

FULLERTON POLICE DEPARTMENT MASSAGE PERMIT APPLICATION

CALIFORNIA														
				Tecl	hnicia	ın	Opera	ator		Mana	ager			
	(PRINT LEGIBLY)									A #				
PART 1: IDENTIFYING INFORMATION														
Last Name					First Name					Middle Name				
Alias or Maiden Na	ames													
Home Address City					State			Zip Pho			ne \			
Place of Birth				Date of Birth			U.S. Citizen Re		Reside	Resident Alien Number			Date Entered	U.S.
Sex	Age ☐ Female			Height			Weight		F	Hair			Eyes	
Driver's License No			State Social Security N			umber	umber O				Other Licenses Held			
		PART	2: N	IAMI	E OF N	//ASSA	GE ESTA	BLISH	MENT	APP	LIED F	OR		
Business Name								Ope	rator's Na	ame				
Business Address												Cı	urrently Employe	ed Here?
City							State	Zip			Business (s Phon		
Business Name								Ope	rator's Na	ame		,		
Business Address											Currently Employed Here?			
City					State	Zip	Business Phone			ne				
Business Name							•	Ope	rator's Na	ame	`	,		
Business Address							Cı	urrently Employe	ed Here?					
City					State	Zip	Zip Business (S Phon	ne			
					PAF	RT 3: P	RIOR AD	DRES	SES					
List in chronolo page if necessa		der eve	ry city	y or c	ommui	nity in w	hich you ha	ave resi	ided in	the pa	st <u>EIGH</u>	<u>T</u> (8)	years. (Use	additional
From	Address													
То	City									State	:	Zip		
From	Address									I				-
То	City				State			Zip						
From	Address									•		•		
То	City							State				Zip		
From	Address													
То	City									State		Zip		

	PAR	T 3: PRIOR	ADDRESS	ES CONTINU	JED			
From	Address							
То	City				State	Zip		
From	Address			<u> </u>				
То	City				State	Zip		
From	Address							
То	City				State	Zip		
		PART 4: EM	PLOYMEN	T HISTORY				
Begin with you jobs, previous 6	r <u>MOST RECENT JOB</u> and employment, and periods o	d list your work of unemploymen	history in c	hronological o	rder. Includ	e, in sequence, all part-time t <u>EIGHT</u> (8) years.		
Employer's Name		Job Title			Supervisor's	Name		
Date From	Employer's Address	<u>l</u>			<u> </u>			
То	City		State	Zip	Employer's Phone			
Employer's Name	l	Job Title			Supervisor's	Name		
Date From	Employer's Address							
То	City		State	Zip	Employe (er's Phone		
Employer's Name	L	Job Title		1	Supervisor's	Name		
Date From	Employer's Address							
То	City		State	Zip	Employe (er's Phone		
Employer's Name		Job Title			Supervisor's	Name		
Date From	Employer's Address							
То	City		State	Zip	Employer's Phone			
Employer's Name		Job Title		1	Supervisor's	Name		
Date From	Employer's Address	L						
То	City		State	Zip	Employe (er's Phone		
Employer's Name		Job Title		1	Supervisor's	Name		
Date From	Employer's Address	l			<u> </u>			
То	City		State	Zip	Employe (er's Phone		
Employer's Name	<u>I</u>	Job Title	I	1	Supervisor's Name			
Date From	Employer's Address	I						
То	City		State	Zip	Employe	er's Phone		

PART 5: MASSAGE SCHOOL ATTENDED								
Name of School	Spec			cialty of Study				
School Address								
City		State	Zip		Schoo	ol Phone		
Hours Completed	Dates Attended (From – T	Ō)				Graduation Date		
Name of School				Specialty of	Study			
School Address								
City		State Zip			School Phone			
Hours Completed	Dates Attended (From – T		·)			Graduation Date		
Name of School		Specialty of S			Study	study		
School Address								
City		State	Zip		Schoo	I Phone		
Hours Completed	Dates Attended (From – T	o)			Graduation Date			
Additional Training or Experience (Use ba	ack if necessary.)							
	PART 6:	PERMIT I	HISTORY	(
Have you previously held or applies skip to Part 7)	ed for a license/permit t	o do busine	ess in Calif	ornia or els	ewhe	re? Yes No (If no		
City:	Date: License/Permit Type:							
City:	ty: Date: License/Permit Type:							
City: Date: License/Permit Type:								
City: Date: License/Permit Type:								
City:	Date:		License/I	Permit Type:				
Has any such previously held licer	nse/permit ever been su	uspended, r	evoked, or	denied?	Yes	□ No (If no skip to Part 7)		
Location: Da	ate: Re	voked by who	m (Agency):			Reason:		
In what business or occupation did you engage following such revocation or suspension?								
Location: Da	voked by who	m (Agency):		Reason:				
In what business or occupation did you engage following such revocation or suspension?								
Location: Da	ate: Re	voked by who	m (Agency):			Reason:		
In what business or occupation did	d you engage following	such revoc	ation or su	uspension?				

PART 7: MASSAGE OPERATORS ONLY									
Name of responsible Managing Officer of Corporation or Partnership									
Attach copy of Certificate of Limited Partnership or Articles of Incorporation.									
	Is this a corporation or partnership? If Partnership, skip next two lines.								
Name of the Corporation (as shown in Articles of Incorporation)									
State of Incorporation	Corporation Number				Date of In	corpo	pration		
If a corporation, include the names and address of <u>EACH</u> Officer, director and <u>EACH</u> Stockholder holding more than <u>FIVE</u> (5) percent of the stock in the corporation.									
If a partnership, include the nan	nes, resideı	nce addresses	and da	ites of	birth of each of	the partne	rs, ind	cluding limited partners.	
1. Name		Address							
City			State		Zip	Date of Birth (if partnership)			
2. Name		Address							
City			State		Zip	Date of Birth (if partnership)		(if partnership)	
3. Name		Address				•			
City		1	State		Zip	Date of Birth (if partnership)		(if partnership)	
4. Name		Address							
City		State		Zip		Date of	f Birth	(if partnership)	
5. Name		Address				l			
City		State		Zip	Date of Birth (if partnership)				
Have any Officers, Directors, or or Limited Partners of the Partr 318, 647(a), 647(b), 647(d), or 64 within FIVE (5) years prior to the Yes \text{No (If no state)} \text{No (If no state)} \text{If yes, describe who, where, officers.}	nership bee 47(h), or an e date of thi s <i>kip to Part</i>	en convicted of by other crime v is application?	any of which r	the fo	llowing Califor	nia Penal C	ode S	Sections? 314, 315, 316,	
Who			Offens	se .		Date			
Who			Offense		D.		Date		
Who			Offense			Date			
Name and address of owner a owner, a copy of the lease and his/her property.									
Name	Address								
City					State		Zip		

	PART 8: CRIMINAL F	RECORD					
List all convictions, pleas of "guilty" or "nolo contendre" to any offense, even those expunged per 1203.4 PC in the past <u>TEN</u> (10) years.							
Original Arrest Charge (Crime)	Arresting Agency	Date of Violation					
Disposition of Charge	Final Charge	Date of Disposition					
Original Arrest Charge (Crime)	Arresting Agency	Date of Violation					
Disposition of Charge	Final Charge	Date of Disposition					
Original Arrest Charge (Crime)	Arresting Agency	Date of Violation					
Disposition of Charge	Final Charge	Date of Disposition					
Original Arrest Charge (Crime)	Arresting Agency	Date of Violation					
Disposition of Charge	Final Charge	Date of Disposition					
5. Original Arrest Charge (Crime)	Arresting Agency	Date of Violation					
Disposition of Charge	Final Charge	Date of Disposition					
6. Original Arrest Charge (Crime)	Arresting Agency	Date of Violation					
Disposition of Charge	Final Charge	Date of Disposition					
7. Original Arrest Charge (Crime)	Arresting Agency	Date of Violation					
Disposition of Charge	Final Charge	Date of Disposition					
	PART 9: CERTIFIC	ATION					
understand that providing record, is grounds for d prosecution. I do hereby verification of the informa conduct the activity appli	false information or withhorenial or revocation of my authorize the City of Fullotion contained in this appliced for until a permit has be	mation I have given is true and correct. I olding information, including any criminal permit, and may subject me to criminal erton, its agents and employees to seek ation. I further understand that I may not een granted, and that a copy of the City ces are available to me in the City Clerk's					

APPLICANT - DO NOT WRITE ON THIS PAGE **PART 10: INVESTIGATION RESULTS** Livescan Results: No Record Criminal Record Fullerton # _____ CII # ____ FBI # ____ As a result of our investigation on this subject, I recommend this application be: ☐ Approved ☐ Disapproved Detective Initials Date Signed Michael F. Sellers, Chief of Police Date ____ I.D. Card Issued _______ **PART 11: NARRATIVE** Reviewed By Written By ☐ Diploma ☐ Social Security ☐ Driver's License ☐ Resident Alien