



William D. Gore, Sheriff

SAN DIEGO COUNTY SHERIFF'S DEPARTMENT

License Division, 9621 Ridgehaven Court, P.O. Box 939062 San Diego, CA 92193-9062

Sheriff's File No.:

Telephone No. (858) 974-2020

APPLICATION FOR MASSAGE TECHNICIAN PERMIT

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

FEES: NEW \$313.00 (Includes \$40.00 Health Fee) RENEWAL \$106.00 (Fees are Non-Refundable)

OFF-PREMISES? YES NO

FOR AN INITIAL LICENSE YOU ARE REQUIRED TO SUBMIT THE FOLLOWING ITEMS WITH THIS APPLICATION:

- 1. Photo identification or written proof satisfactory to prove that Applicant is over the age of 18 years. \* 2. Massage Diploma/Certificate with transcript, proof of employment, or written examination (NEW APPLICANTS ONLY). 3. Certificate of Medical Examination (dated within thirty (30) days). 4. Letter from employer if in exempted class. 5. Correct fee(s) (fees are non-refundable). 6. Money Order for \$51.00 made payable to Department of Justice (NEW APPLICANTS ONLY). 7. Fictitious Name Registration, if using a DBA. 8. Other

\* NOTE: Applicant must submit one of three types of proof of knowledge: Original Certificate of Graduation from a "Recognized School" of Massage with complete transcript OR: Documentation from employer of completion of 1200 hours of on-the-job training OR: Completion of written examination. (SDCC Section 66.510(1))

FOR RENEWAL YOU ARE REQUIRED TO SUBMIT ONLY THE FOLLOWING ITEMS:

- 1. Completed application (both pages), filling out ALL items, include any necessary updated information; app must be SIGNED and DATED. 2. Submit check or money order payable to San Diego County Sheriff's Department with correct fee(s) (fees are non-refundable). 3. IF your appearance has changed substantially or you prefer an updated photo on your renewed permit(s), submit 2 passport size photos.

PERSONAL INFORMATION (Print or Type only)

Name: Last First Middle

Other Names Used:

Date of Birth: Place of Birth: SSN:

Driver's Lic.#: Sex: Hgt: Wgt: Hair: Eyes:

Current Res. Address (No.) (Street) (City) (Zip)

Current Mail Address (No.) (Street) (City) (Zip)

(Home Telephone)

(Message Telephone)

RESIDENCE ADDRESSES FOR THE PAST THREE (3) YEARS

BUSINESS INFORMATION (Occupation(s) for the last three (3) years)

Business Name/Address/City Position Held Dates Employed

**BUSINESS INFORMATION** (continued)

HAVE YOU EVER BEFORE BEEN ISSUED A MASSAGE LICENSE/PERMIT? YES \_\_\_\_\_ NO \_\_\_\_\_

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

<u>NAME</u>	<u>ADDRESS</u>	<u>BUSINESS</u>
_____	_____	_____
_____	_____	_____

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**NAME OF CURRENT EMPLOYER:** \_\_\_\_\_  
 (AS A MASSAGE TECHNICIAN)  
 Business Address \_\_\_\_\_ Business Phone \_\_\_\_\_

**OFF-PREMISE BUSINESS NAME** \_\_\_\_\_  
 (OUT CALLS)  
 Business Address \_\_\_\_\_ Business Phone \_\_\_\_\_

LIST ALL CHARGES RESULTING IN A CONVICTION OR PLEA OF NOLO CONTENDERE. 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 NON-REFUNDABLE. THE RIGHT OF REASONABLE INSPECTION SHALL BE A CONDITION FOR ISSUANCE OF A SHERIFF'S PERMIT/LICENSE. I HAVE READ AND UNDERSTAND THE SECTIONS OF THE SAN DIEGO COUNTY CODE OF REGULATORY ORDINANCES PERTAINING TO MASSAGE TECHNICIAN.**

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**CHANGES OF ANY KIND MUST BE REPORTED TO THE LICENSING AGENCY IN WRITING WITHIN TEN (10) DAYS.**  
FOR SHERIFF DEPARTMENT USE:

APPLICATION ACCEPTED BY: \_\_\_\_\_ ACCEPTED DATE: \_\_\_\_\_

APPROVED \_\_\_\_\_ DISAPPROVED \_\_\_\_\_ **Health Department Examination Results**

DATE \_\_\_\_\_ BY \_\_\_\_\_ DATE REC'D \_\_\_\_\_