



Was any action ever taken against your license or permit? Yes  No

Was your license or permit ever suspended or revoked? Yes  No

If you answered yes to either of the above questions, provide a detailed explanation below. Include dates, locations, and involved agencies.

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**CRIMINAL HISTORY:**

Have you ever been convicted of any of the following?

	<b>YES</b>	<b>NO</b>
1. An offense involving conduct which requires registration pursuant to 290 of the CA Penal Code	_____	_____
2. An offense involving the use of force or violence upon the person of another that amounted to a felony	_____	_____
3. An offense involving sexual misconduct with children	_____	_____
4. An offense involving theft of property	_____	_____
5. An offense as defined in CA Penal Code Sections 311, 315, 316, 318, 266, 266a, 266b, 266d, 266e, 266f, 266g, 266h, 266i, 647(a), 647(b), or 647(d)	_____	_____
6. Conspiracy to conduct any of the above	_____	_____
7. The equivalent of any of the above acts in jurisdiction outside California	_____	_____

If you answered YES to any of the above questions, give a complete explanation of each, including type of offense with dates and locations.

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Are you now, or have you ever been, licensed or registered or employed as a prostitute or otherwise authorized by the laws of any other jurisdiction to engage in prostitution in such other jurisdiction?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give the place of such registration: \_\_\_\_\_

Licensing and legal authority: \_\_\_\_\_

Inclusive dates when licensed, registered, or authorized to engage in prostitution: \_\_\_\_\_

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Have you ever been owner/partner in a corporation, a former employer, or employee of a building that was ever subject to abatement under Sections 11255 through 11235 of the CA Penal Code or any similar provisions of the law in any jurisdiction outside this state?

Yes  No  If yes, give a complete explanation, including dates and locations:

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Every applicant to be a massage practitioner or instructor shall furnish copies of diploma(s) and/or certificates of graduation from a school of massage, wherein the method, profession, and work of massage is taught, and shall show satisfactory completion of courses in anatomy and hygiene, including the total hours of certified training. (A minimum of 180 hours of training and/or instruction is required to obtain a permit.) Attach all original documentation to this application; they will be photocopied and returned to you.

If you do not have a diploma and/or certificate of graduation from a school of massage, do you have at least two (2) years of bona fide experience?

Yes  No  If yes, provide the following:

Business Name: \_\_\_\_\_  
Business Address: \_\_\_\_\_ Phone \_\_\_\_\_  
Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_

Each applicant (original or renewal) must submit documentation from a physician licensed to practice medicine in the State of California, showing that the applicant has been tested within the past 30 days and is free from all contagious, infectious, and communicable diseases. (A negative TB test meets these requirements.)

Date of Test: \_\_\_\_\_  
Medical Facility or Name of Physician: \_\_\_\_\_

**BUSINESS INFORMATION:**

Check one of the following:

I am an employee of a massage establishment or school of massage.

Yes  No  If yes, complete the following:

Name of Employer's Business: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Owner of Business: \_\_\_\_\_

I am the owner/operator of a massage establishment.

Name of My Business: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

Owner of Real Property Business Location:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Proposed or established hours of operation (business hours).**

TIME	MON	TUE	WED	THUR	FRI	SAT	SUN
OPEN							
CLOSE							

**Proposed nature of service provided.**

List the exact nature of the massage and/or baths, bodywork to be administered.

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I certify, under the penalty of perjury, that by signing and submitting this application, all of the statements contained herein are true and correct. I have not omitted or concealed any material facts. I understand that knowingly making a false statement, or concealing or omitting any material fact, may result in the denial of a permit to operate a massage establishment or operate as a therapist. I further understand that knowingly making a false statement, or concealing or omitting any material fact, may cause the revocation or suspension of an existing permit, and/or criminal action. I have been provided a copy of, and have read and understand, the Turlock Municipal Code Sections pertaining to massage establishments and massage therapists. I further understand that if and when a new employee(s) is hired, and if they are to be involved in the administration, operation, instruction, and/or any program offered by a massage establishment or school of massage, they must register with, and be cleared by Turlock Police Department prior to engaging in any of the aforementioned activities.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Return this completed application and all supporting documents to:

Turlock Police Department  
244 N. Broadway  
Turlock, CA 95380