

OFFICE: (408) 615-4867

CITY OF SANTA CLARA POLICE DEPARTMENT-PERMITS UNIT 601 EL CAMINO REAL SANTA CLARA, CA 95050



MASSAGE THERAPIST RENEWAL APPLICATION

FAX: (408) 296-1346

- Please complete all items on the application.
- If you are not a U.S. Citizen, enclose a copy of your green card or work authorization.
- Attach proof of insurance, statement for negative test results for TB. A \$31.00 fee is required for an I.D. card and certificate. Cash or check only.
- Owners & Independent contractors must renew their business license.

Name of Massage Establis	nment:	P	
Business Address:	Est Services	ang)	
Maggaga Amiliaant'a Nama	STREET	CITY	ZIP CODE
Massage Applicant's Name _	FIRST	MIDDLE	LAST
Date of Birth	_ Driver License #	Social Sec	curity #
If not a U.S. citizen, provide	Resident Alien Card #	E	xpiration Date
Home Address	STREET	ciry	ZIP CODE
Home Phone		(0)//	
Under penalties of perjury, I I authorize the City of Santa			re true and correct. d conduct an investigation into
	Clara, its agents and employed forth in this application a MISREPRESENTATION	oyees to seek information an and my qualifications for the IS, OMISSIONS OR FALSI	d conduct an investigation into permit. I FURTHER
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