



**City of Novato  
Application for Massage Permit**

Date: \_\_\_\_\_

Case #: \_\_\_\_\_

- Massage Technician (Complete Parts A & C)
- Out Call Service (Complete Parts A, B, C)
- Massage Establishment/Out Call Service (Complete Parts B & C)
  - Initial Application
  - Application for Renewal

**PART A – MASSAGE TECHNICIAN**

1. Applicant's True Name in Full: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Current Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Past Home Address: \_\_\_\_\_

Driver's License (or Social Security #): \_\_\_\_\_

2. Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_ Phone: \_\_\_\_\_

3. Training:

Massage School Attended	Address	Date	Credit Hours

4. Previous massage business experience (indicate dates, business name and address)

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**PART B – MESSAGE ESTABLISHMENT/OUT CALL SERVICE**

1. Business Name: \_\_\_\_\_  
Business Address: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Applicant's True Name in Full: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

All other names previously used by applicant: \_\_\_\_\_

3. Exact nature of service to be performed: \_\_\_\_\_

4. Person(s) who will have direct authority and/or control of premises:  
True Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

■ Nature and extent of such control:

■ Previous related business experience (indicate dates, business name and address):

5. Business Organization:  
MESSAGE CORPORATION  
Corporation Name                      Address                      Date/Place of Incorp.    State

Officers, directors and/or stockholders owning more than 10% of corporation stock:  
True Name/Title                      Home Address                      Phone

MESSAGE PARTNERSHIP (including limited partnership)  
Partner(s) True Name in Full                      Home Address                      Phone

**PART C – CRIMINAL CONVICTIONS/PREVIOUS EXPERIENCE**

1. Have applicants, partners, officers, directors, operators, or stockholders owning more than 1% of corporate stock ever been convicted of any crime except misdemeanor traffic violations?

YES       NO

Name	Charges	Date/Court	Disposition or Sentence
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2. Has applicant ever been issued a license/permit for massage?  YES     NO  
 If yes, list all locations:

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3. Has applicant ever been denied, suspended or had revoked a license/permit for massage?       YES       NO  
 If "YES", indicate place and date:

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4. Has your business or practice ever been abated through a "red light" injunction?       YES       NO  
 If "YES", indicate place and date:

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I certify that the information provided in this application is true and complete, knowing that any false or intentionally deleted information will be cause for rejection of application.

\_\_\_\_\_  
Date

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

NOTE: Non-refundable Permit and Application Fees. You are required to notify the Chief of Police within one day of any changes in the information provided on this application form, including any changes of names, addresses, or phone number of any agents.

**DEPARTMENT USE ONLY**

I.

	<u>Required for</u>	<u>Applicant</u>	<u>Persons with Financial Interest</u>
Satisfactory Proof of Age/Identification	Establishment & Technician	<input type="checkbox"/>	<input type="checkbox"/>
Information Sheets	Establishment & Technician	<input type="checkbox"/>	<input type="checkbox"/>
Fingerprints	Establishment & Technician	<input type="checkbox"/>	<input type="checkbox"/>
Photographs	Establishment & Technician	<input type="checkbox"/>	<input type="checkbox"/>
Medical Certificate	Technician Only	<input type="checkbox"/>	<input type="checkbox"/>
School Certificate	Technician Only	<input type="checkbox"/>	<input type="checkbox"/>

II. FEES PAID

	<u>Receipt #</u>	<u>Amount</u>
A. Application for Permit	_____	_____
B. Business Tax License Fee	_____	_____

III. BUSINESS LOCATION CLEARED THROUGH COMMUNITY AGENT

Zoning \_\_\_\_\_ Date: \_\_\_\_\_

Building Inspection \_\_\_\_\_ Date: \_\_\_\_\_