



**APPLICATION FOR
 MESSAGE TECHNICIAN BUSINESS LICENSE**

APPLICANT INFORMATION:			
Name of Applicant: Last:	_____	First:	_____ Middle Initial: _____
Physical Address:	_____	City:	_____ Zip: _____
Mailing Address:	_____	City:	_____ Zip: _____
Contact Phone Number:	_____	Alternate Number:	_____ Date of Birth: _____
Height:	_____	Weight:	_____ Hair Color: _____ Eye Color: _____
Driver's License Number:	_____	Social Security #:	_____

LICENSED MESSAGE CLINIC WHERE APPLICANT WILL BE WORKING:			
Name of Clinic:	_____	Clinic Phone No.:	_____
Address:	_____	City:	_____ State: _____ Zip: _____
Name of Clinic:	_____	Clinic Phone No.:	_____
Address:	_____	City:	_____ State: _____ Zip: _____
Name of Clinic:	_____	Clinic Phone No.:	_____
Address:	_____	City:	_____ State: _____ Zip: _____

LIST RESIDENCE ADDRESS HISTORY FOR PAST FIVE (5) YEARS:			
From (Date):	_____	To (Date):	_____
Address:	_____	City:	_____ State: _____ Zip: _____
From (Date):	_____	To (Date):	_____
Address:	_____	City:	_____ State: _____ Zip: _____
From (Date):	_____	To (Date):	_____
Address:	_____	City:	_____ State: _____ Zip: _____
From (Date):	_____	To (Date):	_____
Address:	_____	City:	_____ State: _____ Zip: _____

Have you ever used another name: Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, list other names used including alias, nickname, married or maiden name: _____

BUSINESS/EMPLOYMENT HISTORY FOR PAST THREE (3) YEARS:			
Business Name:	_____	Address:	_____
City:	_____	State:	_____ Zip: _____
From (Date):	_____	To (Date):	_____
Business Name:	_____	Address:	_____
City:	_____	State:	_____ Zip: _____
From (Date):	_____	To (Date):	_____
Business Name:	_____	Address:	_____
City:	_____	State:	_____ Zip: _____
From (Date):	_____	To (Date):	_____



BUSINESS/EMPLOYMENT HISTORY FOR PAST THREE (3) YEARS (continued from page one):			
Business Name: _____	Address: _____		
City: _____	State: _____	Zip: _____	
From (Date): _____	To (Date): _____		
Business Name: _____	Address: _____		
City: _____	State: _____	Zip: _____	
From (Date): _____	To (Date): _____		

LIST PRIOR BUSINESS LICENSE HISTORY RELATING TO MASSAGE:			
Business Name: _____	License: _____		
Address: _____	City: _____	State: _____	Zip: _____
Business Name: _____	License: _____		
Address: _____	City: _____	State: _____	Zip: _____
Additional Information: (Attach a separate sheet if necessary.) _____			

REVOCATIONS, CRIMINAL CONVICTIONS, SUSPENSIONS OR DENIALS: (If you answer yes to any question, please attach separate sheet with details.)			
1. Have you ever had a massage clinic or massage technician license suspended or revoked?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
2. Have you ever had a massage clinic or massage technician application denied?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
3. Have you been convicted of conduct which is in violation of the provisions of Sections 266(i), 315, 316, 318 or 647 (b) of the California Penal Code?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
4. Have you been convicted of an offense involving conduct which requires registration under Section 290 of the California Penal Code?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
5. Have you been convicted of any felony involving sale of a controlled substance specified in Sections 11054 – 11058 of the California Health and Safety Code?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
6. Have you been convicted in another state of an offense, which if committed or attempted in this state would have been punishable as one or more of the offenses enumerated in Section 41.204(a)(6) or of any other offense as may be described under Government Code Section 51032?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

I, the undersigned, hereby declare that I have carefully read the Sections of the San Bernardino County Code relating to this business; that I understand it thoroughly and will carry out every provision thereof; that to the best of my knowledge, I have complied with the regulations as outlined. I further state that the statements and answers contained in this application are true to the best of my knowledge and belief, knowing that any false statement will be sufficient cause for denial or revocation of said license.

Signature: _____ Date: _____

**Please return completed/signed form to: San Bernardino County Clerk of the Board,
 385 N. Arrowhead Avenue, 2nd Floor, San Bernardino, CA 92415-0130.**



COUNTY USE ONLY

Sheriff's Department Use Only

Recommendation: Approved Denied Comments: _____
 Signature: _____ Title: _____ Date: _____

Clerk of the Board of Supervisors (909) 387-3841

Please Note: All fees are non-refundable. Make checks payable to Clerk of the Board.

Initial Application Fee \$111.00 Date Received: _____ Accepted By: _____
 Receipt #: _____ Deputy Clerk of the Board of Supervisors

Examination Fee \$209.00 Date Received: _____ Accepted By: _____
 Receipt #: _____ Deputy Clerk of the Board of Supervisors

Initial License Fee \$232.00 Date Received: _____ Accepted By: _____
 Receipt #: _____ Deputy Clerk of the Board of Supervisors

Renewal Fee \$232.00 Date Received: _____ Accepted By: _____
 Receipt #: _____ Deputy Clerk of the Board of Supervisors

Relocation and/or Additional Location Fee \$121.00 Date Received: _____ Accepted By: _____
 Receipt #: _____ Deputy Clerk of the Board of Supervisors

Relocation and/or Additional Location Fee \$121.00 Date Received: _____ Accepted By: _____
 Receipt #: _____ Deputy Clerk of the Board of Supervisors

Check When Completed: *Fingerprints Diploma/Certificate of Graduation **Health Certificates
 Copy of Photo ID (Proof of Age) Photo Taken ***Certified Transcript

* Fingerprints on file must be dated May 2006, or later.
 ** Health Certificates must be dated within 30 days of application submission.
 *** Transcript must show beginning and ending dates of a resident course of study of no less than 200 hours.

Date Sent to Sheriff's Department: _____ New Renewal