



Fresno County Sheriff's Office
2200 Fresno Street, Fresno, CA 93721
(559) 600-8010

Massage Establishment Application

ALL INFORMATION REQUESTED ON THIS APPLICATION IS REQUIRED. INCOMPLETE APPLICATIONS WILL BE RETURNED DENIED, THUS DELAYING THE ISSUANCE OF THE MESSAGE ESTABLISHMENT/THERAPIST PERMIT. **IT IS UNLAWFUL FOR ANY NEW APPLICANT TO BEGIN MASSAGE THERAPY WITHOUT AN APPROVED APPLICATION FROM THE FRESNO COUNTY SHERIFF'S OFFICE.**

Date of Application: _____

APPLICANT IDENTIFYING INFORMATION

Full Name of Massage Establishment: _____

Massage Establishment Address: _____

Owner(s) Name(s): _____

Owner(s) Address(s): _____

Owner Phone Number: _____ Establishment Phone Number: _____

Hours of Operation: _____

County Massage Establishment Permit Number: _____

Business License Number: _____ Expiration Date: _____

Prior Establishment Owner: _____ No _____ Yes

If yes, please list the locations. _____

Will a website be used to advertise the establishment: _____ No _____ Yes

If yes, please list the website/s used: _____

Number of employees: _____

Name/s and Date of Birth for each employee (will need to provide Photo ID): _____

CRIMINAL ARRESTS, CONVICTIONS & ABATEMENT ACTIONS

1. Have you ever been arrested or convicted for any felony crimes or non-traffic related misdemeanor crimes? _____ **Yes** _____ **No**

If yes, provide the date, location, city, county and state, and description of the action taken.

2. Have you ever had ownership interest in, operated, or been employed by any business which has been the subject any abatement proceeding under the California Red Light Abatement Act

(California Penal Code Sections 11225-11325) or any similar abatement laws in other jurisdictions? _____ **Yes** _____ **No**

If yes, provide the date, location, city, county and state, description of the action taken.

SIGNATURE & VERIFICATION

I affirm that the information provided in this application, including all attachments, is true and correct. I understand that a material omission or misstatement of fact in the establishment application is grounds for denial, suspension or revocation of the Massage Establishment Permit.

Signature of Applicant(s): _____

Date: _____