

CITY OF HIGHLAND
5.16.050 MASSAGE TECHNICIAN LICENSE

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

8 MASSAGE TECHNICIAN LICENSE	FEE: \$ 150.00
LIVE SCAN FEE	FEE: \$ 34.00
SB 1186 FEE	FEE: \$ 1.00
	TOTAL: \$ 185.00

SECTION 1

**MESSAGE TECHNICIAN APPLICATION
ORDINANCE NO. 153**

TODAY'S DATE

MO DAY YR

LAST NAME

FIRST

MIDDLE

FINGERPRINTS

MO DAY YR

BIRTHDATE

MO DAY YR

Business where licensed activities will be conducted:

CLINIC: _____

STREET: _____

CITY: _____

STATE: _____ ZIP: _____

SOCIAL SEC. #

HEIGHT WEIGHT

FT IN _____

AGE

EYES

HAIR

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.

A. BUSINESS _____

STREET _____

CITY _____ STATE _____ ZIP _____

FROM _____ TO PRESENT

B. BUSINESS _____

STREET _____

CITY _____ STATE _____ ZIP _____

FROM _____ TO PRESENT

C. BUSINESS _____

STREET _____

CITY _____ STATE _____ ZIP _____

FROM _____ TO PRESENT

D. BUSINESS _____

STREET _____

CITY _____ STATE _____ ZIP _____

FROM _____ TO PRESENT

SECTION 7

STATE ANY BUSINESS LICENSE HISTORY RELATING TO MASSAGE:

A. LICENSE: _____ **DATE:** _____

BUSINESS NAME: _____

STREET: _____

CITY: _____ **STATE** _____ **ZIP** _____

B. LICENSE: _____ **DATE:** _____

BUSINESS NAME: _____

STREET: _____

CITY: _____ **STATE** _____ **ZIP** _____

C. LICENSE: _____ **DATE:** _____

BUSINESS NAME: _____

STREET: _____

CITY: _____ **STATE** _____ **ZIP** _____

D. LICENSE: _____ **DATE:** _____

BUSINESS NAME: _____

STREET: _____

CITY: _____ **STATE** _____ **ZIP** _____

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.

