



**SAN DIEGO COUNTY
SHERIFF'S DEPARTMENT**

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

William D. Gore, Sheriff

OFF PREMISE MASSAGE BUSINESS PERMIT

ALL INFORMATION REQUESTED ON THIS APPLICATION IS REQUIRED. COMPLETED APPLICATIONS REQUIRE (30) THIRTY DAYS TO PROCESS. INCOMPLETE APPLICATIONS DELAY THE ISSUANCE OF ESTABLISHMENT BUSINESS PERMIT.

FEES:

New \$273.00
Renewal \$106.00 (fees are non refundable)

File # OP _____

YOU ARE REQUIRED TO SUBMIT THE FOLLOWING DOCUMENTS WITH YOUR APPLICATION

1. Photo identification (i.e. California Driver's License or California ID)
2. Fictitious name registration (if applicant self employed & not under direction of other approved OP/establishment)
3. Copy of Organized Certification (if individually providing massage or list of certified employees if providing outcall service on behalf establishment)
4. Fee
5. If Off Premise permittee is individual managing Massage Technician's and is not certified, apply Uniform License Procedure background and fingerprinting (\$51.00)
6. Other _____

NOTE: Off Premise massages cannot be performed from business or residence address listed below

BUSINESS INFORMATION

BUSINESS NAME – DBA: _____ BUS/CELL PHONE _____

BUSINESS ADDRESS: _____
(WHERE BUSINESS RECORDS MAINTANED)

BUSINESS WEBSITE ADDRESS _____
(advertise services)

TYPE OF OP LICENSEE: _____ MT _____ ME EMPLOYEES _____ INDIVIDUAL (S) MANAGING MT'S

PLEASE CHECK ONE:
CORPORATION _____ PARTNERSHIP LLC _____ SOLE PROPRIETORSHIP _____
(Additional information will be required for corporate or partnership businesses)

HOURS OF OPERATION: FROM _____ TO _____

DAYS OF OPERATION: MON _____ TUES _____ WED _____ THURS _____ FRI _____ SAT _____ SUN _____

APPLICANT'S NAMES: _____ AKA USED _____

RESIDENCE ADDRESS: _____

I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE STATEMENTS MADE ON 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 US MAIL. I AM AWARE THAT ALL FEES ASSOCIATED ARE NON REFUNDABLE AND WILL NOTIFY THE LICENSE DIVISION OF ANY CHANGES ON THIS APPLICATION.

DATE: _____ APPLICANT SIGNATURE: _____

FOR OFFICIAL USE ONLY:

Application accepted by: _____ Date: _____

Approved: _____ Disapproved: _____

By: _____ Date: _____