



Massage Permit Application Guide

Completed applications must be submitted directly to Lake Forest Police Services.

**Lake Forest Police Services
 Attn: Massage Licensing
 25550 Commercentre Drive
 Lake Forest, CA 92630**

A meeting is available for applicants to discuss and review the application. To schedule an application review meeting, please call (949) 282-5215.

Checklist for Massage Permit Applicants

The following table outlines the necessary documents required for submittal to Lake Forest Police Services for new Massage Permits.

APPLICATION CHECKLIST

		Complete
1	Completed & Signed Application	
2	Age Verification (18 or over)	
3	2 Passport Photos	
4	Coursework Verification	
5	National Certification Exam Scores	
6	Payment of \$100 Background Review Fee (Checks made Payable to The City of Lake Forest)	

- 1) Massage Technician/Practitioner application must complete and signed.
- 2) Proof that the applicant is 18 years of age. (photocopy of diver's license or state issued identification card)
- 3) Two passport photos taken in the past 6 months.
- 4) A copy of the diploma or certificate indicating that the applicant has completed no fewer than 500 hours of instruction.
- 5) An official copy of the National Certification Board for Therapeutic Massage and Bodywork (NCBTMB) Certificate of Completion, per Application Testing Procedure Section 5.07.340 of the Lake Forest Municipal Code.
- 6) Lake Forest Police Services will conduct a background review prior to the issuance of massage permits. The fee associated with the background review is \$100.



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CITY OF LAKE FOREST MESSAGE PERMIT APPLICATION

DATE: _____

PLEASE CHECK APPLICABLE BOX OR BOXES

- CHECK HERE IF RENEWAL**
- CHECK APPROPRIATE BOX
- MESSAGE TECHNICIAN PERMIT
- MESSAGE ESTABLISHMENT PERMIT
- MESSAGE ESTABLISHMENT/TECHNICIAN PERMIT

Please complete the following application and submit with required documentation to Lake Forest Police Services. The Massage Establishment Ordinance is available on the City website at www.lakeforestca.gov.

PART 1: IDENTIFYING INFORMATION

Last Name		First		Middle	
Alias or Maiden Names					
Home Address					
City		State	Zip	Phone	
Date of Birth	Place of Birth		U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No		
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Height	Weight	Hair	Eyes	
Driver's License No.	State	Social Security No.	Other Licenses Held		
Emergency Contact: Name		Address		Relationship	

PART 2: NAME OF MESSAGE ESTABLISHMENT APPLIED FOR

Business Name			Operators Name		
Business Address				Currently Employed Here? <input type="checkbox"/> Yes <input type="checkbox"/> No	
City	State	ZIP	Business Phone		
Business Name			Operators Name		
Business Address				Currently Employed Here? <input type="checkbox"/> Yes <input type="checkbox"/> No	
City	State	ZIP	Business Phone		

PART 3: PRIOR ADDRESSES

List in chronological order every city or community in which you have resided in the past five years.			
From	Address		
To	City	State	ZIP
From	Address		

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To	City	State	ZIP
From	Address		
To	City	State	ZIP
From	Address		
To	City	State	ZIP

PART 4: EMPLOYMENT HISTORY

Begin with your most recent job and list your work history in chronological order. Include in sequence all previous employment, part-time jobs and periods of unemployment. Please include all jobs within the past five years immediately preceding date of application.				
Name of Company		Job Title		Supervisor's Name
Describe Type of Business and/or Service(s) Provided:				
Did this Establishment Provide Massage Services? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Date From	Employer's Address			
To	City	State	ZIP	Employer's Phone
Name of Company		Job Title		Supervisor's Name
Describe Type of Business and/or Service(s) Provided:				
Did this Establishment Provide Massage Services? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Date From	Employer's Address			
To	City	State	ZIP	Employer's Phone
Name of Company		Job Title		Supervisor's Name
Describe Type of Business and/or Service(s) Provided:				
Did this Establishment Provide Massage Services? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Date From	Employer's Address			
To	City	State	ZIP	Employer's Phone

PART 5: MASSAGE SCHOOL ATTENDED

Name of School			Specialty of Study	
School Address				
City		State	Zip	School Phone
Hours Completed	Dates (From - To)			Graduation Date
Name of School			Specialty of Study	
School Address				

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City		State	Zip	School Phone
Hours Completed	Dates (From - To)			Graduation Date
Name of School			Specialty of Study	
School Address				
City		State	Zip	School Phone
Hours Completed	Dates (From - To)			Graduation Date
Trade Associations, Memberships, or other Professional Endorsements or Experience.				

PART 6: PERMIT HISTORY

List all professional and/or operational licenses/permits, including massage licenses (<i>Per Section 5.07.100(j) of LFMC</i>), to do business in California or elsewhere that you have previously held OR applied for:			<input type="checkbox"/> I have applied for / previously held no licenses or permits in any state to conduct any type of business.		
City:		State	License/Permit Type	License/Permit No.	
<input type="checkbox"/> Issued Date Issued:	Has this license ever been <input type="checkbox"/> Revoked <input type="checkbox"/> Suspended Revoked Date or Dates of Suspension From: To:		Reason:		
Issuing Agency:					
<input type="checkbox"/> Application Denied Date of Application:		Denied by: (Issuing Agency)		Reason:	
If License/Permit was Revoked, Suspended, or Denied, In what business or occupation did you engage in following such revocation, suspension, or denial?					
City:		State	License/Permit Type	License/Permit No.	
<input type="checkbox"/> Issued Date Issued:	Has this license ever been <input type="checkbox"/> Revoked <input type="checkbox"/> Suspended Revoked Date or Dates of Suspension From: To:		Reason:		
Issuing Agency:					
<input type="checkbox"/> Application Denied Date of Application:		Denied by: (Issuing Agency)		Reason:	
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City:		State	License/Permit Type	License/Permit No.	
<input type="checkbox"/> Issued Date Issued:	Has this license ever been <input type="checkbox"/> Revoked <input type="checkbox"/> Suspended Revoked Date or Dates of Suspension From: To:		Reason:		
Issuing Agency:					
<input type="checkbox"/> Application Denied		Denied by: (Issuing Agency)		Reason:	

Massage Permit Application

Date of Application:		
If License/Permit was Revoked, Suspended, or Denied, In what business or occupation did you engage in following such revocation, suspension, or denial?		

PART 7: CRIMINAL RECORD

If you have ever been convicted or "plead guilty" or "no contest" in any court of any crime in conjunction with or as a result of the operation of a massage establishment or any sex related crimes or other crime of moral turpitude during or prior to the filing of this application (other than minor traffic infractions). Include all massage ordinance violations that occurred in the past ten (10) years.

Original Arrest Charge (Crime)	Arresting Agency	Date of Violation
Disposition of Charge	Final Charge	Date of Disposition
Original Arrest Charge (Crime)	Arresting Agency	Date of Violation
Disposition of Charge	Final Charge	Date of Disposition
Original Arrest Charge (Crime)	Arresting Agency	Date of Violation
Disposition of Charge	Final Charge	Date of Disposition

PART 8: PRODUCTS AND SERVICES (ESTABLISHMENT PERMIT ONLY)

Describe all products and services to be provided to customers of the business.

Hours of Operation

LIST HOURS OF OPERATION

MON	TUES	WEDS	THURS	FRI	SAT	SUN
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Employee Information

State the full, true names and residence addresses of all persons employed, or intended to be employed, as practitioners.

Full Name	Address	City	State	ZIP
Full Name	Address	City	State	ZIP
Full Name	Address	City	State	ZIP
Full Name	Address	City	State	ZIP
Full Name	Address	City	State	ZIP

Establishment Management Information

Does the Applicant have an agreement, written or oral, with any person for the provision of management consulting services?
 Yes No
 If yes, for each person who is to perform such services, state the following information.

Name (Last, First, MI)				Date of Birth
Address	City	State	ZIP	
Name (Last, First, MI)				Date of Birth
Address	City	State	ZIP	

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PART 9: CERTIFICATION

I hereby certify, under the penalty of perjury, that the information given is true and correct. I understand that providing false information or withholding information, including any criminal record, is grounds for denial or revocation of my permit, and may subject me to criminal prosecution. I do hereby authorize the City of Lake Forest, its agents and employees to seek verification of the information contained on this application, including a background review. I further understand that I may not conduct the activity applied for until a permit has been granted and that a copy of the City ordinances regulating massage is available to me in the City Clerk's office.

(Signature)

(Date)