

CITY OF SANTA CLARA POLICE DEPARTMENT-PERMITS UNIT

601 El Camino Real Santa Clara, CA 95050

Office: (408) 615-4867 • Fax: (408) 296-1346

MASSAGE THERAPIST APPLICATION

- Please complete all items on the application. Submit proof of identity.
- Attach malpractice insurance, negative test results for TB, original transcripts for at least 200 hours of massage classes, and letter of intent to employ. Fees are \$274.00 cash or check.
- Owners & Independent contractors must obtain a Santa Clara business license.

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FIRST	MIDDLE	LAST	
Driver License #	Soci	al Security #	
WT: Ha	air Eyes	Are you a U.S. citizen?	☐ Yes ☐ No
e Resident Alien Card #_		Expiration Date	
STREET	CITY	ZIP COI	
dresses and dates you res	ided there, for the last the	ree years.	
CITY	STATE	START DATE	ENDING DATE
CITY	STATE	START DATE	ENDING DATE
CITY	STATE	START DATE	ENDING DATE
u will be employed by: _			
rt Time	☐ Independent Contra	actor Employee	☐ Student
STREET		CITY	ZIP CODE
	Your Supervisor		
	Business Fax		
		Phone	
STREET	CITY	Y ZIP CO	NDE
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NAME	ADDRESS	PHONE	DATE OF HIRE
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NAME	ADDRESS	PHONE	DATE OF HIRE
ist Professional Membershi	ps or Trade Organizations		
nsurance Carrier		Policy #	
xpiration Date	Co	overage Limits	
ist all criminal arrests, conv	ricted or dismissed. (Excluding	ng misdemeanor traffic vio	plations.)
DATE	CITY	STATE	CHARGE
DATE	CITY	STATE	CHARGE
LOCATION	DATE OF ACTION	RE	ASON FOR ACTION
APPLICANT: Inder penalties of perjury, authorize the City of Santanto the truth of the stateme INDERSTAND THAT ANY	I certify that the statements a Clara, its agents and emplor nts set forth in this applica Y MISREPRESENTATION	s I have made on this formation and my qualification NS, OMISSIONS OR FA	m are true and correct.
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