

**County of San Bernardino  
Clerk of the Board of Supervisors**

385 N. Arrowhead Avenue, 2<sup>nd</sup> Floor, San Bernardino, CA 92415-0130  
(909) 387-3841 Fax (909) 387-4554  
Internet: www.sbcounty.gov/cob/



**APPLICATION FOR  
MESSAGE CLINIC BUSINESS LICENSE**

Name of Applicant: Last: _____		First: _____		Middle Initial: _____	
Physical Address: _____		City: _____		Zip: _____	
Mailing Address: _____		City: _____		Zip: _____	
Contact Phone Number: _____		Date of Birth: _____		Social Security #: _____	
Height: _____		Weight: _____		Hair Color: _____	
				Eye Color: _____	

Name of Clinic Being Licensed: _____			Business 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    No
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 Name: _____	Address: _____
City: _____	State: _____ Zip: _____
From (Date): _____	To (Date): _____
Business Name: _____	Address: _____
City: _____	State: _____ Zip: _____
From (Date): _____	To (Date): _____



**List Any Massage Clinic and/or Massage Technician Business License History:**

Business Name: _____	License No.: _____	
Address: _____	City: _____	State: _____ Zip: _____
Business Name: _____	License No.: _____	
Address: _____	City: _____	State: _____ Zip: _____
Additional Information: _____		

**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	No
2. Have you ever had a massage clinic or massage technician application denied?	Yes	No
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	No
4. Have you been convicted of an offense involving conduct which requires registration under Section 290 of the California Penal Code?	Yes	No
5. Have you been convicted of any felony involving the sale of a controlled substance in violation of Section 11054 – 11058 of the California Health and Safety Code?	Yes	No
6. Have you been convicted in another state of an offense, which if committed or attempted in the state of California, would have been punishable as one or more of the offenses enumerated in Section 41.194(a)(8)?	Yes	No
7. Have you ever been convicted of one or more offenses as described under Government Code Section 51032?	Yes	No

**IS THIS A SOLE PROPRIETORSHIP?** Yes  No  If no, please have each of the applicant's principal officers, directors, and stockholders holding more than ten percent (10%) of stock (if a corporation), or partners (if a partnership), complete a separate application form.

**IS THIS A CORPORATION?** Yes  No  If yes, attach a copy of the Articles of Incorporation.

**LIST INFORMATION REGARDING TECHNICIANS EMPLOYED AT THIS CLINIC ON THE FOLLOWING PAGE.**

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 zoning, building and safety, health and fire 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, 2<sup>nd</sup> Floor, San Bernardino, CA 92415-0130.**



**TECHNICIAN EMPLOYMENT INFORMATION**  
**List Complete Information For Each Technician Employed At This Clinic**

Technician's Name Last: _____	First: _____	Middle Initial: _____
Street Address: _____	City: _____	Zip: _____
Business License No.: _____	Expiration Date: _____	

Technician's Name Last: _____	First: _____	Middle Initial: _____
Street Address: _____	City: _____	Zip: _____
Business License No.: _____	Expiration Date: _____	

Technician's Name Last: _____	First: _____	Middle Initial: _____
Street Address: _____	City: _____	Zip: _____
Business License No.: _____	Expiration Date: _____	

Technician's Name Last: _____	First: _____	Middle Initial: _____
Street Address: _____	City: _____	Zip: _____
Business License No.: _____	Expiration Date: _____	

Technician's Name Last: _____	First: _____	Middle Initial: _____
Street Address: _____	City: _____	Zip: _____
Business License No.: _____	Expiration Date: _____	

Technician's Name Last: _____	First: _____	Middle Initial: _____
Street Address: _____	City: _____	Zip: _____
Business License No.: _____	Expiration Date: _____	

Technician's Name Last: _____	First: _____	Middle Initial: _____
Street Address: _____	City: _____	Zip: _____
Business License No.: _____	Expiration Date: _____	

Technician's Name Last: _____	First: _____	Middle Initial: _____
Street Address: _____	City: _____	Zip: _____
Business License No.: _____	Expiration Date: _____	

Technician's Name Last: _____	First: _____	Middle Initial: _____
Street Address: _____	City: _____	Zip: _____
Business License No.: _____	Expiration Date: _____	

Technician's Name Last: _____	First: _____	Middle Initial: _____
Street Address: _____	City: _____	Zip: _____
Business License No.: _____	Expiration Date: _____	



**APPLICANT INFORMATION**

Name of Applicant: Last: _____	First: _____	Middle Initial: _____
Home Address: _____	City: _____	Zip: _____
Mailing Address: _____	City: _____	Zip: _____
Name of Clinic: _____	Phone #: _____	
Address: _____	City: _____	State: _____ Zip: _____
Parcel #: _____	Nearest Cross Street: _____	

**COUNTY USE ONLY – INSPECTIONS**

**Approvals are required from the departments listed below. These departments may require fees in addition to those fees required by the Clerk of the Board of Supervisors.**

<b>Building &amp; Safety</b> (909) 387-8311			
Recommendation:	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Comments: _____
Signature: _____	Title: _____		Date: _____

<b>County Fire</b> (909) 386-8400			
Recommendation:	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Comments: _____
Signature: _____	Title: _____		Date: _____

<b>Environmental Health</b> (909) 884-4056			
Recommendation:	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Comments: _____
Signature: _____	Title: _____		Date: _____

<b>Planning (Code Enforcement)</b> (909) 387-4044			
Recommendation:	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Comments: _____
Signature: _____	Title: _____		Date: _____

<b>Clerk of the Board of Supervisors</b> (909) 387-3841			
Initial Application Fee	\$111.00	Date Received: _____	Accepted By: _____ Deputy Clerk of the Board of Supervisors
		Receipt #: _____	
Initial License Fee	\$232.00	Date Received: _____	Accepted By: _____ Deputy Clerk of the Board of Supervisors
		Receipt #: _____	
Renewal Fee	\$232.00	Date Received: _____	Accepted By: _____ Deputy Clerk of the Board of Supervisors
		Receipt #: _____	

Photo Taken       \*Fingerprints       Bill of Sale (if needed)       Copy of Photo ID (i.e. driver's license)

Date Sent to Sheriff's Department: \_\_\_\_\_ New  \*\*Renewal

\*Fingerprints on file must be dated May 2006, or later.  
 \*\*Departmental sign-offs are required for renewals.

<b>Sheriff's Department Use Only:</b>			
Recommendation:	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Comments: _____
Signature: _____	Title: _____		Date: _____