



818-548-2090

APPLICATION FOR MASSAGE TECHNICIAN PERMIT TITLE 5.64.030

Attendant/Technician Fees

BMP# _____ NEW RENEW
DATE OF FINGERPRINTS: _____

Permit Application: \$50.00
Fingerprints \$52.00 M.O.
License (Exp. July 1): \$100.00

FULL NAME _____
RESIDENCE _____ CITY _____ ZIP _____
ADDRESS _____

List two previous residential addresses immediately prior to present address:

CITY _____ ZIP _____

CITY _____ ZIP _____

Business Address _____ CITY _____ ZIP _____
Business Phone _____ Home Phone _____

List two previous business addresses. immediately prior to present address:

CITY _____ ZIP _____

CITY _____ ZIP _____

Attach written statements from five (5) bona fide residents of the City Of Glendale that the applicant is of good moral character.

Written proof that applicant is over 18 years of age. (Copy of driver's license)

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

Attach two current portrait photographs – 2 inches by 2 inches

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

List current and prior permits, including licenses, to operate or maintain a massage establishment, or to give or perform a massage or to do both include: The City, County, State, or Government Agency that issued the permit or license, and the issuance date:



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Have you had any massage permit or license in another City or State that was ever denied, suspended, restricted or revoked? (Yes / No) If so, where?

If the answer is "Yes," give the date and the reasons for denial, suspended, restriction, or revocation:

What business, occupation or employment were you engaged in after such denial, suspension, restriction or revocation?

Have you ever been convicted of a felony and/or misdemeanor? ("convicted" includes a verdict of guilty by a judge, a plea of guilty, or a plea of nolo contendere) (Yes/No)

If the answer is "Yes," list the dates, specify the conviction, and identify the court and case number:

Attach a certificate from a medical doctor stating that the applicant, within the last thirty (30) days, has been physically examined and tested for contagious or communicable disease, including tuberculosis, and the doctor has determined that the applicant is free of any contagious or communicable disease.

A copy of the applicant's diploma, certificate of graduation, or transcript (**certified by, and sent directly from, a recognized school**) or a copy of tax returns, paychecks, licenses, or other documents, as evidence that the applicant has ten years or more of actual experience in giving a massage.

I hereby, certify under penalty of perjury, that all the foregoing facts, information, and statements are true, accurate, and correct. GMC 5.64.030(A2)

Signature

Date

OFFICE USE ONLY

Dr.Lic. copy	2 Photos	Current Lic./Permits	Fingerprints/M.O.
Letters	Doctor's Certificate	Diploma, Certificate or Transcripts	

Please check boxes when completed



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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** _____

List any and all other names used for legal identification:

Have you **ever** been convicted of a felony and/or misdemeanor? If answer is "YES" list the dates, specify the conviction, and identify the court and case number.

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

Organization: _____

Signed: _____

Title: _____