P-_____

Massage Application

Coronado Police Department

- ☐ **$75.00 Massage Therapist Application Fee**
- ☐ **Driver's License**
- ☐ **2 Current Passport Size Photos**
- ☐ **Copies of Massage Certificate/Diploma- At least 100 hrs**
- ☐ **Copy of Business License or Business Card of Employer**
- ☐ **Live Scan Form for first time or non recorded results**
- ☐ **$58.00 Replacement fee**

(Please Print)

1. **NAME, ADDRESS AND PHONE NUMBER OF WORK PLACE:**_____
_____
_____
2. **FULL NAME:**_____
(FIRST) (MIDDLE) (LAST)
3. **Alias/Maiden**_____
4. **ADDRESS:**_____ **CITY:**_____**STATE:**_____**ZIP:**_____
5. **HOME PHONE # ( )**_____ **CELL PHONE # ( )**_____
6. **DATE OF BIRTH:**_____ 7. **PLACE OF BIRTH:**_____
8. **SOCIAL SECURITY #**_____-____-_____ 9. **DRIVER'S LICENSE#**_____**STATE:**_____

10. **HEIGHT:** _____ **WEIGHT:** _____ **HAIR:** _____ **EYES:** _____ **RACE:** _____

11. **IF YOU HAVE EVER BEEN ARRESTED? YES__ NO__. HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR OR FELONY? YES__ NO__. IF YES, PLEASE EXPLAIN BELOW:** _____
_____
_____
_____

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT:

_____

Applicant Signature Date

The City of Coronado reserves the right to deny or revoke a permit upon the basis of past or present criminal activity and/or driving records. (Coronado Municipal Code 20.40.110)

OFFICE USE ONLY

I CERTIFY THAT ON_____**THIS APPLICANT WAS EXAMINED SAITISFACTORILY UNDER SECTIONS 20.02 OF THE CORONADO MUNICIPAL CODE.**

Info Center: _____ **Coplink:** _____ **Live Scan Given on:** _____ **Permit Mailed/Picked up on:** _____

Notes: _____
_____
_____

Date Expires: **Subsequent Notification:** **Reprint:**