Roseville Police Department
1051 Junction Blvd
Roseville, CA 95678

Daniel Hahn, Chief of Police

Massage Therapist Permit Renewal Application

RPD 22/6-12

YOU ARE REQUIRED TO SUBMIT THE FOLLOWING WITH YOUR RENEWAL APPLICATION:

- Renewal Application fee of $25. (Exact cash or check only – payable to the City of Roseville).
- Current California Driver's License or other government issued photo ID.
- City of Roseville business license. (If you are self-employed or an independent contractor). You can obtain a business license at the City of Roseville's License Division at 311 Vernon Street.
- Medical certification within the past 45 calendar days that applicant has been examined and tested free for tuberculosis and any contagious or communicable diseases.

Permit No.	
Permit Year	
RT THUMB	

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

Application – Print or Type

PERSONAL INFORMATION

Applicant Name		Other Names Used					
Date of Birth		Age		Place of Birth		Primary Language	
Sex	Male ☐ Female ☐	Height		Weight		Hair Color		Eye Color	
Driver's License No.		Social Security No.		Email	
Residence Address	STREET CITY STATE ZIP				
Home Phone		Cell Phone		Work Phone	

EMPLOYMENT AND ESTABLISHMENT INFORMATION (CURRENT)

Name Of Business and Address	NAME OF BUSINESS STREET CITY STATE ZIP				
Business Phone (s)		Owner and/or Manager		Employment Dates	

FORMER EMPLOYMENT (INCLUDE PAST EMPLOYMENT HISTORY FOR PAST TWO YEARS)

Former Name Of Business and Address	NAME OF BUSINESS STREET CITY STATE ZIP				
Business Phone (s)		Owner and/or Manager		Employment Dates	
Former Name Of Business and Address	NAME OF BUSINESS STREET CITY STATE ZIP				
Business Phone (s)		Owner and/or Manager		Employment Dates	

Applicant Name	

FORMER RESIDENCES (INCLUDE PAST RESIDENTIAL ADDRESS HISTORY FOR PAST TWO YEARS)

Former Residence Address	STREET	CITY	STATE	ZIP
Former Residence Address	STREET	CITY	STATE	ZIP

ANSWER THE FOLLOWING QUESTIONS. IF YOU ANSWER YES TO ANY, PROVIDE AN EXPLANATION IN THE ADJACENT BOX.

Have you ever been convicted of a felony, or a misdemeanor involving moral turpitude?	Yes ☐ No ☐	If yes, Explain.	
Are you presently on formal or informal probation or parole in California or else?	Yes ☐ No ☐	If yes, give details, including probation or parole officer's contact information.	
Are you a user of illegal narcotics (including marijuana), and/or dangerous drugs?	Yes ☐ No ☐	If yes, Explain.	
Do you have a problem associated with excessive use of alcohol or drugs?	Yes ☐ No ☐	If yes, Explain.	
Do you have a communicable disease or skin infection?	Yes ☐ No ☐	If yes, Explain.	

Changes of any kind to the above information must be reported to the Roseville Police Department in writing within ten (10) calendar days.

I, the undersigned applicant, hereby certify under penalty of perjury that the answers and statements I have made on all pages of this application and in all supporting documents are true, correct and complete to the best of my knowledge and belief. I understand that any information misrepresented or intentionally omitted will result in automatic denial of this application, and/or revocation of the permit, and may subject me to criminal prosecution. I have read and understand the applicable sections of the Roseville Municipal Code as it applies to massage services. *Further, I give permission to allow a background investigation of information provided in this application to verify its accuracy.*

Please sign in front of a City of Roseville employee (witness):

APPLICANT: Print Name and Sign _____ Date _____

TRANSLATOR: Print Name and Sign _____ Phone _____ Date _____

CITY WITNESS: Print Name and Sign _____ Date _____

▼ FOR **POLICE DEPARTMENT USE ONLY** ▼					
	Documents		Background Conducted By: _____		
☐	Fees Paid (City of Roseville $25) Dated _____	☐	Local Names Checked	☐	Placer Checked
☐	Medical Clearance (attach copy) Dated _____	☐	Sacramento Co Checked	☐	DMV Checked
☐	City Business License (attach copy) Dated _____	☐	CLETS Checked		