

**CITY OF TAFT
APPLICANT CHECKLIST
MESSAGE PRACTITIONER/TECHNICIAN, MESSAGE ESTABLISHMENT**

An incomplete or illegible application will not be accepted. Please follow instructions carefully and complete the entire application legibly with an ink pen or typed written. Applicants must also possess all the required documents and satisfactory evidence of personal identification.

Once you have obtained an application packet from the City's Finance Department, carefully read all the information and complete the entire application. The application packet contains a copy of Municipal Code Section VI relating to Massage Therapy. Please read the ordinance carefully, as you will be asked to sign acknowledging you received and read the information.

Do not return your application to the Finance Department. Completed applications are to be submitted in person to the Taft Police Department, 330 Commerce Way, Taft, California 93268

The Police Department will accept applications Monday through Friday 8:00 am to 4:00 pm, by appointment only. ***You may schedule an appointment by calling (661) 763-3101.***

When you appear for your scheduled appointment, please bring the following ***original documents***. Copies will not be accepted. The Police Department will make copies and give back your originals.

Valid California driver's license or California I.D. card.

Valid Social Security Card

A diagram drawn to scale, of the establishment (if applying for establishment permit).

Original diploma, certificate, certified transcripts or other certified written proof showing completed courses as required by the ordinance. The documents must state the number of training hours completed.

Be sure to bring your *completed* application and all the required documents to your scheduled appointment. ***If an applicant does not meet all criteria required by the ordinance, the application will not be accepted.*** You should also come prepared to pay the appropriate fees.

\$100.00 For Fingerprinting and background investigation. (One time fee only)

\$ 40.00 Business License fee (to be paid at City Hall)

\$ 35.00 Review Fee (to be paid at City Hall)

**LICENSE APPLICATION
MESSAGE PRACTITIONER/TECHNICIAN, MESSAGE ESTABLISHMENT**

FOR OFFICIAL USE ONLY

Type of License: _____ Date Submitted: _____

Taft Police Dept. # _____ Business License # _____

APPLICANT: _____

Last

First

Middle

Residence Address: _____ City: _____ Zip Code _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Date of Birth: _____ Place of Birth: _____

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

Drivers License Number: _____ State: _____

Social Security Number: _____ - _____ - _____

LOCATION OF MESSAGE ESTABLISHMENT OR BUSINESS EMPLOYING MESSAGE PRACTITIONER:

Business Name: _____

Address: _____

Name of Owner: _____ Phone Number: _____

I have obtained and read the requirements of the City of Taft contained in Title IV Chapter 20 of the Taft Municipal Code (Massage Therapy). A copy of the ordinance was provided to me with this application.

I certify under penalty of perjury that the foregoing, including statements contained in the attached application, are true and correct.

Executed on: _____ 20_____, at _____, California.

Signature: _____

FOR OFFICIAL USE ONLY

Approval / Denial _____ Approval / Denial _____

Police Department

Building Department

Approval / Denial _____ Approval / Denial _____

Planning Department

Fire Department

Date Issued: _____

Aliases, or other names used by the applicant:

Dates Used

NAME

FROM

TO

Prior Residence Addresses and Dates for the past three years:

The business, occupation or employment of the applicant for the past 3 years with dates and addresses:

MESSAGE OR SIMILAR BUSINESS OR EMPLOYMENT HISTORY: Have you previously been employed in a massage establishment or school of massage in this or any other city or state:

Yes _____ No _____ If yes, complete the following:

BUSINESS/OCCUPATION

ADDRESS

PHONE

FROM

TO

Have you ever had a license or permit suspended or revoked for such business or employment?

Yes _____ No _____ If yes, When: _____

If yes checked above, specify which business or employment and give the reason for said revocation of suspension.

WAIVER FOR RELEASE OF INFORMATION

I hereby give permission to the agency to which this application is made to conduct a background investigation of me and to contact any person or agency who may add to or aid in this investigation. I further authorize persons, firms, agencies and institutions listed on this application to release or confirm information about me and statements I have made as contained in this application.

Notwithstanding any other provision of law and pursuant to the Public Records Act (Government Code Section 6250 et seq.), I understand that information contained in this application may be a matter of public record and shall be made available upon request or court order.

I hereby certify under penalties of perjury that the answers I have given are true and correct to the best of my knowledge and belief, and that I understand and agree to the provisions, conditions and restrictions, herein or otherwise imposed.

Applicant Signature

Date

Witness Signature/Badge Number

Date