CITY OF RIALTO

Business Licensing

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

MASSAGE TECHNICIAN APPLICATION

Please Type Or Print In Block Letters

Attach Two (2) Photos Here
(No Larger than 2"x2")

Code 5.24.030, Section D. All applicants for a license shall be subject to a waiting period not to exceed 120 days starting from the date such permit is first applied for. During such time, as a condition precedent to such applicant's right to receive a business license under this chapter, the applicant shall present evidence satisfactory to the city licensing officer necessary to conduct an investigation to support or reject a permit to carry on the business of a massage technician or massage parlor.

Employer Information

Employer Name: _____ Employer Phone: _____

Employer Address: _____ Employer Fax: _____

_____ Employer Email: _____

Massage establishment may be contacted to verify employment of applicant.

Applicant Information

Full Name: _____ Alias: _____

Home Address: _____
Number Street Name City State Zip

Home Phone: _____ Email Address: _____

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

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

List two (2) previous residence addresses immediately prior to the current address.

Address 1: _____
Number Street Name City State Zip

Address 2: _____
Number Street Name City State Zip

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

Business Name: _____

Business Address: _____
Number Street Name City State Zip

Business Name: _____

Business Address: _____
Number Street Name City State Zip

Attach additional sheets, if necessary.

In the provided area, explain fully any felony, misdemeanor, or violation of a local ordinance (excluding misdemeanor traffic violations) the applicant has incurred.

Charge: _____ Date: _____

Penalty: _____ Location: _____

Explanation:

Attach additional sheets, if necessary.

Explain fully if the applicant 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, starting with the most recent.

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 has ever been suspended or released from a previous business activity or occupation.

Attach additional sheets, if necessary.

Applicants must furnish written statements of at least three (3) bona fide residents of San Bernardino County that state that the applicant is of good moral character.

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, which has been approved by the California State Board of Education, 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 I am of or above the legal age of eighteen years old and 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 ☐	
MEDICAL CERTIFICATE ☐ DATE:		DIPLOMA/CERTIFICATE ☐		MASSAGE LICENSE ☐	
APPROVED ☐	DENIED ☐	1099 ☐	W4 ☐	DRIVER'S LICENSE ☐	SOCIAL SECURITY CARD ☐