



CITY OF DANA POINT

COMMUNITY DEVELOPMENT, CODE ENFORCEMENT DIVISION

MASSAGE PRACTITIONER (1000+ HOURS)

PERMIT APPLICATION

Applicant General Information

Name: _____ E-Mail Address: _____
Home Address: _____ Driver's license number: _____
_____ Applicant's height: _____
_____ Applicant's weight: _____
Telephone number: _____ Applicant's eye color: _____
Social Security Number: _____ Applicant's hair color: _____
Applicant's Place of Birth: _____ Applicant's Date of Birth: _____

Do you currently have a valid massage practitioner or massage technician license from the City of Dana Point?

Yes, License # _____ No

Is this an application for renewal of your current massage practitioner or massage technician license?

Yes No

If you answered "yes" to the two previous questions, on what date does your existing massage license from the City of Dana Point expire? _____

Previous addresses of the applicant for the last five years:

Applicant Educational Information

Name of school of massage attended: _____

Address of the school: _____

Number of instructional hours completed: _____

Dates attended: _____

List the course name and the hours per course.

Course title	Hours
_____	_____
_____	_____
_____	_____
_____	_____

If the applicant took additional courses or attended more than one school of massage, please provide the information requested above on an additional sheet of paper.

All applicants may be required to furnish additional evidence of enrollment and attendance of the required class hours and are subject to an oral interview by the City Manager or his/her designee to establish the bona fide completion of education requirements.

Additional Education Experience

List any continuing education courses in massage and related topics offered by approved schools which applicant has taken. Include the number of hours of instruction for each course and the dates of such courses. Attach additional sheets of paper if necessary.

List any adult education classes in massage and related topics offered through state approved colleges and universities which applicant has taken. Include the number of hours of instruction for each course and the dates of such courses. Attach additional sheets of paper if necessary.

Certification

List any independently prepared and administered national certification exam relating to massage which applicant has successfully completed. Indicate if applicant is currently certified.

Applicant Background Check

Within the last five years, has the applicant been convicted or arrested for any of the following:

- Yes No A misdemeanor or felony offense which relates directly to the operation of a massage establishment, whether as a massage establishment owner or operator, or as a massage technician or massage practitioner.
- Yes No A felony which occurred on the premises of a massage establishment.
- Yes No Pimping, pandering, keeping or residing in house of illfame, keeping disorderly house, or prevailing upon person to visit place for gambling or prostitution (Section 266(h), 266(i), 315, 316, 318 or subdivision (b) of Section 647 of the California Penal Code).
- Yes No Conspiracy of attempt to commit pimping, pandering, keeping or residing in house of illfame, keeping disorderly house, prevailing upon person to visit place for gambling or prostitution (Section 266(h), 266(i), 315, 316, 318 or subdivision (b) of Section 647 of the California Penal Code).
- Yes No An offense in a jurisdiction outside of the State of California which is equivalent to Section 266(h), 266(i), 315, 316, 318 or subdivision (b) of Section 647 of the California Penal Code.
- Yes No A felony offense involving the sale of a controlled substance specified in Section 11054, 11055, 11057 or 11058 of the California Health and Safety Code.

- Yes No Within the last five years, has the applicant engaged in conduct which would constitute an offense as described in the previous six statements?
- Yes No Within the last five years, has the applicant had any massage establishment, operator, technician, practitioner or trainee license or permit issued by the State of California or any county or city revoked?
- Yes No Is the applicant required to register under the provisions of Section 290 of the California Penal Code, Registration of Sex Offenders?
- Yes No Has the applicant been subjected to a permanent injunction against conducting or maintaining a nuisance pursuant to Sections 11225 through 11235 of the California Penal Code, Red Light Abatement Law, or similar provisions of law in a jurisdiction outside of the State of California?

If the applicant checked yes to any of the above statements under "Applicant Background Check," please explain the circumstances. Attach additional sheets of paper, if necessary, to thoroughly explain.

Employment Information

Establishment name, where the applicant will be employed or engaged in the practice of massage:

Establishment address: _____

Name of the owner or operator of the establishment: _____

Establishment telephone number: _____

Applicant's employment history for the last five years (attach additional sheets of paper if necessary)

Dates employed: _____ Dates employed: _____

Name of establishment: _____ Name of establishment: _____

Address: _____ Address: _____

Telephone number: _____ Telephone Number: _____

Note: Any massage practitioner granted a permit must report any change in massage establishment employment within five (5) days of said change.

Documents To Be Submitted

The following documents must be submitted with the completed application. (Check the corresponding box to indicate that the document or information is attached or included.)

- Check or money order in the amount of \$42.00 made payable to:
City of Dana Point
- Written proof that the applicant is at least 18 years of age (copy of driver's license, state issued identification card or passport). A current "Work Authorization Card" is also required for non US citizens.

- A scheduled appointment with the Orange County Sheriff's Department for fingerprinting. Appointments may be scheduled by calling 714/647-1868. Appointment date and time is: _____.
- Four prints of a recent passport-size photograph.
- Copy of the diploma or certificate of graduation awarded and the transcripts showing the number of hours of instruction in massage therapy that applicant has completed (1000 hours).
- Certificate from a medical doctor stating that the applicant has, within thirty (30) days immediately prior to the filing of the application, been examined and found to be free from any contagious or communicable disease capable of being transmitted to the public or to fellow employees by the type of conduct and interaction with fellow employees and the public involved in the performance of the job of massage practitioner or technician.
- Certificate showing the proof of passing the National Certification Examination from the Therapeutic Massage and Bodywork (NCBTMB) Test or proof of passing a City Test

Prior to the issuance of the license, the remainder of fees due will be \$362.00 for the license and a fee of \$44.00 for fingerprinting with a check or money order payable to the Orange County Sheriff-Coroner. Total fees will be \$406.00

Certification

I, _____, certify under penalty of perjury that the information furnished in this application and documents submitted are true and correct. I also authorize the City and its agents and employees to seek information and conduct an investigation into the truth of the statements set forth in this application and my qualifications for this license.

Signature of applicant attesting to the above statement: _____

Date: _____

Do not write in the section below

FOR OFFICE USE ONLY	
Zoning Clearance For The Noted Location Has Been: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	
Employment Verified: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	
Signature: _____	Date: _____
<hr style="width: 50%; margin: 0 auto;"/> ISSUE CITY OF DANA POINT LICENSE NUMBER	