



CITY OF LAKE FOREST MASSAGE ESTABLISHMENT PERMIT APPLICATION

PLEASE CHECK IF APPLICABLE

CHECK HERE IF RENEWAL

FOR OFFICIAL USE ONLY:

Please complete the following application and submit with required documentation to Lake Forest Police Services. Refer to the Massage Establishment Ordinance available on the City website at www.lakeforestca.gov for required documentation.

NOTE: The term "Massage Establishment" includes businesses conducting acupressure, anatomy care, body wrap, holistic therapy, hydro therapy, public baths, sauna, sports massage, stress management, or toxic herbal massage, pursuant to City of Lake Forest Massage Ordinance Section 5.07.100(j).

PART 1: NAME OF MASSAGE ESTABLISHMENT

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

PART 2: OWNERSHIP INFORMATION (Please indicate if there is an Ownership Group, L.L.C. etc.)

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 3: CRIMINAL RECORD

Have you have ever been convicted or "pled 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) Yes_____ No_____

Include all massage ordinance violations that occurred in the past ten (10) years.

Original Arrest Charge (Crime)	Arresting Agency	Date of Violation
Disposition of Charge	Final Charge	Date of Disposition
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Massage Establishment Permit Application

PART 4: PRODUCTS AND SERVICES

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

Hours of Operation

LIST HOURS OF OPERATION						
MON	TUES	WEDS	THURS	FRI	SAT	SUN
___to___	___to___	___to___	___to___	___to___	___to___	___to___

PART 5: EMPLOYEE INFORMATION

State the full, true names and residence addresses of all persons employed, or intended to be employed, as practitioners.	
Full Name	California Massage Therapy Council ID#
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PART 6: 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 Lake Forest, its agents and employees to seek verification of the information contained on this application, including a background review. 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)