



**CHECKLIST FOR CITY OF HEMET
APPLICATION FOR MASSAGE TECHNICIAN PERMIT**

Applicant's Name: _____

**YOU MUST SUBMIT THE FOLLOWING WITH YOUR COMPLETED
MESSAGE TECHNICIAN APPLICATION:**

- _____ Completed Massage Technician Permit Application
- _____ Application fee of _____
- _____ Copy of identification (Driver's License, Social Security Card)
Bring original, copy will be made for you
- _____ Written proof applicant is at least 18 years of age (Birth
Certificate, Driver's License, California ID card)
- _____ Original or certified copy of a diploma or certificate of
graduation for completion of at least **250 hours** of instruction
from a recognized school of massage
- _____ **Certified** transcript from school of massage with the address
and telephone number for the school
- _____ Certificate from physician or surgeon stating that:
The applicant has, within the last 30 days immediately prior
to the filing of the application, been examined and found to
be free of active tuberculosis
- _____ 3 portrait photographs, at least 2 inches by 2 inches in size
- _____ Copy of live-scan receipt from the City of Hemet Police
Department, showing that the applicant has completed the
fingerprint process



CITY OF HEMET
445 E FLORIDA AVE
HEMET CA 92544
(951) 765-2358

Application for Massage Technician License

All information listed on this form is required. Incomplete applications will be returned, thus delaying the issuance of your Massage Establishment License.

ACCEPTANCE OF THE APPLICATION BY THE BUSINESS LICENSE DEPARTMENT DOES NOT AUTHORIZE THE APPLICANT TO OPERATE AS A MASSAGE ESTABLISHMENT UNTIL FULL APPROVAL BY ALL DEPARTMENTS AND ISSUANCE OF A PERMIT. Initial Here _____

THIS SPACE FOR CITY USE ONLY

NEW _____ RENEWAL _____ FEE _____ DATE PAID _____ DATE TO P.D. _____
PERMIT # _____ DATE ISSUED _____ DATE P.D. APPROVAL REC'D _____

Type of Permit

Is this application for a new permit or a renewal? (check one)

New Renewal

Is this application for incall services, outcall services, or both? (check one)

Incall Outcall Both

Applicant Identifying Information

Last Name:	First:	Middle:		
Height:	Weight:	Sex:	Eye Color:	Hair Color:
Driver License #:	Date of Birth:			
Social Security #:				

Business Location

Provide the name and location of the massage establishment where you will be employed.
If this application is for a Massage Technician providing outcall services only, provide the location of the business office of the applicant

Business Name:	Business Phone:
Business Owner Name:	
Business Address:	
City/State/Zip:	

PLEASE NOTE: You must report within 15 days, any change in location of employment

Applicant Contact Information

Current Home Address:

Mailing Address:

Current Home Phone Number:

Current Work Phone Number:

Cell Phone Number:

Email Address:

Emergency Contact Person & Phone Number:

Applicant Massage or Similar Business History & Experience

List all information for the previous 5 years

Business/Occupation	Address	Phone	Dates

Required Background Information

Have you ever had a city or state permit or license denied, revoked, or suspended? _____
If so, list the reasons, and the type of permits, licenses, or business activities involved: _____

List all criminal convictions, including pleas of no contest, (other than misdemeanor traffic violations). Include the dates of conviction, nature of the crimes, place convicted, and a statement of the disposition of all such actions: _____

Applicant Verification and Signature

I hereby certify under the penalty of perjury that the information given in this application is true and correct.
I understand that providing false information or withholding information is grounds for denial or revocation of my massage technician permit.

I do hereby authorize the City of Hemet and its agents to seek information and conduct an investigation into the truth of the statements set forth in the application and my qualifications for a City Massage Technician Permit.

Signature of Applicant: _____ Date: _____