

Pmt. Date:

Amt. Paid:

CITY OF CARSON REVENUE DIVISION

701 East Carson Street • P. O. Box 6234 • Carson, CA 90749
Phone: (310) 952-1748 • Fax (310) 518-2874
E-mail Address: revenuediv@carson.ca.us

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	NEW		RENEW	
	CHANG	ADDRESS		

PRINT OR TYPE ONLY

APPLICATION FOR MASSAGE TECHNICIAN

Name Massage Parlor Location (Not P.O. Box) Current Residence Must provide current and last 2 previous) Previous Residence						
(Not P.O. Box) Current Residence Must provide current and last 2 previous)						
Current Residence Must provide current and last 2 previous)						
DAMAILE PARIAGRA						
Previous Residence						
Personal Information CA Driver's Lic. # (Date of Birth) (Place of Birth) Ht. Wt. Hair Eyes S	S#					
Employment history - List last three years of employment immediately preceding date of application						
(4) Employed Name						
Employer's Address						
Length of Employment From: To:						
(2) Employer's Name Phone						
Employer's Address						
Length of Employment From: To:						
(3) Employer's Name Phone						
Employer's Address						
Length of Employment From: To:						
Permits previously issued, suspended, denied or revoked by any other jurisdictions or public agencies No Yes (If yes, pleas	e list below.					
Attach separate sheet if needed)						
Coloring Life (sum of list all associations and place of note contemplary (such association)						
Criminal history - List all convictions and pleas of nolo contendere (Attach separate sheet if needed)						
I declare under penalty of perjury that the above information contained herein is to the best of my knowledge and belief true and correct. As a condition for the issuance of the						
license applied for; I agree to submit any additional information that may be required. I have received rules and regulations pertaining to massage activity and will abide terms and conditions.	y all					
Date: Cimpating of Applicants						
Date: Signature of Applicant:						
This application must be completed and accompanied by the following:						
 Written statements from at least five (5) bonafide residents of the County of Los Angeles indicating that the applicant is of good moral character. Certificate from a medical doctor stating that the applicant has been examined and found to be free of any contagious or communicable disease. 						
3) A diploma or certificate of graduation from a recognized school. Completion of not fewer than 500 hours and not fewer than three months of course work in the						
following subjects: Massage Techniques, Anatomy, Physiology, Hygiene, Sanitation and Theory and Ethics of Massage Practice.						
4) Two (2) photographs not to exceed 2 x 2" in size.						
 Two (2) photographs not to exceed 2 x 2" in size. A complete set of fingerprints 						
4) Two (2) photographs not to exceed 2 x 2" in size.						
4) Two (2) photographs not to exceed 2 x 2" in size. 5) A complete set of fingerprints 6) Non-refundable permit fee of \$250.00 BELOW FOR OFFICE USE ONLY						
 Two (2) photographs not to exceed 2 x 2" in size. A complete set of fingerprints Non-refundable permit fee of \$250.00 	D BY					

Rec. No.:

Ву: