



# City of Citrus Heights

## MASSAGE LICENSE CLEARANCE FORM

**Mobile therapists, Independent Contractors, or In-home Businesses of Massage Therapy must complete this form to apply for a Special License for massage activities as required by the City of Citrus Heights**

Full name of therapist: \_\_\_\_\_

Other names used by applicant: \_\_\_\_\_

Name of Business (DBA) \_\_\_\_\_

Business Phone \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Current residence of applicant:

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing address if different than residential address:

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)

Please provide copy of photo identification and complete the following information:

Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Date of Birth \_\_\_\_\_

Will massages be performed at your home?  Yes  No

Please describe the types of services that will be provided: \_\_\_\_\_

Please list all business locations where you intend to provide massage: (Must be kept current)

Business Name & Address \_\_\_\_\_ City \_\_\_\_\_

Business Name & Address \_\_\_\_\_ City \_\_\_\_\_

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

Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Dates Employed \_\_\_\_\_

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) \_\_\_\_\_

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

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 The 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 # \_\_\_\_\_

## CHECK OFF LIST FOR MASSAGE THERAPIST PERMIT

1. Is your application completely filled out stating your true name and any other names used?
2. Do you have your Official Certificate and Transcript that shows you have completed 200 hours of instruction?
3. Do you have your insurance policy stating you have Practitioners Liability coverage in the amount of 2 million dollars?
4. Do you have your current CPR certification?
5. Do you have evidence that you have completed a PPD skin test in the last 30 days that shows you do not have active TB?
6. Did you bring in 2 identical passport photos, to be used for your ID badge?
7. Do you belong to an approved national massage organization or association that requires the above qualifications and adherence to a code of ethics; and renewal of membership yearly?
8. If yes to number 7, which organization or association?