



City of Citrus Heights

6237 Fountain Square Drive Citrus Heights, Ca 95621

Phn: (916) 727-4907 Fax: (916) 725-5799

BUSINESS LICENSE MASSAGE ESTABLISHMENT CLEARANCE FORM

Business owners and/or operators of commercial locations where massage is the primary business must complete this form to apply for a Special License for massage activities as required by the City of Citrus Heights

Full name of owner/operator: _____

Other names used by applicant: _____

Massage Establishment Name & Location:

Business Name	Street Address	City	Zip

Current residence of applicant:

Street Address	City	State	Zip

List the two previous residential or business addresses, if any, immediately prior to the present address

Street Address	City	State	Zip

Street Address	City	State	Zip

Type of Ownership: Sole Proprietorship Corporation or LLC (provide articles of incorporation)
 Partnership (provide partnership agreement)

Owner's Social Security Number _____ Sex: _____ Height: _____ Weight: _____
Eye Color: _____ Hair Color: _____ Date of Birth _____

Please describe the types of services that will be provided: _____

Please list previous occupations/employers for the last 5 years: *Attach additional sheet if needed*

Occupation	Employer	Dates Employed

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Have you ever had a massage or similar license revoked or suspended in any other city, county or state?

No Yes (please explain)_____

Have you ever been convicted of any violation of the law? Exclude minor traffic violations except for drunk driving and/or reckless driving. (A conviction does not necessarily bar you from receiving a license; however, failure to list all convictions may result in not obtaining one.)

No Yes (please explain)_____

Please provide the name and address of the recognized school attended, the date attended, and a copy of the diploma or certificate of graduation awarded showing not less than **200 hours of instruction** at a recognized massage school.

Hours of operation:_____ How many therapists will be working on-site?_____

Do you, at any time, intend to employ more than two massage therapists on-site who will be doing massage on separate customers simultaneously? No Yes

PLEASE NOTE: BUSINESS LICENSES ARE ISSUED IN PART TO THE INFORMATION PROVIDED BY APPLICANTS; THE CITY MAY REQUIRE ADDITIONAL INFORMATION FROM THE APPLICANT AS NECESSARY. ANY CHANGE IN THE INFORMATION PROVIDED MAY INVALIDATE THE BUSINESS LICENSE. BUSINESS LICENSES ARE NOT TRANSFERABLE TO A NEW OWNER, NEW TYPE OF BUSINESS, OR NEW LOCATION.

IT IS THE RESPONSIBILITY OF ALL BUSINESSES LICENSE APPLICANTS TO IDENTIFY AND OBTAIN ALL SPECIAL PERMITS AND APPROVALS REQUIRED BY FEDERAL, STATE, CITY, OR COUNTY REGULATIONS. IT IS ALSO THE RESPONSIBILITY OF THE APPLICANT TO COMPLY WITH THE CITY BUILDING, ZONING, AND MASSAGE REGULATIONS AND ORDINANCES. FAILURE TO DO SO MAY INVALIDATE YOUR RIGHT TO DO BUSINESS IN THE CITY AND IN ADDITIONS MAY SUBJECT YOU TO PENALTIES AND LEGAL SANCTIONS.

THIS APPLICATION IS PUBLIC RECORD.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. I understand I may not operate business until I receive my license(s). I acknowledge that a background check will be performed. I have received a copy and agree to comply with Chapter 4.36 of the City of Citrus Heights Municipal Code in the regulations of massage businesses and activities.

Signature

Date

City Use Only:			
Date: _____	Action: _____	Initials _____	
Date: _____	Action: _____	Initials _____	
Check # _____	Amount _____	Date: _____	License # _____