



Massage Technician Application

State Certified- Items Required:

- Annual Registration \$9.00*
- Proof of State Certification

OR

Noncertified- Items Required:

- Annual Fee \$234.00*
- Proof of Live Scan Fingerprinting
- 500 Hours of Study Certification
- 2"x2" Front Face Applicant Photo

*Annual Fee includes \$4 State Fee

- First Time Applying Renewal for City of Goleta license # _____ Updated Information

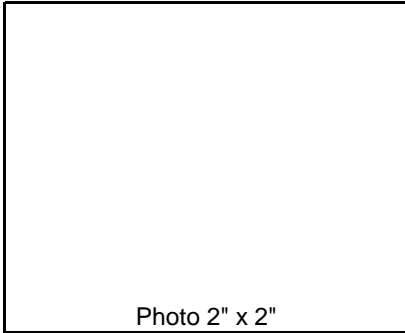


Photo 2" x 2"

Please Print Clearly

Applicant Name	Phone
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Home Address	City, State, Zip
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Date of Birth	Place of Birth	Height	Weight	Hair	Eye
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Drivers License #	Social Security #	Email
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Message Establishment where applicant will be employed Check here if working for self.

Establishment Name	City of Goleta Establishment License #	Phone
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Business Address	City, State, Zip
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Will this business employ minor children?

No (We) will not employ minors. Yes (Work permits for all minors must be attached.)

Have you ever been convicted of a crime?

<input type="checkbox"/> No	<input type="checkbox"/> Yes	If yes, give circumstances:	Initial here: (Required)
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Is this business subject to any injunction or restrictive court order?

<input type="checkbox"/> No	<input type="checkbox"/> Yes	If yes, give circumstances:	Initial here: (Required)
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Has your Massage License ever been denied, revoked, or suspended?

<input type="checkbox"/> No	<input type="checkbox"/> Yes	If yes, give circumstances:	Initial here: (Required)
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I understand that I am subject to the regulations and requirements for business licenses set forth in the City of Goleta Code, and agree to comply with these requirements. I agree to use the license applied for only that activity and purpose stated in this application. I certify, under penalty of perjury, that the foregoing is true and correct.

Applicant Signature _____

Date _____

FOR OFFICE USE ONLY	NEIGHBORHOOD SERVICES & PUBLIC SAFETY DIRECTOR ENDORSE HERE:
Zoning: <input type="checkbox"/> Approved <input type="checkbox"/> Denied by: _____ Date: _____	
License: <input type="checkbox"/> Approved <input type="checkbox"/> Denied by: _____ Date: _____	
License No. _____ Credit Card Payment? <input type="checkbox"/> Yes	
<p><i>Under federal and state law, compliance with disability access laws is a serious and significant responsibility that applies to all California building owners and tenants with buildings open to the public. You may obtain information about your legal obligations and how to comply with disability access laws at the following agencies:</i></p> <p><i>The Division of the State Architect at: www.dgs.ca.gov/dsa/Home.aspx</i></p> <p><i>The Department of Rehabilitation at: www.rehab.cahwnet.gov</i></p> <p><i>The California Commission on Disability Access at: www.cdda.ca.gov</i></p>	