

**CITY OF HIGHLAND**  
**5.16.050 MASSAGE TECHNICIAN LICENSE**

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- 1 APPLICATION MUST BE FILLED OUT COMPLETELY**  
No application will be accepted until all requirements are met in full.
- 2 EMPLOYMENT LOCATION MUST BE A CURRENTLY LICENSED SPA/CLINIC**
- 3 LIVE SCAN**  
Live Scan required every year. Live Scan forms are available at City Hall for a \$34.00 fee.  
*Contact Highland Police Department to schedule Live Scan appointment (909) 425-9793*
- 4 TRANSCRIPTS AND DIPLOMA REQUIREMENT**  
Diploma/Transcripts must set forth beginning and ending dates  
Diploma/Transcripts must have a total of 200 hours  
Diploma/Transcripts must be from a California approved school.
- 5 HEALTH CERTIFICATE**  
Health certificate issued by San Bernardino County must be submitted with application  
Health certificate must be dated within 30 days of submitting application  
Contact San Bernardino County at (800) 722-4777 for more information
- 6 VALID CALIFORNIA IDENTIFICATION - APPLICANT MUST BE AT LEAST 18 YEARS OLD**
- 7 TWO CURRENT COLOR 2x2 PHOTOGRAPHS MUST BE SUBMITTED WITH APPLICATION**

<b>8 MASSAGE TECHNICIAN LICENSE</b>	<b>FEE: \$ 165.00</b>
<b>LIVE SCAN FEE</b>	<b>FEE: \$ 34.00</b>
<b>AB 1379 FEE</b>	<b>FEE: \$ 4.00</b>
	<b>TOTAL: \$ 203.00</b>

<b>FEES w/ CTMC CERTIFICATE</b>	<b>FEE: \$ 40.00</b>
<b>LIVE SCAN FEE</b>	<b>FEE: \$ 34.00</b>
<b>AB 1379 FEE</b>	<b>FEE: \$ 4.00</b>
	<b>TOTAL: \$ 78.00</b>

**SECTION 1****MESSAGE TECHNICIAN APPLICATION  
ORDINANCE NO. 153**

TODAY'S DATE

MO DAY YR

LAST NAME

FIRST

MIDDLE

FINGERPRINTS

BIRTHDATE

MO DAY YR

MO DAY YR

Business where licensed activities  
will be conducted:

CLINIC: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HEIGHT WEIGHT

FT IN

HAIR

SOCIAL SEC. #

AGE EYES

**SECTION 2****CURRENT PHONE NUMBERS**

HOME

WORK

**SECTION 3****MAILING ADDRESS/NOTICE  
ADDRESS**

STREET: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**SECTION 4 LIST ALL RESIDENTIAL ADDRESSES WITHIN THE PAST FIVE (5) YEARS.**

A. STREET \_\_\_\_\_

B. STREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

FROM \_\_\_\_\_ TO PRESENT

FROM \_\_\_\_\_ TO PRESENT

C. STREET \_\_\_\_\_

D. STREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

FROM \_\_\_\_\_ TO PRESENT

FROM \_\_\_\_\_ TO PRESENT

**SECTION 5****NAMES**A. HAVE YOU EVER APPLIED FOR A MESSAGE CLINIC OR TECHNICIAN'S LICENSE  
UNDER ANOTHER NAME?

\_\_\_\_ YES \_\_\_\_ NO If yes, list names: \_\_\_\_\_

B. LIST ANY ALIAS, NICKNAMES, MARRIED OR MAIDEN NAMES CURRENTLY OR  
PREVIOUSLY USED: \_\_\_\_\_

**SECTION 6****LIST BUSINESS, OCCUPATION, OR EMPLOYMENT HISTORY FOR THE PAST THREE (3) YEARS.**

<b>A. BUSINESS</b> _____	<b>B. BUSINESS</b> _____
STREET _____	STREET _____
CITY _____ STATE _____ ZIP _____	CITY _____ STATE _____ ZIP _____
FROM _____ TO PRESENT	FROM _____ TO PRESENT
<b>C. BUSINESS</b> _____	<b>D. BUSINESS</b> _____
STREET _____	STREET _____
CITY _____ STATE _____ ZIP _____	CITY _____ STATE _____ ZIP _____
FROM _____ TO PRESENT	FROM _____ TO PRESENT

**SECTION 7****STATE ANY BUSINESS LICENSE HISTORY RELATING TO MASSAGE:**

<b>A. LICENSE:</b> _____ <b>DATE:</b> _____	<b>B. LICENSE:</b> _____ <b>DATE:</b> _____
<b>BUSINESS NAME:</b> _____	<b>BUSINESS NAME:</b> _____
<b>STREET:</b> _____	<b>STREET:</b> _____
<b>CITY:</b> _____ <b>STATE</b> _____ <b>ZIP</b> _____	<b>CITY:</b> _____ <b>STATE</b> _____ <b>ZIP</b> _____
<b>C. LICENSE:</b> _____ <b>DATE:</b> _____	<b>D. LICENSE:</b> _____ <b>DATE:</b> _____
<b>BUSINESS NAME:</b> _____	<b>BUSINESS NAME:</b> _____
<b>STREET:</b> _____	<b>STREET:</b> _____
<b>CITY:</b> _____ <b>STATE</b> _____ <b>ZIP</b> _____	<b>CITY:</b> _____ <b>STATE</b> _____ <b>ZIP</b> _____

**SECTION 8** **REVOCATIONS, SUSPENSIONS, CRIMINAL CONVICTIONS OR DENIALS**

- A.** HAVE YOU EVER HAD A MASSAGE TECHNICIAN, MASSAGE CLINIC, OR SIMILAR LICENSE SUSPENDED OR REVOKED?  YES  NO If yes, attach details.
- B.** HAVE YOU BEEN CONVICTED OF CONDUCT WHICH IS IN VIOLATION OF THE PROVISIONS OF CALIFORNIA PENAL CODE SECTIONS 266i, 315, 316, 318, OR 647(b)?  YES  NO If yes, attach details.
- C.** HAVE YOU BEEN CONVICTED OF AN OFFENSE INVOLVING CONDUCT WHICH REQUIRES REGISTRATION UNDER THE CALIFORNIA PENAL CODE SECTION 290?  YES  NO If yes, attach details.
- D.** HAVE YOU EVER HAD A MASSAGE TECHNICIAN OR A MASSAGE CLINIC LICENSE APPLICATION DENIED?  YES  NO If yes, attach details.
- E.** HAVE YOU BEEN CONVICTED OF ANY FELONY INVOLVING SALE OF A CONTROLLED SUBSTANCE SPECIFIED IN SECTIONS 11054-11058 OF THE CALIFORNIA HEALTH AND SAFETY CODE?  YES  NO If yes, attach details.
- F.** HAVE YOU BEEN CONVICTED IN ANOTHER STATE OF AN OFFENSE WHICH IF COMMITTED OR ATTEMPTED IN THIS STATE WOULD HAVE BEEN PUNISHABLE AS ONE OR MORE OF THE OFFENSES ENUMERATED IN ORDINANCE NO. 153, OR OF ONE OR MORE OTHER OFFENSES AS MAY BE DESCRIBED UNDER GOVERNMENT CODE SECTION 51032?  YES  NO If yes, attach details.
- G.** ATTACH A STATEMENT OF ALL MASSAGE BUSINESS HISTORY OR OCCUPATION SUBSEQUENT TO ANY SUSPENSION OR REVOCATION.
- H.** ATTACH INFORMATION ON ANY PRIOR EXPERIENCE PERFORMING MASSAGE WHICH IS NOT DETAILED IN THIS APPLICATION.

