

SECTION H: SUPPLEMENTAL BUSINESS INFORMATION**H-1 MASSAGE THERAPIST**

Legal Name and Current Residential Address of Applicant:

Any names by which the applicant has been known during the previous five (5) years (aliases, etc.):

Any residential addresses immediately prior to the present address and the dates of residence at each address, for the last five (5) years:

Applicant Description:

Height _____ Weight _____ Hair Color _____ Eye Color _____ Gender: ☐ Male ☐ Female

Date of Birth:

The business, occupation or employment history of the applicant during the previous five (5) years:

The business license history of the applicant, including any revocations or suspensions in this or another city or state, the reason(s) for such revocations or suspensions, and the business activity or occupation subsequent to any suspension or revocation:

Please list all felony or misdemeanor convictions, excluding those for minor traffic offenses, and the grounds for the conviction:

Please list any education, training and experience in the administration, practice, or use of tattoo/body piercing/massage techniques:

Provide the following items:

☐ Written statements of at least two (2) responsible adult persons stating the applicant is of good moral character.

☐ Written proof that the applicant is at least 18 years of age.

☐ Two (2) portrait photographs, at least two (2) inches in size; taken within the last six (6) months.

☐ Applicant's fingerprint card (provided by the City)

☐ Copies of any diplomas or credentials from schools or institutions of learning.

☐ Proof of training in blood-borne pathogens and cross-contamination.

SECTION H: SUPPLEMENTAL BUSINESS INFORMATION

H-2 MASSAGE THERAPIST BUSINESSES:

Name and address of statutory agent or other agent authorized to receive service of process:

Name(s) of any massage therapist business managers who will have actual supervisory authority over the operations of the business:

Provide the following:

An accurate, drawn-to-scale, but not necessarily professionally drawn, floor plan of the business premises clearly indicating the location of one or more manager's stations.

Please complete the following information for the applicant if the applicant is an individual. If the applicant is an enterprise, please complete this section for each officer, director, general partner and all other persons with authority to participate directly in decisions relating to the management of the business.

Applicant's Full Name:

Please list any aliases or stage names used:

Current residential mailing address (Street, City, State and Zip Code):

Current residential telephone number:

Provide written proof of age (copy of birth certificate, copy of driver's license with picture, or other picture identification issued by a governmental agency).

Provide a copy of any currently issued or previously issued license relating to a massage therapist business or service and whether or not such license or permit has been revoked or suspended, and, if so, the reason or reasons therefore:

Please list all criminal charges, complaints, or indictments which resulted in a conviction or a plea of guilty or no contest:

The information supplied in this application shall be supplemented in writing by certified mail to the director within ten (10) working days of a change of circumstances which would render the information originally submitted false or incomplete.