



Concord Police Department Massage Permit Application

<input type="checkbox"/> New Permit <input type="checkbox"/> Renewal of Permit		Date	Massage Applicant —CMC Section 5610 requires a fee for the issuance of this permit		CONCORD POLICE DEPARTMENT CASE NUMBER:
APPLICANT IDENTIFYING INFORMATION					
List Personal Information					
NAME OF APPLICANT (Last, First, Middle)			HOME PHONE ()		BUSINESS PHONE ()
ADDRESS		CITY	STATE	ZIPCODE	LENGTH OF RESIDENCE (Years) IN COUNTY: IN STATE:
SOCIAL SECURITY#		DRIVER'S LICENSE #	STATE	DATE OF BIRTH	PLACE OF BIRTH
SEX	RACE	HEIGHT	WEIGHT	HAIR	EYES
Other Names Used (Maiden, etc.)					
LIST TWO PREVIOUS RESIDENTIAL ADDRESSES IMMEDIATELY PRIOR TO CURRENT ADDRESS					
1.					
2.					
PAST EMPLOYMENT HISTORY					
List last two (2) employers					
BUSINESS NAME			BUSINESS ADDRESS		
BUSINESS CITY		BUSINESS PHONE		LENGTH OF EMPLOYMENT From: To:	
BUSINESS NAME			BUSINESS ADDRESS		
BUSINESS CITY		BUSINESS PHONE		LENGTH OF EMPLOYMENT From: To:	
MESSAGE ESTABLISHMENT EMPLOYMENT					
List Massage Business Information					
BUSINESS NAME			BUSINESS ADDRESS		
CITY		STATE	ZIPCODE	PHONE ()	
BUSINESS OWNER'S NAME (If Different)		OWNER'S CONCORD BUSINESS LICENSE #		APPLICANT'S POSITION <input type="checkbox"/> BUSINESS OWNER <input type="checkbox"/> EMPLOYEE OR INDEPENDENT CONTRACTOR	
TYPES OF MESSAGE TO BE ADMINISTERED					
PREVIOUS LICENSE OR PERMIT FOR MESSAGE (Any city or state)			WHERE?		
<input type="checkbox"/> Yes <input type="checkbox"/> No					
LICENSE EVER REVOKED OR SUSPENDED?			ON WHAT GROUNDS?		
<input type="checkbox"/> Yes <input type="checkbox"/> No					
APPLICANT READ AND UNDERSTANDS CONCORD CITY MESSAGE ORDINANCE <input type="checkbox"/> Yes <input type="checkbox"/> No Applicant's Initials			WRITTEN PROOF THAT APPLICANT IS OVER 18 YEARS <input type="checkbox"/> Yes <input type="checkbox"/> No		
MESSAGE SCHOOL ATTENDED					
List school(s) attended—Use back if necessary					
SCHOOL NAME			SCHOOL PHONE ()		
ADDRESS					
CITY			STATE	ZIPCODE	
SPECIALITY OF STUDY		HOURS COMPLETED	DATES FROM: TO:	GRADUATED/CERTIFIED?	
CRIMINAL RECORD					
List all misdemeanor and felony crimes you have been arrested for and convicted of, including 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, other than traffic infractions.					
ORIGINAL ARREST CHARGE	ARRESTING AGENCY	CITY OF ARREST	DATE OF ARREST		
DISPOSITION OF CHARGE <input type="checkbox"/> Convicted <input type="checkbox"/> Other	FINAL CHARGE		DATE OF DISPOSITION		
ORIGINAL ARREST CHARGE	ARRESTING AGENCY			DATE OF ARREST	
DISPOSITION OF CHARGE <input type="checkbox"/> Convicted <input type="checkbox"/> Other	FINAL CHARGE	CITY OF ARREST	DATE OF DISPOSITION (List all additional on back)		
APPLICANT 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 Concord, its agents and employees to seek verification of the information contained on this application. I further understand that I may not conduct the activity applied for until a permit has been granted.					
SIGNATURE OF APPLICANT		DATE	EMPLOYEE	DATE	
POLICE DEPARTMENT ADMINISTRATIVE USE					
To be completed by police personnel only					
MESSAGE TEST ADMINISTERED <input type="checkbox"/> Yes <input type="checkbox"/> No	BY WHOM	TEST RESULTS <input type="checkbox"/> Pass <input type="checkbox"/> Fail	MESSAGE TEST EXEMPT <input type="checkbox"/> Yes <input type="checkbox"/> No	YEAR PASSED	
APPLICATION <input type="checkbox"/> Accepted <input type="checkbox"/> Denied	REASON	EMPLOYEE	DATE		

COMPLETE ENTIRE APPLICATION

