



# CITY OF DANA POINT

COMMUNITY DEVELOPMENT, CODE ENFORCEMENT DIVISION

MESSAGE TECHNICIAN (500 to 999 HRS)

## PERMIT APPLICATION

### Applicant General Information

E-Mail Address: \_\_\_\_\_

Name: \_\_\_\_\_ Driver's license number: \_\_\_\_\_

Home Address: \_\_\_\_\_ 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 technician or practitioner's license from the City of Dana Point?

Yes, License # \_\_\_\_\_  No

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

Yes  No

If you answered "yes" to the two previous questions, on what date does your existing massage technician or practitioners license or permit from the City of Dana Point expire? \_\_\_\_\_

Previous addresses of the applicant for the last five years:

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### 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.

**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 ill fame, 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 ill fame, 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.

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**Employment Information**

Establishment name, where the applicant will be employed: \_\_\_\_\_

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: \_\_\_\_\_

City: \_\_\_\_\_ City: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Note: Any massage technician 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 is attached.)

- 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. Scheduled appointment date and time: \_\_\_\_\_.
- Four prints of a recent passport-size, **passport quality photograph**.
- Copy of the diploma or certificate of graduation awarded and the transcripts from the school showing the number of hours of instruction in massage therapy that applicant has completed. The minimum number of hours required is 500.
- 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 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 \$406.00 and payable to the Orange County Sheriff-Coroner***

**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: \_\_\_\_\_

**SIGN AND RETURN THIS APPLICATION TO THE CITY WITH THE  
REQUIRED DOCUMENTS FOR PROCESSING**

***Do not write in the section below***

**FOR OFFICE USE ONLY**

Zoning Clearance For The Noted Location Has Been:  Approved  Denied

Employment Verified:  Approved  Denied

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
**ISSUE CITY OF DANA POINT LICENSE NUMBER**