

Date: _____



MESSAGE ESTABLISHMENT PERMIT RENEWAL APPLICATION

City of Claremont, Police Department
570 W. Bonita Ave.
Claremont, CA 91711

PLACE OF EMPLOYMENT (Required in order to process application)

Business Name: _____

Business Address: _____

APPLICANT INFORMATION

Name: (print or type) _____
Last First Middle

List all other names you have used or been known as: _____

Home address (P.O. Boxes are not acceptable): _____
Street (Include Apt. #)
City State Zip Code

Home and business phone number(s) and hours when you can be contacted:
Home Telephone () _____ From: _____ To: _____
Business/ Work Telephone () _____ From: _____ To: _____

Birth Date: Mo. /Day /Yr. Are you a U.S. Citizen or permanent resident who has applied for citizenship? If yes, please attach proof of such documentation. Yes No

Social Security #: _____ Driver's license # and State issued in: _____

ADDITIONAL INFORMATION

List any and all criminal arrests or convictions; infractions or misdemeanor citations received, including municipal or county code violation, pleas of no contest, and any criminal or civil cases pending in any court. You must include any cases dismissed or expunged pursuant to Penal Code Section 1203.4. DO NOT list traffic infraction violations.

Approx. Date	Police Agency	Circumstances

I have had NO criminal arrests or convictions; infractions or misdemeanor citations, including municipal or county code violation, pleas of no contest, and any criminal or civil cases pending in any court

MESSAGE INFORMATION

Give a detailed list of all forms of treatment you intend to offer OR have added to your list of treatments. (i.e. sports injuries, accident victims, etc.)

PLEASE ATTACH THE FOLLOWING REQUIRED DOCUMENTS TO YOUR RENEWAL APPLICATION:

- A certificate form a medical doctor, licensed to practice in the State of California, stating that you, within the past 30 days, immediately preceding the date of application, have been examined and found to be free of any communicable diseases.
- A copy of submitted City of Claremont Business License application. Application must include City receipt or stamp.
- Live Scan fingerprints to be completed by City of Claremont Police Department, by appointment only. You must bring valid photo identification as well as payment fee. Please call the Police Department at (909) 399-5411 to make an appointment. *No printing is required if your last Live Scan printing was completed after June 2007 and was in conjunction with uninterrupted renewals of your permit.*

PERMIT RENEWAL FEE

If you have not been convicted of violating any provision of the City of Claremont Municipal Code, a copy of your receipt showing renewal fees paid to the Police Department of the City of Claremont is required. If you have questions concerning this fee, the Police Department can be contacted at (909) 399-5411. PERMIT FEES ARE NON-REFUNDABLE.

If you have been convicted of violating any provision of the City of Claremont Municipal Code, the required fee has a base fee, **plus** an hourly fee of police staff time required to complete background checks and investigate alleged violations. If you have questions concerning this fee, the Police Department can be contacted at (909) 399-5411. PERMIT FEES ARE NON-REFUNDABLE.

I certify, under penalty of perjury, the information contained in this application is true, accurate and complete.

I understand that failure to provide all information requested or failure to provide accurate, true and complete information is cause to revoke or not grant a massage technician permit.

I herby authorize the Claremont Police Department to investigate and confirm the information listed above.

Signature

Date

FOR CITY USE ONLY

Received By: _____

Date Received: _____

Fee: _____