



CITY OF SOLANA BEACH
635 S. Highway 101, Solana Beach, CA 92075

MESSAGE TECHNICIAN PERMIT APPLICATION

HOLISTIC HEALTH PRACTITIONER APPLICATION

APPLICATIONS MUST BE SUBMITTED IN PERSON. CALL (858) 720-2403 FOR APPOINTMENT. ALL INFORMATION REQUESTED ON THIS FORM IS REQUIRED. COMPLETED APPLICATIONS REQUIRE THIRTY (30) DAYS TO PROCESS. (FEES ARE NON REFUNDABLE)

Check items that apply:

MESSAGE TECHNICIAN

checkbox

ESTABLISHMENT THERAPIST

checkbox

HOLISTIC HEALTH PRACTITIONER

checkbox

OFF PREMISE THERAPIST ONLY

checkbox

ESTABLISHMENT & OFF PREMISE

checkbox

*Certain information provided in this application may be disclosed pursuant to valid requests for public information.

YOU ARE REQUIRED TO SUBMIT OF THE FOLLOWING ITEMS WITH THIS APPLICATION:

- 1. Current photo identification. Written proof satisfactory to the Sheriff that applicant is over the age of 18 (i.e. COPY of your California Drivers License, I.D. card or other approved identification).
2. ORIGINAL and ONE COPY of your certificate from a State of California recognized school of massage. Note: If your certificate is from a state other than California you must provide a letter from the state Department of Education stating that the school you attended is in fact accredited by that state (new applicants only). For HHP your certificate/diploma must verify 1000 hours of training
3. COPY of Transcripts showing a minimum of 500 hours of training (new applicants only). If training is from other than an accredited school you will be required to take a written examination administered by the County Department of Health. For HHP your transcripts must verify 1000 hours
4. COPY of Proof of successful completion of a national certification exam administered by NCBTMB or NCCAOM. COPY OF Proof of membership in a state or nationally chartered (JMA, BMP) holistic organization—FOR HHP.
5. Correct fee in the form of cash, check, or money order.
6. COPY of Fictitious name certificate if applicant is using a dba.— FOR ESTABLISHMENT ONLY.
7. COPY of Business Registration Certificate from the City of Solana Beach, or completed application and fee (if self employed) for off-premises licensing.

NOTE: You will be photographed at the time of application submission. If you do not wish to be photographed, provide two (2) passport quality photos, minimum 2".

PERSONAL INFORMATION (Print or type only)

Name: Last First Middle

All other names used:

Date of Birth: Place of Birth:

Drivers License No. State Social Security No.

Current Residence Address

Current Mailing Address (if different)

Home Phone work phone cell

Sex M F Height Weight Hair Eyes

EDUCATION

NAME OF STATE-ACCREDITED MESSAGE SCHOOL _____

Address: _____

Telephone _____ Graduation Date: _____

MEMBERSHIP—FOR HHP ONLY:

Name of Chartered Holistic Organization _____

Address: _____

Telephone: _____ Enrollment Date: _____

RESIDENCE ADDRESS FOR PAST 3 YEARS:

OCCUPATION(S) FOR THE PAST 3 YEARS:

<u>Business Name/Address/City</u>	<u>Position Held</u>	<u>Date Employed</u>
_____	_____	_____
_____	_____	_____

HAVE YOU EVER BEEN ISSUED A MESSAGE LICENSE/PERMIT? YES NO

if yes, explain the type of Massage License/Permit, where issued and by whom:

<u>TYPE</u>	<u>BUSINESS</u>	<u>ADDRESS</u>	<u>ISSUING AGENCY</u>
_____	_____	_____	_____

HAVE YOU EVER HAD A MESSAGE BUSINESS LICENSE OR PERMIT SUSPENDED OR REVOKED, OR HAD AN APPLICATION FOR SAME DENIED? YES NO If yes, explain in detail below.

HAVE YOU EVER BEEN ISSUED A LICENSE TO OPERATE A BUSINESS? YES NO HAVE YOU EVER HAD A BUSINESS LICENSE SUSPENDED OR REVOKED, OR HAD AN APPLICATION FOR SAME DENIED: YES NO

If yes, explain in detail below.

ESTABLISHMENT WHERE YOU WILL BE WORKING: _____

BUSINESS ADDRESS: _____ BUSINESS PHONE: _____

LIST ALL CHARGES RESULTING IN A CONVICTION OR PLEA OF NOLO CONTENDERE, INCLUDING CONVICTIONS DISMISSED PURSUANT TO PENAL CODE SECTION 1203.4, AND ANY PENDING CRIMINAL CHARGES (except minor traffic violations). IF NONE, PLEASE INDICATE "NONE".

<u>DATE</u>	<u>AGENCY</u>	<u>CHARGE</u>	<u>DISPOSITION</u>	<u>DATE RELEASED OR PLACED ON PROBATION</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT ANY FALSE STATEMENTS OR INFORMATION ARE GROUNDS FOR DENIAL OF THIS APPLICATION. I AGREE TO HAVE ALL THE REQUIRED NOTICES, UNLESS OTHERWISE SPECIFIED, SENT BY U.S. MAIL TO THE ADDRESS GIVEN ON THIS APPLICATION. I AM AWARE THAT ALL FEES ASSOCIATED WITH THIS APPLICATION ARE NONREFUNDABLE. THE RIGHT OF REASONABLE INSPECTION SHALL BE A CONDITION FOR ISSUANCE OF THIS PERMIT/LICENSE. I HAVE READ AND UNDERSTAND THE SECTIONS OF THE SOLANA BEACH CODE OF REGULATORY ORDINANCES PERTAINING TO MESSAGE TECHNICIANS AND/OR OFF PREMISE MESSAGE BUSINESSES.

SIGNATURE OF APPLICANT _____ DATE _____
CHANGES OF ANY KIND MUST BE REPORTED TO THE LICENSING AGENCY IN WRITING WITHIN TEN (10) DAYS

Application Accepted By: _____ Date: _____