

SAN RAFAEL POLICE DEPARTMENT MASSAGE/BODYWORKER APPLICATION

Please fill out and return 3 copies. A permit number will be assigned and ONE copy returned to you.

New Permit	Yes	No	Renewal	Yes	No	Permit Number
Check One			To be assigned by SRPD			

Name of Business Owner OR Practitioner:				
Home Address: Where do you live?			Apt./Suite #	
Previous residential addresses if less than five years at address above:				
Driver's License:		Residence Phone Include Area Code:		Cell Phone Include Area Code:
All Other names by which you were known:				
Height:	Weight:	Hair:	Eyes:	Date of birth:

Name of Business:	Business Phone Number Include Area Code:
Business address:	
Additional business locations:	

FOR BUSINESSES ONLY

Additional Owner(s) Yes No	Sole Proprietor Yes No	Corporation? Attach articles of incorporation N/a Yes No
Number of employees:	Attach list of employee names	

FOR PRACTITIONER ONLY
Supplemental material attached:

Two (2) colored passport Photographs Attached Yes No	Previous Permits? If yes Attached Yes No	Zoning Clearance? Attached Yes No	Home Occupation? If yes, Attached Yes No
Education Requirements. Min 100 hours: List Attached Yes No	Number of hours:	Copy/ies of diplomas or certificates ? Attached Yes No	
Additional business locations?			

Applicant signature:	Print name:
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OFFICIAL USE ONLY:
Comments:

Completed by:	Date:	Paid/Receipt issued: Yes No
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