



818-548-2090

**APPLICATION FOR MASSAGE ESTABLISHMENT PERMIT
TITLE 5.64.030**

Attendant/Technician Fees

Permit Application:

(New or Renewal) \$200.00

License (Exp. July 1): \$100.00

FULL NAME _____

ADDRESS _____

List two previous addresses immediately prior to present address:

Business Address _____

Business Phone _____ Home Phone _____

Attach written statements of five (5) bona fide residents of the City Of Glendale that the applicant is of good moral character. Subject proof that applicant is over 18 years of age.

Age _____ Weight _____ Color of Eyes _____ Color of Hair _____

Attach two portrait photographs – 2 inches by 2 inches

List business, occupation, or employment for the three years immediately preceding date of application:

What massage or similar business experience have you had?



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Have you had a massage permit or license in another City or State?

If so, where? _____

If answer is "Yes" has the permit or license ever been revoked or suspended? _____

If the answer is "Yes," give reasons for revocation or suspension:

What business or occupation were you engaged in subsequent to such suspension or revocation?

Have you ever been convicted of a criminal offense? _____

If the answer is "Yes," list dates and reasons therefore:

Attach a certificate from a medical doctor stating that the applicant has, within thirty (30) days immediately prior thereto, been examined and found to be free of any contagious or communicable disease, including tuberculosis.

Applicant must furnish a diploma or certificate from a recognized school or other institution of learning wherein the method, profession, and work of massage technicians is taught.

In lieu of such diploma or certificate, list actual experience for the past ten (10) years:

Signature

Date

PLEASE RETURN THE ENTIRE APPLICATION FORM, ALL THE REQUIRED DOCUMENTS, AS LISTED ON THE REQUIREMENT FORM, WITH YOUR CHECK/MONEY ORDER TO:

CITY OF GLENDALE.

613 E. Broadway Ave., RM 110, Glendale, CA 91206-4393



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**CITY OF GLENDALE
PERSONAL AFFIDAVIT IN SUPPORT OF APPLICATION**

PLEASE PRINT OR TYPE

DATE _____

FULL NAME _____
Last First Middle

RESIDENCE _____ **HOME PHONE** _____
Street City State/Zip

BUSINESS _____ **BUSINESS PHONE** _____
Street City State/Zip

DESCRIPTION _____
Date of Birth Sex Hgt. Wgt. Hair Color Eye Color

DRIVER'S LICENSE NO. _____ **SOCIAL SECURITY NO.** _____

List any and all other names used for legal identification:

List any arrests or convictions of any kind (misdemeanor or felony) within the past 10 years:

I HAVE READ AND UNDERSTAND THE PROVISIONS, RULES, AND REGULATION OF THE CITY OF GLENDALE, CALIFORNIA AND THE MUNICIPAL CODE GOVERNING THE TYPE OF LICENSE OR PERMIT FOR WHICH I AM APPLYING.

ORGANIZATION _____

SIGNATURE _____

TITLE _____

PLEASE RETURN THE PERSONAL AFFIDAVIT, APPLICATION FORM, & ALL THE REQUIRED DOCUMENTS, AS LISTED ON THE REQUIREMENT FORM, WITH YOUR CHECK/MONEY ORDER TO:
CITY OF GLENDALE.

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