CITY OF HIGHLAND MASSAGE PARLOR APPLICATION

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	-				
Name:					
	_				
Please list names of principal officers if a corporation or partnership					
	-				
Nicknames or aliases currently or previously used:	_				
Address:					
Please list current address and the two most recent previous addresses					
	-				
	_				
	-				
To:					
	_				
	_				
To	_				
	-				
	_				
	- - -				
	Please list names of principal officers if a corporation or partnership Nicknames or aliases currently or previously used: Address: Please list current address and the two most recent previous addresses To:				

	Social Security Number:			
	Home Telephone Number:			
	()			
	Business Telephone Number:			
	()			
		_		
	Business Fax Number			
	()			
	Occupational History:			
List occupation, business or employment, including addresses for the past three (3) years				
Current:				
From:	To:			
Previous Employment:				
From:	To:			

Previous E	Employment:				
Б		T.			
From:		To:			
	Pers	onal Information:			
	Age:				
	Date of Birth:				
	Hair Color:				
	Eye Color:				
	Weight:				
	Height:				
Prior License History:					
List all massage licenses or similar business licenses that are currently or previously held. Please include licenses for other cities and the dates these licenses cover.					
List all revocations or suspensions of massage or similar business licenses. Please include the reason for revocation or suspension.					

	Criminal Convictions:			
	List all criminal convictions, including offen	se, date, and sentence		
	* Omit traffic and parking of	fenses		
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A	Are you required to register as a sex offender under	er Penal Code Section 290?		
	N/			
10 .	YesN			
If yes, give	e details:			
_				
Note: Fran	ud or deceit in being licensed is sufficient cause	for denial or revocation of license		
	e applicant shall pay to The City of Highland a no			
1110	e applicant shall pay to The City of Highland a no	incrundation investigation rec.		
The unders	signed, being duly sworn, deposes and says that he or	she is the applicant in the foregoing and		
that the statements and answers contained herein are true and correct to the best of his or her knowledge				
	that he or she will abide by all the laws of The City or	_		
	and The State of California	·		
_				
	Applicant Signature	Date		
HIGHLAND POLICE DEPARTMENT NOTES:				
	stigated this application pursuant to The City of I			
	All requirements of Ordinance No. 153 and other appl	licable laws have been met with regards		
	to this application			
	All requirements of Ordinance No. 153 or other application	cable laws have not been met in the		
f	following respects:			
Detective S	Signature:			

CITY OF HIGHLAND MASSAGE ESTABLISHMENT APPLICATION CHECKLIST AND INSTRUCTIONS

EVERYTHING <u>MUST</u> BE FILLED OUT ON APPLICATION No application will be accepted until <u>all</u> requirements are met in full.

1 PAYMENT OF \$345.00 INITIAL INVESTIGATION FEE OR \$280.00 FIXED FEE

2 COMPLETION OF A BUSINESS LICENSE APPLICATION FORM

3 CONDITIONAL USE PERMIT

Massage Parlors are considered adult oriented businesses and require a site approval (Conditional Use Permit), which are available through the Planning Dept. This requirement is placed on all new applications, not renewals.

4 FINGERPRINTS

- *Required every Year
- *Live Scan forms available at City Hall- \$34.00 Fee

Please call the Highland Police Department to schedule appointment

5 TWO (2) CURRENT PHOTOS (2" X 2")

6 PHOTO ID

Drivers license or other State Issued ID with date of birth.

7 A CERTIFICATE OF COMPLIANCE-BUILDING AND SAFETY DIVISION

Building & Safety is available Monday through Thursday 7:30-5:30 *Certificate of Occupancy fee is \$145.00

8 HEALTH PERMIT

This permit can be obtained from Environmental Health, 385 N. Arrowhead Avenue, San Bernardino CA, 909-383-3080

9 FIRE PROTECTION AGENCY REPORT

The Fire Marshall is available Monday through Thursday 7:30-5:30 Fire permit fee is \$\frac{\$130.00}{}\$