



CITY OF CARSON
REVENUE DIVISION

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BUS. LIC. NO.
[ ] NEW [ ] RENEW
[ ] CHANGE OF ADDRESS

PRINT OR TYPE ONLY

APPLICATION FOR MASSAGE TECHNICIAN

Name
Message Parlor Location
Current Residence
Previous Residence
Personal Information table
Employment history section
Permits previously issued section
Criminal history section

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 by all terms and conditions.

Date: Signature of Applicant:

This application must be completed and accompanied by the following:

- 1) Written statements from at least five (5) bonafide residents of the County of Los Angeles indicating that the applicant is of good moral character.
2) 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.
5) A complete set of fingerprints
6) Non-refundable permit fee of \$250.00

BELOW FOR OFFICE USE ONLY
DATE SENT, INSPECTIONS & INVESTIGATIONS, DATE APPROVED, DATE DENIED, REVIEWED BY
COMMENTS AND/OR CONDITIONS OF APPROVAL

Pmt. Date: Amt. Paid: Rec. No.: By: