CITY OF CHULA VISTA

CHULA VISTA POLICE DEPARTMENT

POLICE CONTROLLED LICENSE

MASSAGE TECHNICIAN RENEWAL

NAME OF BUSINESS:

BUSINESS ADDRESS:

BUSINESS PHONE NUMBER:

SECTION I: PERSONAL INFORMATION

Applicant's Full Name: _____
Last First Middle

Residence Address: _____
Street City State Zip

Email Address: _____

Home Phone #: _____ Cell Phone #: _____

Social Security #: _____ Driver's License #: _____ Date of Birth: _____

Height: Weight: Eye Color: Hair Color: Race: Sex:

Permit #: _____ **Permit Expiration Date:** _____

HAVE YOU BEEN ARRESTED IN THE PAST 12 MONTHS (CIRCLE ONE): YES NO

(If yes, please list on the back side of this application)

The following must be submitted, with this application, to renew your massage technician permit:

- $100.00 renewal fee (checks are made payable to the City of Chula Vista)
- One 2" x 2" photo taken within the last six months
- Completed Certification of Health form
  (medical examination not more than 30 days preceding this application)
- Certificate for 12 hours of continuing education
- Signed Statement of Understanding
- Copy of City of Chula Vista Business License

ALL FEES ARE NON-REFUNDABLE.

YOU MAY NOT OPERATE IN THE CITY OF CHULA VISTA WITHOUT A VALID POLICE CONTROLLED LICENSE/PERMIT.

I CERTIFY THAT THE INFORMATION PROVIDED ON THIS APPLICATION IS TRUE AND CORRECT.

_____ _____
Signature of Applicant Date

FALSIFICATION OF ANY INFORMATION ON THIS FORM IS GROUNDS FOR DISQUALIFICATION

PHOTO

FOR OFFICIAL USE ONLY

Application Date: **ARJIS:**

Received By: **SRFERS:**

Approved By: **Date:**

Application Completed By: **Date:**

CG 11/25