

City Of Aliso Viejo

MESSAGE LICENSE APPLICATION

PLEASE CHECK APPLICABLE BOX OR BOXES

- CHECK HERE IF RENEWAL**
- MESSAGE TECHNICIAN LICENSE
- MESSAGE PRACTITIONER LICENSE
- MESSAGE ESTABLISHMENT LICENSE
- CONDITIONAL USE PERMIT APPROVAL DATE: _____
- MESSAGE ESTABLISHMENT CHANGE OF LOCATION

FOR OFFICIAL USE ONLY:	
DATE STAMP (RECEIVED)	CITY FEE RECEIPT NUMBER

Please complete page 1 of the following application and submit a copy to the City of Aliso Viejo Planning Department. Submit the entire application with required documentation to the Orange County Sheriff's Department. Refer to the *Applicant's Guide to Submitting for a Massage License* (Available at Aliso Viejo City Hall) for more information. The Massage Ordinance is available on the City website at www.cityofaliso Viejo.com.

PART 1: IDENTIFYING INFORMATION

Last Name		First		Middle	
Alias or Maiden Names					
Home Address					
City		State	Zip	Phone	
Date of Birth	Place of Birth		U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No		
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Height	Weight	Hair	Eyes	
Driver's License No.	State	Social Security No.	Other Licenses Held		
Emergency Contact: Name		Address		Relationship	

PART 2: NAME OF MESSAGE ESTABLISHMENT APPLIED FOR

Business Name		Operators Name			
Business Address				Currently Employed Here? <input type="checkbox"/> Yes <input type="checkbox"/> No	
City	State	ZIP	Business Phone		
Business Name		Operators Name			
Business Address				Currently Employed Here? <input type="checkbox"/> Yes <input type="checkbox"/> No	
City	State	ZIP	Business Phone		
Business Name		Operators Name			
Business Address				Currently Employed Here? <input type="checkbox"/> Yes <input type="checkbox"/> No	
City	State	ZIP	Business Phone		

PART 3: PRIOR ADDRESSES

List in chronological order every city or community in which you have resided in the past five years.			
From	Address		
To	City	State	ZIP
From	Address		
To	City	State	ZIP
From	Address		
To	City	State	ZIP
From	Address		
To	City	State	ZIP

PART 4: EMPLOYMENT HISTORY

Begin with your most recent job and list your work history in chronological order beginning with the most recent. Include in sequence all previous employment, part-time jobs and periods of unemployment. Please include all jobs within the past five years immediately preceding date of application (use back of page, if necessary).				
Name of Company		Job Title		Supervisor's Name
Describe Type of Business and/or Service(s) Provided:				
Did this Establishment Provide Massage Services? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Date From	Employer's Address			
To	City	State	ZIP	Employer's Phone
Name of Company		Job Title		Supervisor's Name
Describe Type of Business and/or Service(s) Provided:				
Did this Establishment Provide Massage Services? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Date From	Employer's Address			
To	City	State	ZIP	Employer's Phone
Name of Company		Job Title		Supervisor's Name
Describe Type of Business and/or Service(s) Provided:				
Did this Establishment Provide Massage Services? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Date From	Employer's Address			
To	City	State	ZIP	Employer's Phone

PART 4: EMPLOYMENT HISTORY (Continued)

Name of Company		Job Title		Supervisor's Name	
Describe Type of Business and/or Service(s) Provided:					
Did this Establishment Provide Massage Services? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Date From	Employer's Address				
To	City	State	ZIP	Employer's Phone	
Name of Company		Job Title		Supervisor's Name	
Describe Type of Business and/or Service(s) Provided:					
Did this Establishment Provide Massage Services? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Date From	Employer's Address				
To	City	State	ZIP	Employer's Phone	

PART 5: MASSAGE SCHOOL ATTENDED

Name of School			Specialty of Study		
School Address					
City		State	Zip	School Phone	
Hours Completed	Dates (From - To)			Graduation Date	
Name of School			Specialty of Study		
School Address					
City		State	Zip	School Phone	
Hours Completed	Dates (From - To)			Graduation Date	
Name of School			Specialty of Study		
School Address					
City		State	Zip	School Phone	
Hours Completed	Dates (From - To)			Graduation Date	
Additional Training or Experience (Use Back if Necessary.)					

PART 6: LICENSE HISTORY (Continued)

City:	State	Permit/License Type	Permit/License No.
<input type="checkbox"/> Issued Date Issued:	Has this permit/license ever been <input type="checkbox"/> Revoked <input type="checkbox"/> Suspended Revoked Date or Dates of Suspension From: To:		Reason:
Issuing Agency:			
<input type="checkbox"/> Application Denied Date of Application:	Denied by: (Issuing Agency)	Reason:	
If Permit/License was Revoked, Suspended, or Denied, in what business or occupation did you engage in following such revocation, suspension, or denial?			
City:	State	Permit/License Type	Permit/License No.
<input type="checkbox"/> Issued Date Issued:	Has this permit/license ever been <input type="checkbox"/> Revoked <input type="checkbox"/> Suspended Revoked Date or Dates of Suspension From: To:		Reason:
Issuing Agency:			
<input type="checkbox"/> Application Denied Date of Application:	Denied by: (Issuing Agency)	Reason:	
If Permit/License was Revoked, Suspended, or Denied, in what business or occupation did you engage in following such revocation, suspension, or denial?			

PART 7: CRIMINAL RECORD

If you have ever been convicted or "plead guilty" or "no contest" in any court of any crime in conjunction with or as a result of the operation of a massage establishment or any sex related crimes or other crime of moral turpitude during or prior to the filing of this application, other than minor traffic infractions, list all such convictions.		
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
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

PART 8: FOR ESTABLISHMENT LICENSE APPLICATION ONLY

Type of Business Organization:	<input type="checkbox"/> Corporation	<input type="checkbox"/> General Partnership	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Other:
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For Sole Proprietorships Only	You, the Applicant, must be the Sole Proprietor to submit this Application.	Name of Business as it appears on Fictitious Name Statement:
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For Corporations Only		
Name of Corporation (as shown in Article of Incorporation):		
State of Incorporation	Corporation Number	Date of Incorporation

For General / Limited Partnerships
Name of Business as it appears on Fictitious Name Statement

FOR CORPORATIONS Include the following information for each Officer and Director, and for each person who has a financial interest in the corporation amounting to more than five percent (5%) of the authorized and issued shares.				FOR PARTNERSHIPS Include the following information for each partner, including limited partners.			
Last Name		First Name		Middle Name			
Alias or Maiden Name				Date of Birth			
California Driver's License No. or CA. ID no.	Social Security Number		<input type="checkbox"/> Responsible Managing Officer (Only One per Business) <input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Stockholder				
Residence Address							
City		State	ZIP	Phone			
Business Address (If Different from this Business as listed above.)							
City		State	ZIP	Phone			
Last Name		First Name		Middle Name			
Alias or Maiden Name				Date of Birth			
California Driver's License No. or CA. ID no.	Social Security Number		<input type="checkbox"/> Responsible Managing Officer (Only One per Business) <input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Stockholder				
Residence Address							
City		State	ZIP	Phone			
Business Address (If Different from this Business as listed above.)							
City		State	ZIP	Phone			

PART 8: FOR ESTABLISHMENT LICENSE APPLICATION ONLY (Continued)

Last Name		First Name		Middle Name
Alias or Maiden Name			Date of Birth	
California Driver's License No. or CA. ID no.	Social Security Number	<input type="checkbox"/> Responsible Managing Officer (Only One per Business) <input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Stockholder		
Residence Address				
City	State	ZIP	Phone	
Business Address (If Different from this Business as listed above.)				
City	State	ZIP	Phone	
Last Name		First Name		Middle Name
Alias or Maiden Name			Date of Birth	
California Driver's License No. or CA. ID no.	Social Security Number	<input type="checkbox"/> Responsible Managing Officer (Only One per Business) <input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Stockholder		
Residence Address				
City	State	ZIP	Phone	
Business Address (If Different from this Business as listed above.)				
City	State	ZIP	Phone	
Have any Officers, Directors, Stockholders holding twenty-five percent (5%) or more of the stock in the corporation, or any Partners or limited Partners of the Partnership been convicted of any of the following Penal code Sections? 314, 315, 316, 318, 647a, 647b, 647d, 647h, or any other crime which requires registration under California Penal Code Section 290, within five (5) years prior to the date of this application? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe who, type of offense, city and state of offense, and date of offense.				
Name	Type of Offense	City/State of Offense	Date of Offense	
Name	Type of Offense	City/State of Offense	Date of Offense	
Name	Type of Offense	City/State of Offense	Date of Offense	
Name	Type of Offense	City/State of Offense	Date of Offense	

For all Establishments

Lease Agreement

Name and address of property owner and lessor of the Real Property where the business is to be conducted. If applicant is not legal owner, a copy of the lease and a notarized acknowledgment from the owner that a massage establishment will be located on his/her property is required.		
Name	Phone	
Address	State	Zip

PART 8: FOR ESTABLISHMENT LICENSE APPLICATION ONLY (Continued)

Products & Services

Describe all products and services to be provided to customers of the business.

Hours of Operation

LIST HOURS OF OPERATION						
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY

Employee Information

State the full, true names and residence addresses of all persons employed, or intended to be employed, as practitioners.				
Full Name	Address	City	State	ZIP
Full Name	Address	City	State	ZIP
Full Name	Address	City	State	ZIP
Full Name	Address	City	State	ZIP
Full Name	Address	City	State	ZIP

Establishment Management Information

Does the Applicant have an agreement, written or oral, with any person for the provision of management consulting services? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, for each person who is to perform such services, state the following information.			
Name (Last, First, MI)			Date of Birth
Address	City	State	ZIP
Name (Last, First, MI)			Date of Birth
Address	City	State	ZIP
Name (Last, First, MI)			Date of Birth
Address	City	State	ZIP
Name (Last, First, MI)			Date of Birth
Address	City	State	ZIP

PART 9: CERTIFICATION

I hereby certify, under the penalty of perjury, that the information given is true and correct. I understand that providing false information or withholding information, including any criminal record, is grounds for denial or revocation of my permit, and may subject me to criminal prosecution. I do hereby authorize the City of Aliso Viejo, its agents and employees to seek verification of the information contained on this application. I further understand that I may not conduct the activity applied for until a permit has been granted and that a copy of the City ordinances regulating massage is available to me in the City Clerk's office.

(Signature)

(Date)