



City of Hesperia
BUILDING AND SAFETY DIVISION

**Massage Technician Supplemental Business License
 Application**

Section 1. Applicant Information

Applicant: _____
 Mailing Address: _____
 Telephone Numbers: Home: _____ Work: _____
 Birthdate: _____ Age: _____ Eye Color: _____
 Social Security No.: _____ License No.: _____
 Height: _____ Weight: _____ Hair: _____
 Date Fingerprinted: Month: _____ Day: _____ Year: _____

Business where massage activity will be conducted:
 Clinic Name: _____ Address: _____
 City Business License Number: _____

Section 2. Names

- A. Have you ever applied for a massage clinic or technician's license under another name?
 Yes No If yes, list names: _____
 B. List all aliases, nicknames, married or maiden names currently or previously used:

**Section 3. Prior Licenses: State any Business License history relating to massage.
 (Attach additional information if necessary).**

- A. Business Name: _____
 Street: _____ License: _____
 City: _____ State: _____ Zip: _____
 B. Business Name: _____
 Street: _____ License: _____
 City: _____ State: _____ Zip: _____

Section 4. List all residence addresses within the past five (5) years.

- A. Street: _____ City: _____
 State: _____ Zip: _____ From: _____ To Present
 B. Street: _____ City: _____
 State: _____ Zip: _____ From: _____ To: _____
 C. Street: _____ City: _____
 State: _____ Zip: _____ From: _____ To: _____
 D. Street: _____ City: _____
 State: _____ Zip: _____ From: _____ To: _____

Section 5. List business, occupation, or employment history for the past five (5) years. (Attach additional information if necessary).

- A. Business: _____ From: _____ To Present
Street: _____
City: _____ State: _____ Zip: _____
- B. Business: _____ From: _____ To: _____
Street: _____
City: _____ State: _____ Zip: _____
- C. Business: _____ From: _____ To: _____
Street: _____
City: _____ State: _____ Zip: _____
- D. Business: _____ From: _____ To: _____
Street: _____
City: _____ State: _____ Zip: _____

Section 6. Revocations, criminal convictions, or suspensions

- A. Have you ever had a massage technician, massage clinic, or similar license suspended or revoked? Yes No If yes, attach details
- B. Have you been convicted of conduct which is in violation of the provisions of California Penal Code Sections 2611, 315, 316, 318, or 647(b), or any felony involving the sale of a controlled substance pursuant to Section 11054 through 11058 of the California Health and Safety Code? Yes No If yes, attach details
- C. Have you been convicted of an offense involving conduct which requires registration under the California Penal Code Section 290? Yes No If yes, attach details
- D. Have you been convicted in another state of an offense which if committed or attempted in this State would have been punishable as one or more of the offenses enumerated in Section 41.114(c)(7), as may be described under Government Code Section 51032? Yes No If yes, attach details
- E. Attach statement of all massage business history or occupation subsequent to any suspension or revocation.