

#### **ROSEVILLE POLICE DEPARTMENT**

1051 Junction Boulevard, Roseville, CA 95678 (916) 746-1069

### MASSAGE THERAPIST PERMIT APPLICATION-NEW

All information requested on this application is required. Completed applications require 45 days to process. Incomplete applications will be rejected, thus delaying issuance of a Massage Therapist Permit. It is unlawful for any new applicant to begin providing massage services without first obtaining a Massage Therapist Permit.

#### YOU ARE REQUIRED TO SUBMIT THE FOLLOWING DOCUMENTS WITH YOUR APPLICATION:

1.	Current photo identification with proof that applicant is over the age of eighteen (18) years.  Examples of acceptable photo ID's are: California Driver's License, California ID Card or other
	approved government-issued identification.
2.	Current Photo. (Photographs will be taken by Roseville Police Department.)
3.	<b>\$60.00</b> Nonrefundable application fee. (\$28 City+\$32 DOJ) Exact cash or check payable to the
	City of Roseville.
5.	\$15.00 Nonrefundable Live Scan fingerprint fee, payable to Sunset Notary (cash or check only).
	Fingerprints will be taken at Roseville Police Department.
6.	\$17.00 Nonrefundable FBI fingerprinting fee if applicant resided outside the State of California
	within the past five (5) years. (Exact cash or check) payable to the City of Roseville.
7.	City of Roseville Business License, if self-employed or independent-contractor, obtained at City of
	Roseville License Division, 311 Vernon Street.
8.	Medical Certification within past 45 calendar days that applicant has been examined and tested
	free for tuberculosis and any contagious or communicable diseases.
9.	Diploma or certificate of graduation from a school approved by the California Massage Therapy
	Council (CAMTC) and BPPF minimum of 125 hours

Please review City Municipal Code, Title 9 Health and Safety, Chapter 9.10. "Massage Services"

Applicant Name						
All other names used	d, including nick	knames:				
Date of Birth	Age	Place of Birth		_Primary Lang	juage	
☐ Male ☐ Female	:	Height	_Weight	_Hair	Eyes	
Scars. Tattoos, or oth	ner distinguishi	ng marks				
Driver's License Num	nber		_Social Securit	ty Number		
Residence Address						
Street		City			State Zip	
Home Phone ()			Cell P	hone ()		
Email Address						
Work e-mail, if differe	·					
DDD Form 157_E (Dov. 04/-	17/201 <i>1</i> 1\					

## City of Roseville Police Department MASSAGE THERAPIST PERMIT APPLICATION

Name
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Massago ostablishment phone # (	)Owner/Mgr
Residence Address past five (5) years.	
	Begin with the current or most recent; include address & phone.
Do you now hold, or have you ever previ  ☐ Yes ☐ No	ously held, a permit for massage therapy or similar business?
·	ended or revoked (for any reason)?   Yes   No
Have you ever been convicted of a felon	y? □ Yes □ No
Are you presently, or have you <i>ever</i> been elsewhere? ☐ Yes ☐ No	emeanor involving moral turpitude?   Yes   No  n, on informal/formal probation or parole in California or  ails, including probation/parole officer's name, office address
List three (3) character references other phone #.	than immediate family members. Provide name, address &

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Name
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Are you now, or were you ever, a user of illegal narcotics/dangerous drugs (including marijuana)? □Yes □No If your answer is yes, provide explanation:						
Do you now, or have you ever, had a problem assortion ground answer is yes, provide explanation:	ociated with excessive use of alcoho	ol or drugs?				
Do you now have any communicable disease or If your answer is yes, provide explanation:	skin infection? ☐ Yes ☐ No					
I give permission to allow a background investigate to verify the information provided.    YES	•	med in this application				
CHANGES OF ANY KIND TO THE ABOVE INFORM POLICE DEPARTMENT IN WRITING WITHIN TEN		HE ROSEVILLE				
PERMIT MUST BE RENEWED FIFTEEN (15) BUSINAPPLICATION FEES SHALL APPLY.	NESS DAYS PRIOR TO EXPIRATION	OR INITIAL				
I, the undersigned applicant, hereby certify under have made on all pages of this application and in complete to the best of my knowledge and belief intentionally omitted will result in automatic deniating subject me to criminal prosecution. I have a Roseville Municipal Code as it applies to massage	n all supporting documents are true f. I understand that any informational of this application, and/or revocated and understand the applicable	e, correct and n misrepresented or ation of the permit, and e sections of the				
APPLICANT: Signature	Print name	Date				
TRANSLATOR: Signature	Print name	Phone Number				
WITNESS: Signature	Print name	Date				
∇ FOR POLICE D	EPARTMENT USE ONLY ∇					
□ City Business License (attach copy) Exp □ Fees Paid (COR \$60) Date □ Livescan Fees Paid (Sunset Notary \$15) Date □ FBI Fingerprint Fee (COR) \$17) Date □ Medical Clearance (attach copy) Dated □ Diploma/Certificate of Graduation (attach copy) □ Fingerprints: Taken by Date □ Driver's License (attach copy)	BGI conducted by RPD/Local Names Placer – IDB Names Sacramento County DMV – QOLN C.L.E.T.S. – QW	Date				

RPD Form 157-F (Rev. 04/17/2014)