CITY OF SEAL BEACH

211 EIGHTH STREET

POLICE DEPARTMENT NOTIFICATION OF LICENSE OR PERMIT APPLICATION (REQUIRED FORM FOR MASSAGE & CAREGIVERS)

Type of Business PLEASE				SE PRINT			DBA				New bus.	
							Stata	Lio#			Owner change Address change	
Busin	ess Nam	e			State Lic. #_ Place Fictitious Name Filed						Date Filed	
D G STIII	obb i vaiii							11400110	inious i vamo i nou		Bute Tited	
Business Address											Business Phone	
Name of Applicant										Place of Birth		
Residence Address (If Caregiver cannot be the same as above. Must have 2 nd address.)											Residence Phone	
Sex	x Hair Eyes Height Weight					Date of Birth			Drivers License		ed for Bankruptcy	
	rporatio		eneral Part dividual	nership Place of incorpo			of incorpora	ration or Partnership		Date		
			or Business	Shareho			Sharehold	ders		f Shareholders/Partner		
Yes							Yes No					
				TION LIST	NAME(S)	OF P			VERS OR OFFICERS	_	L APPLICANTS:	
Name Last	e (Please	Print)	First		M.I.		Date	of Birth	% of Interest	Prev	vious Business	
Sex	Hair	Eyes	Height	Weight	Titl	e		Drivers License		Prior Business Address		
Reside	ence			+ C	ity/State				Residence Phone			
Name _{Last}	e (Please	First		Date of Birth M.I.			of Birth	% of Interest				
Sex	Hair	Eyes	Height	Weight	Titl	e			Drivers License	If th	here is any reason why	
								Such license should not Be issued, please notify				
Massa	ge Thera			Massage Therapists(Only):						dept. in writing before		
Attach	recent p	aphs, cert ed Institu	ificate or tion(s).	Furnish prior residence address for five years.					pro	cess is complete or ense is issued.		
r •	1.		.11	1 . 10		1.	41	11 6		-		
Yes		ive full d	uspended? etails.	Furnish three local references: Name Address 1.						Phone		
					3.							
Prior b	ousiness	address	:									
POI I	CE DED	r lice	ONLV	Lab Tech.	ALL ADD	LICA	NTC. L	Java vou baan	arrested for other than a tra	eeio vi	olation? Vas No	
POLICE DEPT. USE ONLY Lab Tech. Approved					ALL APPLICANTS: Have you been arrested for other than a traf I SWEAR UNDER PENALTY OF PERJURY THE ABOV							
NOT Approved					ARE TRUE AND CORRECT.						111121121112	
Chief of Police Lic. Clerk												
								S	ignature of Applicant			
D										TD'-1		
Date					Date					Title	:	