



CITY OF HIGHLAND APPLICATION FOR MASSAGE TECHNICIAN

	No CMTC Certificate	CMTC Certificate
_____ APPLICATION	FEE: \$ 165.00	FEE: \$ 40.00
_____ LIVE SCAN	FEE: \$ 34.00	FEE: \$ 34.00
_____ AB 1379	FEE: \$ 4.00	FEE: \$ 4.00
	TOTAL: \$ 203.00	TOTAL: \$ 78.00

Application is hereby made for a City of Highland license to engage in the business of Massage Technician, pursuant to the provisions of Highland Municipal Code 5.16.050

Requirements:

- _____ Employment location must be a currently licensed spa/clinic
- _____ Live Scan required every year. Contact Highland Police Dept for appointment (909) 425-9793
- _____ Current California Identification-Must be at least 18 years old
- _____ Transcripts and Diploma Required-must include begin & end dates, 200 hours & from California approved school.
- _____ Health Certificate-Issued by San Bernardino County, dated within 30 days of submitting application. Contact San Bernardino County at 800-722-4777 for more information
- _____ Two current 2x2 photographs must be submitted w/application

Section 1

Applicant Name: _____
 Applicant Address: _____
 Applicant Phone #: _____
 Mailing Address: _____

Business where licensed activities will be conducted:

Clinic/Spa Name: _____
 Address: _____
 Phone #: _____

DOB: _____ Weight: _____
 Hair Color: _____ Height: _____
 Eye Color: _____ SSN#: _____

Section 2

List all residential addresses within the past five (5) years:

List any alias, nicknames, married or maiden names-currently or previously used:

Have you ever applied for a Massage Technician license under another name? If yes list names:

List Employment History for the last three (3) years (include name, address and dates of employment):

List any business license history relating to massage (include name, address and dates and license #):

Section 3-Revocations, Suspensions, Criminal Convictions or Denials

List all criminal convictions, including offense, date, and sentences. *Omit traffic and parking offenses

1. Have you ever had a Massage Technician, Massage Clinic or similar license suspended or revoked? _____ Yes(attach details) _____ No

2. 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(attach details) _____ No

3. Have you ever been convicted of an offense involving conduct that requires registrations under the California Penal Code Section 290? _____ Yes(attach details) _____ No

4. Have you ever had a Massage Technician or Massage Clinic license application denied? _____ Yes(attach details) _____ No

5. 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(attach details) _____ No

6. Have you been convicted in another state 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(attach details) _____ No

Section 4

FRAUD OR DECEIT IN BEING LICENSED IS SUFFICIENT CAUSE FOR DENIAL OR REVOCATION OF LICENSE

I declare under penalty of property, by signing as (one of) the owner(s), principal officer(s) listed below, that this application including attachments, has been examined by me, and to the best of my knowledge believe to be true, accurate and complete of all facts. I further certify that the above business will be conducted in compliance with the applicable provisions of the City of Highland Municipal Codes and Ordinances including state and federal laws. In addition, I assume responsibility to reapply for this business license on an annual basis and pay the license fees on time. I understand that I may have the business license revoked due to non compliance of the conditions set forth by the City of Highland. I also agree to notify the City of Highland of any and all changes in business status relating to this application. As a courtesy the City will mail a reapply notice. If I do not receive the notice, it is still my responsibility to reapply by the expiration date.

Applicant Signature

Date

HIGHLAND POLICE DEPARTMENT NOTES:

I have investigated this application pursuant to the City of Highland Ordinance No. 153 and recommend it be :

Approved-All Requirements of Ordinance No. 153 and other applicable laws have been met with regard to this application

Denied-Requirements of Ordinance No. 153 and other applicable laws have NOT been met with regard to this application

Notes:

Detective Signature: _____

Date: _____

OFFICE USE ONLY

X

Public Services Approval

Date