

# CITY OF HIGHLAND MESSAGE PARLOR APPLICATION

Message Parlor Name and Address:

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Name:

Please list names of principal officers if a corporation or partnership

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Nicknames or aliases currently or previously used:

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Address:

Please list current address and the two most recent previous addresses

Current:

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From:

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To:

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Previous:

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From:

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To:

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Previous:

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From:

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To:

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Social Security Number:

\_\_\_\_\_

Home Telephone Number:

( ) \_\_\_\_\_

Business Telephone Number:

( ) \_\_\_\_\_

Business Fax Number

( ) \_\_\_\_\_

Occupational History:

List occupation, business or employment, including addresses for the past three (3) years

Current:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

From:

\_\_\_\_\_

To:

\_\_\_\_\_

Previous Employment:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

From:

\_\_\_\_\_

To:

\_\_\_\_\_

Previous Employment:

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From: \_\_\_\_\_

To: \_\_\_\_\_

**Personal Information:**

Age: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Hair Color: \_\_\_\_\_

Eye Color: \_\_\_\_\_

Weight: \_\_\_\_\_

Height: \_\_\_\_\_

**Prior License History:**

List all massage licenses or similar business licenses that are currently or previously held. Please include licenses for other cities and the dates these licenses cover.

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List all revocations or suspensions of massage or similar business licenses. Please include the reason for revocation or suspension.

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**Criminal Convictions:**

List all criminal convictions, including offense, date, and sentence

\* Omit traffic and parking offenses

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Are you required to register as a sex offender under Penal Code Section 290?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give details:

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**Note: Fraud or deceit in being licensed is sufficient cause for denial or revocation of license.**

The applicant shall pay to The City of Highland a nonrefundable investigation fee.

The undersigned, being duly sworn, deposes and says that he or she is the applicant in the foregoing and that the statements and answers contained herein are true and correct to the best of his or her knowledge and belief; that he or she will abide by all the laws of The City of Highland, County of San Bernardino, and The State of California.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**HIGHLAND POLICE DEPARTMENT NOTES:**

I have investigated this application pursuant to The City of Highland Ordinance No. 153.

\_\_\_\_\_ All requirements of Ordinance No. 153 and other applicable laws **have** been met with regards to this application

\_\_\_\_\_ All requirements of Ordinance No. 153 or other applicable laws **have not** been met in the following respects: \_\_\_\_\_

\_\_\_\_\_

Detective Signature: \_\_\_\_\_

**CITY OF HIGHLAND MASSAGE ESTABLISHMENT  
APPLICATION CHECKLIST AND INSTRUCTIONS**

EVERYTHING MUST BE FILLED OUT ON APPLICATION  
No application will be accepted until all requirements are met in full.

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- 1 PAYMENT OF \$345.00 INITIAL INVESTIGATION FEE OR \$280.00 FIXED FEE**
- 2 COMPLETION OF A BUSINESS LICENSE APPLICATION FORM**
- 3 CONDITIONAL USE PERMIT**  
Massage Parlors are considered adult oriented businesses and require a site approval (Conditional Use Permit), which are available through the Planning Dept. This requirement is placed on all new applications, not renewals.
- 4 FINGERPRINTS**  
\*Required every Year  
\*Live Scan forms available at City Hall- \$34.00 Fee  
*Please call the Highland Police Department to schedule appointment*
- 5 TWO (2) CURRENT PHOTOS (2" X 2")**
- 6 PHOTO ID**  
*Drivers license or other State Issued ID with date of birth.*
- 7 A CERTIFICATE OF COMPLIANCE-BUILDING AND SAFETY DIVISION**  
Building & Safety is available Monday through Thursday 7:30-5:30  
\*Certificate of Occupancy fee is \$145.00
- 8 HEALTH PERMIT**  
This permit can be obtained from Environmental Health, 385 N. Arrowhead Avenue, San Bernardino CA. 909-383-3080
- 9 FIRE PROTECTION AGENCY REPORT**  
The Fire Marshall is available Monday through Thursday 7:30-5:30  
Fire permit fee is \$130.00