



City of Hesperia
BUILDING AND SAFETY DIVISION

Massage Facility 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 (a separate business license is needed for multiple locations):

Clinic Name: _____ Address: _____

Section 2. Proprietorship

Is this a sole proprietorship? Yes No

If no, please have each of the applicant's principal officers, directors, and stockholders holding more than 10% of stock, if a corporation; or partners, if a partnership, complete a separate application form.

Section 3. Corporation Information

Is this a corporation? Yes No

If yes, attach a copy of the Articles of Incorporation.

Section 4. Names (applies to all partners or corporate officers)

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

The following information is required for all partners or corporate officers. (Attach additional sheets if necessary)

- 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 7. List business, occupation, or employment history for the past three (3) 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 8. 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.