



# Massage Technician Permit Application

- Massage Technician Permit (\$25)
- Department of Justice (\$32)
- Live Scan Fingerprinting (\$25)
- Police Records Review (\$27)

Applicant's Full Name \_\_\_\_\_

Other Names Used \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (        ) \_\_\_\_\_ Calif. Driver's License No. \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security No. \_\_\_\_\_

**Massage Establishment(s)** Establishment Name and Complete Address where applicant expects to be employed:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**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If a license or permit has been revoked, please indicate date and reason: \_\_\_\_\_  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).

**FOR OFFICE USE ONLY**

- Copy of California Drivers License
- Three (3) facial photographs (1" x 1") taken within the last 30 days
- Copy of diploma or certificate with at least 200 hours from a recognized school (for new applicants only)
- Medical certificate taken within 30 days preceding application (TB test only)
- Proof of passage of examinations (for new applicants only) Written \_\_\_\_\_ %    Practical \_\_\_\_\_ %

Form of Payment \_\_\_\_\_ Amount Paid \_\_\_\_\_ Date Paid \_\_\_\_\_

Date Permit Issued: \_\_\_\_\_ Business License Number \_\_\_\_\_

**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 \_\_\_\_\_

**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 technicians 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 \_\_\_\_\_