



CITY OF SOLANA BEACH
MESSAGE TECHNICIAN TRAINEE PERMIT APPLICATION

APPLICATIONS MUST BE SUBMITTED IN PERSON. (858) 720-2403 FOR APPOINTMENT. ALL INFORMATION REQUESTED ON THIS FORM IS REQUIRED. COMPLETED APPLICATIONS REQUIRE THIRTY (30 DAYS TO PROCESS).

PERMIT VALID FOR 18 MONTHS FROM ISSUANCE - MAY NOT BE RENEWED

YOU ARE REQUIRED TO SUBMIT THE FOLLOWING ITEMS WITH THIS APPLICATION:

- 1. COPY OF Current photo identification, written proof satisfactory to the Sheriff that applicant is over the age of 18 (i.e. California drivers license, I.D. card or other approved identification).
2. Original and COPY Transcripts showing a minimum of 200 hours of training.
3. COPY OF Proof of current enrollment in an accredited school of massage.
4. Correct fee in the form of cash, check or money order.
5. Letter signed by the owner of manager of a licensed massage establishment stating the immediate intent to employ applicant to do massage as a trainee working under the direct supervision and control of a licensed massage therapist or exempt professional.

Certain information provided in this application may be disclosed pursuant to valid requests for public information.

\* NOTE: You will be photographed at the time of application submission.

PERSONAL INFORMATION Name: (Print or type only)
Last First Middle
All Other Names Used:
Date of Birth: Place of Birth:
Drivers License State: SSN
Current Residence Address: No. Street City Zip
Current Mailing Address (if different): No. & Street /P.O. Box City Zip
Home Phone: Message/cell Phone:
Sex: M F Height: Weight: Hair: Eyes:

RESIDENCE ADDRESS FOR PAST THREE (3) YEARS

**OCCUPATIONS(S) FOR THE PAST 3 YEARS:**

Business Name/Address/City Position Held Dates Employed

HAVE YOU EVER BEEN ISSUED A MESSAGE LICENSE/PERMIT ? YES  NO  If yes, explain the type of Message License/Permit, where issued and by whom:

TYPE BUSINESS ADDRESS ISSUING AGENCY

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

HAVE YOU EVER BEEN ISSUED A LICENSE TO OPERATE A BUSINESS? YES  NO

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

ESTABLISHMENT NAME: \_\_\_\_\_  
BUSINESS ADDRESS: \_\_\_\_\_ BUSINESS PHONE: ( ) \_\_\_\_\_

OFF PREMISE BUSINESS NAME: \_\_\_\_\_  
BUSINESS ADDRESS: \_\_\_\_\_ BUSINESS PHONE: ( ) \_\_\_\_\_

LIST ALL CHARGES RESULTING IN A CONVICTION OR PLEA OF NOLO CONTENDERE, INCLUDING CONVICTIONS DISMISSED PURSUANT TO PENAL CODE SECTION 1203.4, AND ANY PENDING CRIMINAL CHARGES (except minor traffic violations). 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 NONREFUNDABLE. THE RIGHT OF REASONABLE INSPECTION SHALL BE A CONDITION FOR ISSUANCE OF THIS PERMIT/LICENSE. I HAVE READ AND UNDERSTAND THE SECTIONS OF THE SOLANA BEACH CODE OF REGULATORY ORDINANCES PERTAINING TO MASSAGE TECHNICIANS AND/OR OFF PREMISE MASSAGE BUSINESSES.

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE: \_\_\_\_\_

Application Accepted By: \_\_\_\_\_ Date: \_\_\_\_\_