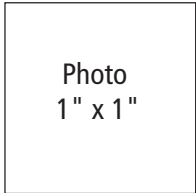




City of San Buenaventura • Business License Office
 501 Poli Street #107, Ventura, CA 93001 • (805) 658-4715



Massage Establishment Permit Application

New Application (\$150) Renewal (\$150)

Name of Establishment _____

Corporate Name (if different from business name) _____

Address of Establishment: Street # and Name, Suite # _____

City _____ State _____ ZIP _____ Bus. Phone () _____

Applicant's Full Name _____

Other Names Used _____

Home Address _____ City _____ State _____ Zip _____

Home Phone () _____ Driver's License No. _____ Date of Birth _____

Social Security No. _____ Height _____ Weight _____ Color of Eyes _____ Color of Hair _____

Business License or Permit History

License or Permit	Date Issued	Revoked?
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

If a license or permit has been revoked, please indicate date and reason: _____

Criminal Convictions: Please list all criminal convictions within the last five (5) years and the places of such convictions in accordance with Sec. 4904(d)(2). _____

Name and Address of the owner and lessor of the real property in which the business is conducted.

Name _____

Address _____

FOR OFFICE USE ONLY

- Copy of California Drivers License
- Copy of Lease Agreement (for new application only)
- Notarized Acknowledgement from Owner stating his/her understanding that the massage establishment will be located on the property (for new application only)
- Two (2) facial photographs (1" x 1") taken four months preceding the date of the application
- Articles of Incorporation (for new applicants only)
- Certificate of Limited Partnership, if applicable (for new applicants only)

Form of Payment _____ Amount Paid _____ Date Paid _____

Date Permit Issued: _____

Home Addresses (addresses of the applicant for the three(3) years immediately preceding the date of the application and the inclusive dates of each address):

Address _____ From _____ To Present
Address _____ From _____ To _____
Address _____ From _____ To _____

Applicant Employment History (for the three (3) years preceding the date of application):

Employer _____ From _____ To _____
Address _____
Name of Supervisor _____ Business Phone No. () _____
Responsibilities _____

Employer _____ From _____ To _____
Address _____
Name of Supervisor _____ Business Phone No. () _____
Responsibilities _____

If additional room is required, use additional sheets of paper.

I have received and am familiar with the Rules and Regulations regarding massage establishment in the City of Ventura. I certify under penalty of perjury under the laws of the State of California, that all the information above is true and correct.

Applicant Signature _____ Date _____

In compliance with the Americans with Disabilities Act, this document is available in alternate formats by calling the City of Ventura Business License Office at 658-4715 or through the California Relay Service.