CITY OF RIALTO

150 S. Palm Ave, Rialto, CA 92376
Tel: (909) 820-2517 Fax: (909) 873-4814

MASSAGE ESTABLISHMENT APPLICATION

Please Type Or Print In Block Letters

Initial Application Fee - $1,250.00 Annual Renewal Fee - $500.00

Attach Two (2) Passport Photos Here

Business Name: _____ Business Phone: _____

Business Address: _____ Business Fax: _____

_____

Operating Hours: From _____ To _____ Days of Week: _____

****Enter Below the Names of Owners, Partners, or Corporate Officers****

Ownership: ☐ Corporation ☐ Corp-Ltd Liability ☐ Partnership ☐ Sole Proprietor ☐ Limited Liability ☐ Trust

Applicant 1

First Name: _____ Middle Name: _____ Last Name: _____

Alias: _____ Phone Number: _____

Address: _____
Number Street Name City State Zip

Applicant 2

First Name: _____ Middle Name: _____ Last Name: _____

Alias: _____ Phone Number: _____

Address: _____
Number Street Name City State Zip

Attach additional sheets, if necessary.

List the two (2) previous residence address of the applicant(s) immediately prior to the current address.

Applicant 1

Address 1: _____
Number Street Name City State Zip

Address 2: _____
Number Street Name City State Zip

Applicant 2

Address 1: _____
Number Street Name City State Zip

Address 2: _____
Number Street Name City State Zip

Attach additional sheets, if necessary.

List all other massage establishment(s) that have been owned/operated by applicant(s) or management personnel.

Applicant 1

Business Name: _____ Owner: _____

Business Address: _____
Number Street Name City State Zip

Applicant 2

Business Name: _____ Owner: _____

Business Address: _____
Number Street Name City State Zip

Attach additional sheets, if necessary.

List any applicants and/or persons having management or supervision of the business, which have ever been convicted of a crime for any felony, misdemeanor, or violation of a local ordinance (excluding misdemeanor traffic violations) and explain fully in the provided area.

Name: _____ Date: _____

Charge: _____ Location: _____

Penalty: _____

Explanation:

Name: _____ Date: _____

Charge: _____ Location: _____

Penalty: _____

Explanation:

Attach additional sheets, if necessary.

Explain fully if the applicant(s) or management personnel of the business has ever had any similar license or permit and/or professional or vocational license or permit denied, revoked or suspended.

Attach additional sheets, if necessary.

Employment History Is Required.

List all places of employment for the past three (3) years for each applicant.

Applicant 1

Employer: _____ Phone Number: _____

Business Address: _____
Number Street Name City State Zip

Job Title: _____ From: _____ To: _____

Employer: _____ Phone Number: _____

Business Address: _____
Number Street Name City State Zip

Job Title: _____ From: _____ To: _____

Employer: _____ Phone Number: _____

Business Address: _____
Number Street Name City State Zip

Job Title: _____ From: _____ To: _____

Applicant 2

Employer: _____ Phone Number: _____

Business Address: _____
Number Street Name City State Zip

Job Title: _____ From: _____ To: _____

Employer: _____ Phone Number: _____

Business Address: _____
Number Street Name City State Zip

Job Title: _____ From: _____ To: _____

Employer: _____ Phone Number: _____

Business Address: _____
Number Street Name City State Zip

Job Title: _____ From: _____ To: _____

Attach additional sheets, if necessary.

Explain fully if the applicant(s) or management personnel of the business has ever been suspended or released from a previous business activity or occupation.

Attach additional sheets, if necessary.

All people in a management or supervisory position must submit written proof that s/he is at least 18 years of age.

Full Name: _____ Alias: _____

Home Address: _____
Number Street Name City State Zip

Home Phone: _____ Business Phone: _____

U.S. Citizen: ☐ Yes ☐ No Date of Birth: _____ Driver's License No.: _____

SSN: _____ Hair Color: _____ Eye Color: _____ Height: _____ Weight: _____

Full Name: _____ Alias: _____

Home Address: _____
Number Street Name City State Zip

Home Phone: _____ Business Phone: _____

U.S. Citizen: ☐ Yes ☐ No Date of Birth: _____ Driver's License No.: _____

SSN: _____ Hair Color: _____ Eye Color: _____ Height: _____ Weight: _____

Attach additional sheets, if necessary.

Written statements of at least three (3) bona fide, permanent residents (other than relatives) of San Bernardino County stating that the applicant is a person of good moral character is required. Provide the names and addresses below.

Name: _____ Phone Number: _____

Home Address: _____
Number Street Name City State Zip

Name: _____ Phone Number: _____

Home Address: _____
Number Street Name City State Zip

Name: _____ Phone Number: _____

Home Address: _____
Number Street Name City State Zip

The City of Rialto Police Department requires fingerprinting for all applicants and persons having management or supervision of the business. The receipt(s) from all persons fingerprinted is required with this application.

Applicants must be examined by a medical doctor and found to be free of any contagious or communicable disease within 30 days prior to this application. A certificate from the medical doctor is required with this application. A certificate from a doctor is required every 6 **months after the initial examination.**

Applicants must furnish a diploma or certificate of graduation from a recognized school or other institution of learning wherein the method, profession, or work of massage technician or therapist is taught.

Applicants must furnish their current license from the Massage Therapy Council.

I hereby certify that all statements contained in this application are true and correct to the best of my knowledge. I authorize the city, its agents and employees to conduct investigations to determine the truthfulness of the statements and documents as set forth in this application. I am aware that withholding information or making a false statement may result in the denial of this application or the revocation or suspension of any permit issued to me.

Applicant Signature	Title	Date
_____	_____	_____

OFFICIAL USE ONLY			
LICENSE NO.	START DATE	NEW APPLICATION ☐	RENEWAL APPLICATION ☐
FINGERPRINTS ☐	MEDICAL CERTIFICATE ☐	DIPLOMA/CERTIFICATE ☐	MASSAGE LICENSE ☐