



FULLERTON POLICE DEPARTMENT MESSAGE PERMIT APPLICATION

Technician Operator Manager

(PRINT LEGIBLY)

A # _____

PART 1: IDENTIFYING INFORMATION

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

PART 2: NAME OF MESSAGE ESTABLISHMENT APPLIED FOR

Business Name			Operator's Name		
Business Address				Currently Employed Here? <input type="checkbox"/> Yes <input type="checkbox"/> No	
City	State	Zip	Business Phone ()		
Business Name			Operator's Name		
Business Address				Currently Employed Here? <input type="checkbox"/> Yes <input type="checkbox"/> No	
City	State	Zip	Business Phone ()		
Business Name			Operator's 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 **EIGHT (8)** years. (Use additional page if necessary)

From	Address				
To	City	State	Zip		
From	Address				
To	City	State	Zip		
From	Address				
To	City	State	Zip		
From	Address				
To	City	State	Zip		

PART 3: PRIOR ADDRESSES CONTINUED

From	Address		
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 part-time jobs, previous employment, and periods of unemployment. Please include all jobs within the past EIGHT (8) years.

Employer's Name	Job Title	Supervisor's Name	
Date From	Employer's Address		
To	City	State	Zip
			Employer's Phone ()
Employer's Name	Job Title	Supervisor's Name	
Date From	Employer's Address		
To	City	State	Zip
			Employer's Phone ()
Employer's Name	Job Title	Supervisor's Name	
Date From	Employer's Address		
To	City	State	Zip
			Employer's Phone ()
Employer's Name	Job Title	Supervisor's Name	
Date From	Employer's Address		
To	City	State	Zip
			Employer's Phone ()
Employer's Name	Job Title	Supervisor's Name	
Date From	Employer's Address		
To	City	State	Zip
			Employer's Phone ()
Employer's Name	Job Title	Supervisor's Name	
Date From	Employer's Address		
To	City	State	Zip
			Employer's Phone ()
Employer's Name	Job Title	Supervisor's Name	
Date From	Employer's Address		
To	City	State	Zip
			Employer's Phone ()
Employer's Name	Job Title	Supervisor's Name	
Date From	Employer's Address		
To	City	State	Zip
			Employer's Phone ()

PART 5: MESSAGE SCHOOL ATTENDED

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

Additional Training or Experience (Use back if necessary.)

PART 6: PERMIT HISTORY

Have you previously held or applied for a license/permit to do business in California or elsewhere? Yes No *(If no skip to Part 7)*

City:	Date:	License/Permit Type:
City:	Date:	License/Permit Type:
City:	Date:	License/Permit Type:
City:	Date:	License/Permit Type:
City:	Date:	License/Permit Type:

Has any such previously held license/permit ever been suspended, revoked, or denied? Yes No *(If no skip to Part 7)*

Location:	Date:	Revoked by whom (Agency):	Reason:
In what business or occupation did you engage following such revocation or suspension?			
Location:	Date:	Revoked by whom (Agency):	Reason:
In what business or occupation did you engage following such revocation or suspension?			
Location:	Date:	Revoked by whom (Agency):	Reason:
In what business or occupation did you engage following such revocation or suspension?			

PART 7: MESSAGE OPERATORS ONLY

Name of responsible Managing Officer of Corporation or Partnership

Attach copy of Certificate of Limited Partnership or Articles of Incorporation.

Is this a corporation or partnership? If Partnership, skip next two lines. Corporation Partnership

Name of the Corporation (as shown in Articles of Incorporation)

State of Incorporation	Corporation Number	Date of Incorporation
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If a corporation, include the names and address of EACH Officer, director and EACH Stockholder holding more than FIVE (5) percent of the stock in the corporation.

If a partnership, include the names, residence addresses and dates of birth of each of the partners, including limited partners.

1. Name	Address		
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City	State	Zip	Date of Birth (if partnership)
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2. Name	Address		
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City	State	Zip	Date of Birth (if partnership)
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3. Name	Address		
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City	State	Zip	Date of Birth (if partnership)
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4. Name	Address		
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City	State	Zip	Date of Birth (if partnership)
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5. Name	Address		
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City	State	Zip	Date of Birth (if partnership)
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Have any Officers, Directors, or Stockholders holding FIVE (5) percent or more of the stock in the corporation, or any Partners or Limited Partners of the Partnership been convicted of any of the following California Penal Code Sections? 314, 315, 316, 318, 647(a), 647(b), 647(d), or 647(h), or any other crime which requires registration under California Penal Code Section 290, within FIVE (5) years prior to the date of this application?

Yes No (If no skip to Part 8)

If yes, describe who, where, offense, and date of offense.

Who	Where	Offense	Date
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Who	Where	Offense	Date
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Who	Where	Offense	Date
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Name and address of owner and lessor of the Real Property where business is to be conducted. If applicant is not legal owner, a copy of the lease and a notarized acknowledgment from the owner that a massage establishment will be located on his/her property.

Name	Address		
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City	State	Zip
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PART 8: CRIMINAL RECORD

List all convictions, pleas of "guilty" or "nolo contendere" to any offense, even those expunged per 1203.4 PC in the past **TEN (10) years.**

1. Original Arrest Charge (Crime)	Arresting Agency	Date of Violation
Disposition of Charge	Final Charge	Date of Disposition
2. Original Arrest Charge (Crime)	Arresting Agency	Date of Violation
Disposition of Charge	Final Charge	Date of Disposition
3. Original Arrest Charge (Crime)	Arresting Agency	Date of Violation
Disposition of Charge	Final Charge	Date of Disposition
4. Original Arrest Charge (Crime)	Arresting Agency	Date of Violation
Disposition of Charge	Final Charge	Date of Disposition
5. Original Arrest Charge (Crime)	Arresting Agency	Date of Violation
Disposition of Charge	Final Charge	Date of Disposition
6. Original Arrest Charge (Crime)	Arresting Agency	Date of Violation
Disposition of Charge	Final Charge	Date of Disposition
7. Original Arrest Charge (Crime)	Arresting Agency	Date of Violation
Disposition of Charge	Final Charge	Date of Disposition

PART 9: CERTIFICATION

I hereby certify under penalty of perjury that the information I have 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 Fullerton, its agents and employees to seek verification of the information contained in this application. 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 businesses and practices are available to me in the City Clerk's Office.

_____ Signature

_____ Date

