

City of Goleta 130 Cremona Dr, Suite B • Goleta, CA 93117 • P: (805) 961-7500 • F: (805) 685-2635

GOLEIA			IV	Massage Technician Application							
☐ Annua	ate Certified- Items Required: Annual Registration \$354.00* Proof of State Certification		OR	OR Noncertified- Items Re Annual Fee \$354. Proof of Live Sca 500 Hours of Stud 2"x2" Front Face			00* n Fingerprinting dy Certification				
*Annual Fee includes \$4 State Fee											
☐ First Time Applying ☐ Renewal for City of Goleta license #						☐ Updated	☐ Updated Information			Photo 2" x 2"	
Please Print Clearly							Phone				
Applicant Name							THORE				
Home Address						City, State,	a, Zip				
Date of Birth			Place	Place of Birth			Height	Weight	Hair	Eye	
Drivers License # Social S				r# 	Email						
Maccago	anlicant will	☐ Check	hore if w	vorking for	colf						
Massage Establishment where applicant Establishment Name				City of Goleta Establishment Licens				Phone			
Business Address				City, State,			Zip				
Will this bu	usiness em	nploy minor child	dren?			<u> </u>					
□ No	(We) will n	ot employ minors	. <u>□</u> Yes	(Work per	rmits for all	minors mus	st be attach	ed.)			
Have you e	ever been c	convicted of a cr									
□ No □ Yes If yes, give circumstances:							Initial here: (Required)				
Is this busi	iness subj	ect to any injunc		tive court o	order?						
□ No	□ No □ Yes If yes, give circumstances:						Initial here: (Required)				
Has your Massage License ever been denied, revoked, or suspended?								** *** * 1			
□ No □ Yes If yes, give circumstances:							Initial here: (Required)				
I understand that I am subject to the regulations and requirements for business licenses set forth in the City of Goleta Code, and agree to comply with these requirements. I agree to use the license applied for only that activity and purpose stated in this application. I certify, under penalty of perjury, that the foregoing is true and correct.											
Applicant Signature								Date			
FOR OFFICE USE ONLY							FINANCE DIRECTOR ENDORSE HERE:				
Zoning: Approved Denied by:					Date:						
License: ☐ Approved ☐ Denied by:					Date:						
License No. Credit Card Payment?											
significai buildings d	nt responsil open to the how to con he Division The Dep	state law, complia bility that applies public. You may o mply with disability of the State Arch partment of Reha nia Commission o	to all California obtain informati y access laws a hitect at: www.d abilitation at: ww	n building own ion about you at the followin dgs.ca.gov/ds ww.rehab.cah	ners and tene our legal oblig- ing agencies: Isa/Home.asp hwnet.gov	ants with vations and					