATION

(Additional information will be required for corporate or partnership businesses)

HOURS OF OPERATION: FROM TO

DAYS OF OPERATION: MON TUE WED THUR FRI SAT SUN

APPLICANT'S NAME AKA'S USED

RESIDENCE ADDRESS

RESIDENCE PHONE CELL PHONE:

MESSAGE OCCUPATION HISTORY

BUSINESS & ADDRESS/CITY/COUNTY/STATE

POSITION

DATE EMPLOYED

HAVE YOU EVER HAD A MESSAGE LICENSE OR PERMIT SUSPENDED OR REVOKED OR HAD AN APPLICATION DENIED? _____ IF ANSWER IS YES, EXPLAIN IN DETAIL _____

PROVIDE CURRENT LIST OF ALL MESSAGE THERAPISTS AND A COPY OF CERTIFICATION FOR ALL THERAPISTS PROVIDING SERVICES AT THE ESTABLISHMENT. (USE SEPARATE SHEET OF PAPER FOR ADDITIONAL LIST)

NAME/ADDRESS AND PHONE NUMBER OF ANY OTHER MESSAGE ESTABLISHMENT CURRENTLY OWNED AND/OR OPERATED BY THE APPLICANT.

(ANY CHANGES MUST BE REPORTED TO THE LICENSING DIVISION IN WRITING - §66.508(b))

I HEREBY CERTIFY UNDER THE 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 HAVING ALL THE REQUIRED NOTICES, UNLESS OTHERWISE SPECIFIED, SENT BY U.S. MAIL. I AM AWARE THAT ALL FEES ASSOCIATED WITH THIS APPLICATION ARE NON-REFUNDABLE.

DATE _____ APPLICANT SIGNATURE _____

FOR OFFICIAL USE ONLY:

Application accepted by: _____ Date: _____

PLANNING DEPT./ZONING

APPROVED _____ DISAPPROVED _____

BY _____

DATE _____

SHERIFF'S INVESTIGATIONS

APPROVED _____ DISAPPROVED _____

BY _____

DATE _____

FIRE DEPARTMENT/ MARSHAL

APPROVED _____ DISAPPROVED _____

BY _____

DATE _____

MASSAGE ESTABLISHMENT
AND
OFF-PREMISE MASSAGE ESTABLISHMENT
EMPLOYEE LIST

1. _____
(LAST) (FIRST) (MT#)
2. _____
(LAST) (FIRST) (MT #)
3. _____
(LAST) (FIRST) (MT#)
4. _____
(LAST) (FIRST) (MT #)
5. _____
(LAST) (FIRST) (M#)
6. _____
(LAST) (FIRST) (MT#)
7. _____
(LAST) (FIRST) (MT #)
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(LAST) (FIRST) (MT#)
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11. _____
(LAST) (FIRST) (MT #)
12. _____
(LAST) (FIRST) (MT#)
13. _____
(LAST) (FIRST) (MT LIC. #)
14. _____
(LAST) (FIRST) (MT LIC. #)
15. _____
(LAST) (FIRST) (MT LIC. #)