



CITY OF CHULA VISTA
CHULA VISTA POLICE DEPARTMENT
POLICE CONTROLLED LICENSE
MESSAGE ESTABLISHMENT RENEWAL



NAME OF BUSINESS:

BUSINESS ADDRESS:

BUSINESS PHONE NUMBER:

SECTION I: PERSONAL INFORMATION

Applicant's Full Name: Last First Middle

Residence Address: Street City State Zip

Email Address:

Home Phone #: Cell Phone #:

Social Security #: Driver's License #: DOB:

Height: Weight: Eye Color: Hair Color: Race: Sex:

Permit #: Permit Expiration Date:

HAVE YOU BEEN ARRESTED IN THE PAST 12 MONTHS (CIRCLE ONE): YES NO
(If yes, please list on the back side of this application)

The following must be submitted, with this application, to renew your massage establishment permit:

- \$1250.00 renewal fee (checks are made payable to the City of Chula Vista)
Copy of City of Chula Vista Business License

If your massage establishment permit is EXPIRED MORE THAN TWO WEEKS, applicant MUST complete and submit a new Police Controlled License application and a \$1400.00 processing fee.

ALL FEES ARE NON-REFUNDABLE.

YOU MAY NOT OPERATE IN THE CITY OF CHULA VISTA WITHOUT A VALID POLICE CONTROLLED LICENSE/PERMIT.

I CERTIFY THAT THE INFORMATION PROVIDED ON THIS APPLICATION IS TRUE AND CORRECT.

Signature of Applicant Date

FALSIFICATION OF ANY INFORMATION ON THIS FORM IS GROUNDS FOR DISQUALIFICATION

FOR OFFICIAL USE ONLY

Application Date: ARJIS:

Received By: SRFERS:

Approved By: Date:

Application Completed By: Date: