



CITY OF BREA MESSAGE PERMIT APPLICATION

New Massage Establishment Permit
 Renewal – Establishment Permit

PART I – IDENTIFYING INFORMATION							
LAST NAME		FIRST		MIDDLE			
ALIAS OR MAIDEN NAMES							
HOME ADDRESS							
CITY		STATE		ZIP	PHONE () -		
PLACE OF BIRTH		DATE OF BIRTH		U.S. CITIZEN <input type="checkbox"/> YES <input type="checkbox"/> NO	RESIDENT ALIEN NUMBER		
SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	AGE	HEIGHT	WEIGHT	HAIR	EYES		
DRIVER'S LICENSE NUMBER	STATE	SOCIAL SECURITY NUMBER		OTHER LICENSES HELD			
EMERGENCY CONTACT: NAME		RELATIONSHIP		PHONE () -			
ADDRESS							

PART IV – LIST IN CHRONOLOGICAL ORDER ALL PRIOR RESIDENTIAL ADDRESSES FOR THE PAST EIGHT (8) YEARS <i>(Attach a separate sheet if you require additional space)</i>			
FROM	ADDRESS		
TO	CITY	STATE	ZIP
FROM	ADDRESS		
TO	CITY	STATE	ZIP
FROM	ADDRESS		
TO	CITY	STATE	ZIP

PART V – EMPLOYMENT HISTORY FOR THE PAST EIGHT (8) YEARS

(Attach a separate sheet if you require additional space)

NAME OF COMPANY		JOB TITLE	SUPERVISOR'S NAME	
FROM	EMPLOYER'S ADDRESS		EMPLOYER'S PHONE NUMBER () -	
TO	CITY	STATE	ZIP	
NAME OF COMPANY		JOB TITLE	SUPERVISOR'S NAME	
FROM	EMPLOYER'S ADDRESS		EMPLOYER'S PHONE NUMBER () -	
TO	CITY	STATE	ZIP	
NAME OF COMPANY		JOB TITLE	SUPERVISOR'S NAME	
FROM	EMPLOYER'S ADDRESS		EMPLOYER'S PHONE NUMBER () -	
TO	CITY	STATE	ZIP	
NAME OF COMPANY		JOB TITLE	SUPERVISOR'S NAME	
FROM	EMPLOYER'S ADDRESS		EMPLOYER'S PHONE NUMBER () -	
TO	CITY	STATE	ZIP	

PART VII – PERMIT HISTORY

List all licenses/permits to do business in California or elsewhere that you have held OR applied for:

I have not applied for or previously held any licenses/permits in any state to conduct any type of business.

CITY		STATE	LICENSE/PERMIT TYPE		LICENSE/PERMIT NUMBER
LICENSE/PERMIT <input type="checkbox"/> ISSUED	DATE ISSUED	ISSUING AGENCY	HAS THIS LICENSE EVER BEEN <input type="checkbox"/> REVOKED <input type="checkbox"/> SUSPENDED		LICENSE/PERMIT <input type="checkbox"/> ISSUED
REASON		BUSINESS/OCCUPATION ENGAGED IN AFTER REVOCATION,SUSPENSION OR DENIAL			
APPLICATION <input type="checkbox"/> DENIED	DATE OF APPLICATION	DENIED BY (ISSUING AGENCY)		REASON	
CITY		STATE	LICENSE/PERMIT TYPE		LICENSE/PERMIT NUMBER
LICENSE/PERMIT <input type="checkbox"/> ISSUED	DATE ISSUED	ISSUING AGENCY	HAS THIS LICENSE EVER BEEN <input type="checkbox"/> REVOKED <input type="checkbox"/> SUSPENDED		LICENSE/PERMIT <input type="checkbox"/> ISSUED
REASON		BUSINESS/OCCUPATION ENGAGED IN AFTER REVOCATION,SUSPENSION OR DENIAL			
APPLICATION <input type="checkbox"/> DENIED	DATE OF APPLICATION	DENIED BY (ISSUING AGENCY)		REASON	

PART VIII – CRIMINAL RECORD

If you have ever been convicted or plead “nolo contendere”, within the last ten (10) years including those dismissed or expunged pursuant to California Penal Code section 1203.4, exclude minor traffic violations.

ORIGINAL ARREST CHARGE (CRIME)	ARRESTING AGENCY	DATE OF VIOLATION
DISPOSITION OF CHARGE	FINAL CHARGE	DATE OF DISPOSITION
ORIGINAL ARREST CHARGE (CRIME)	ARRESTING AGENCY	DATE OF VIOLATION
DISPOSITION OF CHARGE	FINAL CHARGE	DATE OF DISPOSITION
ORIGINAL ARREST CHARGE (CRIME)	ARRESTING AGENCY	DATE OF VIOLATION
DISPOSITION OF CHARGE	FINAL CHARGE	DATE OF DISPOSITION
ORIGINAL ARREST CHARGE (CRIME)	ARRESTING AGENCY	DATE OF VIOLATION
DISPOSITION OF CHARGE	FINAL CHARGE	DATE OF DISPOSITION

PART IX – MESSAGE ESTABLISHMENT BUSINESS PERMIT APPLICATION

TYPE OF BUSINESS ORGANIZATION

CORPORATION GENERAL PARTNERSHIP LIMITED PARTNERSHIP SOLE PROPRIETORSHIP OTHER

SOLE PROPRIETORSHIPS ONLY

You, the applicant, must be the Sole Proprietor to submit this application.

NAME OF BUSINESS AS IT APPEARS ON FICTITIOUS NAME STATEMENT

CORPORATION ONLY

NAME OF CORPORATION (AS INDICATED IN ARTCLE OF INCORPORATION)		
STATE OF INCORPORATION	CORPORATION NUMBER	DATE OF INCORPORATION

GENERAL/LIMITED PARTNERSHIPS ONLY

NAME OF BUSINESS AS APPEARS ON FICTITIOUS NAME STATEMENT

CORPORATIONS OR PARTNERSHIPS

CORPORATIONS: Include the following information for each Officer and Director and for each person who has a financial interest in the corporation amounting to more than twenty-five percent (25%) of the authorized and issued shares.

PARTNERSHIPS: Include the following information for each partner, including limited partners.

LAST NAME		FIRST		MIDDLE	
<input type="checkbox"/> ALIAS <input type="checkbox"/> MAIDEN NAME				DATE OF BIRTH	
CALIFORNIA DRIVER'S LICENSE/I.D. CARD		SOCIAL SECURITY NUMBER		<input type="checkbox"/> RESPONSIBLE MANAGING OFFICER <input type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> STOCKHOLDER	
RESIDENCE ADDRESS		CITY	STATE	ZIP	PHONE () -
BUSINESS ADDRESS		CITY	STATE	ZIP	PHONE () -
LAST NAME		FIRST		MIDDLE	
<input type="checkbox"/> ALIAS <input type="checkbox"/> MAIDEN NAME				DATE OF BIRTH	
CALIFORNIA DRIVER'S LICENSE/I.D. CARD		SOCIAL SECURITY NUMBER		<input type="checkbox"/> RESPONSIBLE MANAGING OFFICER <input type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> STOCKHOLDER	
RESIDENCE ADDRESS		CITY	STATE	ZIP	PHONE () -
BUSINESS ADDRESS		CITY	STATE	ZIP	PHONE () -

PART X- PROPERTY OWNER INFORMATION

Name and Address of Owner and lessor of the Real Property, where the business is to be conducted. If applicant is not the legal owner, a copy of the lease and a notarized acknowledgment from the owner that a massage establishment will be located on the property.

NAME		ADDRESS	
CITY	STATE	ZIP	

Describe all products and services to be provided to customers of the business.

List hours of operation

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
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State the full, true name, phone number, CAMTC ID# and expiration date of all persons employed or intended to be employed as therapists/practitioners.

NAME		PHONE () -
CAMTC ID#	CAMTC EXPIRATION DATE	
NAME		PHONE () -
CAMTC ID#	CAMTC EXPIRATION DATE	
NAME		PHONE () -
CAMTC ID#	CAMTC EXPIRATION DATE	
NAME		PHONE () -
CAMTC ID#	CAMTC EXPIRATION DATE	
NAME		PHONE () -
CAMTC ID#	CAMTC EXPIRATION DATE	
NAME		PHONE () -
CAMTC ID#	CAMTC EXPIRATION DATE	

If additional space is needed, please continue list of therapists on an attached piece of paper.

PART XI – CERTIFICATION

I hereby certify, under the penalty of perjury, that the information herein and/or attached hereto is true and correct. I understand that providing false information or withholding information, including any criminal record, is grounds for denial or revocation of my permit, and may subject me to criminal prosecution. I have received a copy of the Brea City Ordinance Chapter 5.220: "Massage Establishments and Technicians," and agree to comply with each section fully. I do hereby authorize the City of Brea, its agents and employees to seek verification of the information contained on this application. I further understand that I may not conduct the activity applied for until a permit has been granted.

SIGNATURE

DATE