



City of Palm Springs

Department of Finance & Treasury, Business License Division
3200 E. Tahquitz Canyon Way • Palm Springs, California 92262
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MASSAGE ESTABLISHMENT PERMIT APPLICATION

PURSUANT TO CHAPTER 5.34 OF THE PALM SPRINGS MUNICIPAL CODE, THIS APPLICATION MUST BE FULLY COMPLETED AND ALL NECESSARY FEES PAID PRIOR TO ACCEPTANCE BY THE BUSINESS LICENSE DIVISION FOR PROCESSING. ACCEPTANCE OF THE APPLICATION BY THE BUSINESS LICENSE DIVISION DOES NOT AUTHORIZE THE APPLICANT TO OPERATE A MASSAGE ESTABLISHMENT UNTIL FULL APPROVAL BY ALL DEPARTMENTS AND ISSUANCE OF A PERMIT. ADDITIONALLY, PRIOR TO APPLYING FOR A MASSAGE ESTABLISHMENT PERMIT, ALL REQUIREMENTS ON THE ATTACHED INSTRUCTION SHEET MUST BE MET.

NAME OF ESTABLISHMENT: _____

DEFINITION OF SERVICE TO BE PERFORMED:

LOCATION, MAILING ADDRESS AND ALL TELEPHONE NUMBERS WHERE BUSINESS IS TO BE CONDUCTED:

NAME AND RESIDENCE ADDRESS OF APPLICANT(S):

TWO PREVIOUS RESIDENCE ADDRESSES OF APPLICANT(S):
1. _____
2. _____

FULL NAME, NICKNAMES, AND ALIASES: _____

SOCIAL SECURITY #: _____ DRIVER'S LICENSE # _____ DATE OF BIRTH _____

WEIGHT _____ HEIGHT _____ SEX _____ EYE COLOR _____ HAIR COLOR _____

EMAIL: _____ TELEPHONE: _____

SIMILAR BUSINESS HISTORY OF APPLICANT(S) FOR THE TEN (10) YEARS PRIOR TO DATE OF APPLICATION INCLUDING BUT NOT LIMITED TO WHETHER OR NOT SUCH PERSON PERFORMED SUCH SERVICE IN ANOTHER CITY OR STATE UNDER LICENSE OR PERMIT. IF SUCH LICENSE OR PERMIT HAS BEEN REVOKED OR DENIED, STATE REASON FOR DENIAL OR REVOCATION:

NAME AND ADDRESS OF EACH MASSAGE THERAPIST WHO IS OR WILL BE EMPLOYED: (ALL MASSAGE THERAPISTS MUST BE LICENSED SEPARATELY).

BUSINESS, OCCUPATION, OR EMPLOYMENT FOR THREE (3) YEARS IMMEDIATELY PRECEDING DATE OF APPLICATION:

NAMES AND ADDRESSES OF ANY OTHER MASSAGE BUSINESSES OPERATED BY APPLICANT(S):

DESCRIPTION OF ANY OTHER BUSINESS TO BE OPERATED ON THE SAME PREMISES OR ADJOINING PREMISES WHICH ARE OWNED OR CONTROLLED BY APPLICANT(S):

STATEMENT OF ALL CONVICTIONS OF APPLICANT(S) FOR ANY FELONY OR MISDEMEANOR OF VIOLATION OF ANY ORDINANCE, EXCEPT MINOR TRAFFIC VIOLATIONS:

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT. I AUTHORIZE THE CITY, ITS AGENTS AND EMPLOYEES TO CONDUCT INVESTIGATIONS TO DETERMINE THE TRUTHFULNESS OF THE STATEMENTS AND DOCUMENTS AS SET FORTH IN THIS APPLICATION.

SIGNATURE: _____

DATE: _____

CITY USE ONLY

PLANNING DEPARTMENT APPROVAL: YES _____ NO _____ REVIEWED BY: _____

ACCOUNT#: _____ RECEIPT #: _____

COMMENTS: _____