



CITY OF CHULA VISTA
CHULA VISTA POLICE DEPARTMENT



POLICE CONTROLLED LICENSE
MESSAGE TECHNICIAN 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 #: Date of Birth:
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 technician permit:
• \$100.00 renewal fee (checks are made payable to the City of Chula Vista)
• One 2" x 2" photo taken within the last six months
• Completed Certification of Health form (medical examination not more than 30 days preceding this application)
• Certificate for 12 hours of continuing education
• Copy of City of Chula Vista Business License
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

PHOTO



FOR OFFICIAL USE ONLY

Application Date: ARJIS:
Received By: SRFERS:
Approved By: Date:
Application Completed By: Date: