New Massage Technician or to Add Massage Technicians to Existing Permit (BMC 5.76) (Ord. 1344)

Required Prior to Filing:

- Active or Pending Conditional Use Permit; Active State Certification Issued Pursuant to Massage Therapy Act to Chapter 10.5 of California Business and Professions Code.
- Active or Pending Massage Establishment Permit

Applicant Requirements:

- Massage Technician Permit Fee (non-refundable)
- Fingerprinting Fee (non-refundable)
- Three (3) written statements, including dates of relationships, signed by persons who have knowledge of the applicant's background, qualifications, and suitability as a massage technician. Those persons shall have known the applicant for at least three years (3) preceding the date of the application and shall not be related to the applicant by blood or marriage.
- Acceptable proof applicant is at least eighteen (18) years of age.
- Furnish a diploma of certificate of graduation and transcripts from a five hundred-hour course of instruction.
- Provide two front –faced portrait photographs taken by and in a manner prescribed by the Los Angeles County Sheriff's Department.

Required Approval(s):

- Public Safety and/or Sheriff's Department (Obtained by the City of Bellflower)

Permit Renewal:

Annual

APPLICATION FOR MASSAGE TECHNICIAN PERMIT (BMC 5.76)

5.76.070 (S). It is unlawful for operators or managers to employ any person as a massage technician who is not a certified massage therapist. Every operator or manager must report to the Sheriff any change of employees, whether by new or renewed employment, discharge or termination, on the form and in the manner required by the Sheriff. The report must contain the name of the employee and the date of hire or termination. The report must be made within five days of the date of hire or termination. The operator must deliver the permit and photo identification card of any massage technician no longer employed by the operator to the Sheriff within five days.

- **Please complete the required information:**

  Business Name:_____ Phone:_____

  Business Address:_____

  City:_____ State:_____ Zip:_____

  Website:_____ Email:_____

- **Technician Information:**

  Applicant:_____Home Phone:_____

  Cellphone:_____ Email:_____

  Other names used within the past five years:_____

  Home Address:_____
  P.O. Box is not permissible

  City:_____State:_____Zip:_____

  Date of Birth:_____

  Previous Residence of Application (last two locations):

  1. **Dates of residency:**_____

     Street Address:_____
     P.O. Box is not permissible

     City:_____State:_____Zip:_____

  2. **Dates of residency:**_____

     Street Address:_____
     P.O. Box is not permissible

     City:_____State:_____Zip:_____

Previous Employment History (last five years):

1. Business Name #1: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Title/ Position: _____

Dates of Employment: _____

2. Business Name #2: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Title/Position: _____

Dates of Employment: _____

3. Business Name #3:

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Title/ Position: _____

Dates of Employment: _____
Attach additional sheets if extra space is needed.

List of all permits issued to applicant by any agency, board, city, county, territory, or state:

1. Type of Permit: _____

Issuance Date: _____ Issued By: _____

Permit Status: _____

2. Type of Permit: _____

Issuance Date: _____ Issued By: _____

Permit Status: _____
Attach additional sheets if extra space is needed.

List all convictions for any crime involving conduct which requires registration under any state law similar to and including California Penal Code Section 290, or of conduct which is a violation of the provisions of any state law similar to and including California Penal Code Sections 314, 315. 316, 318. 647, 653.22 or any crime involving dishonesty, fraud, deceit, or moral turpitude, or when the prosecution accepted a plea of guilty or nolo contendere to a charge of violation of California Penal Code section 415 or any lesser included or lesser related offense, in satisfaction of, or as a substitute for, any of the previously listed crimes, or sale or possession for sale of any controlled substance:

Explain in detail: _____
Attach additional sheets if extra space is needed.

- **Information of each massage establishments where technician will be employed:**

1. Business Name:_____

Address:_____

City:_____ State:_____ Zip:_____

2. Business Name:_____

Address:_____
Attach additional sheets if extra space is needed.

- **Additional Information Required to be submitted with application:**

☐ Completed Business License Application Fee, Massage Technician Permit Application Fee

☐ Three (3) written statements, including dates of relationships, signed by persons who have knowledge of the applicant's background, qualifications and suitability as a massage establishment operator. Those persons shall have known the applicant for at least three years preceding the date of the application and shall not be related to the applicant by blood or marriage.

☐ Acceptable proof applicant is at least eighteen (18) years of age.

☐ Furnish fingerprints for the purpose of establishing identification.

☐ Provide two (2) front-faced portrait photographs taken by and in a manner prescribed by the Los Angeles County Sheriff's Department;

I also grant authorization for the city, its agents and employees, to seek information and conduct and investigation into the truth of the statements set forth in the application.

_____
Applicant (Please Print) Date

_____
Applicant Signature

***Massage Technician Permit Fee: (non-refundable)**
***Fingerprinting Fee (non-refundable)**

_____
For Internal Use:

*Date Received:*_____ *By:*_____

*Receipt#:*_____ *Amount:*_____

*Hearing Date:*_____ *BL#:*_____