



JEFF LEIKAUF

**SHERIFF – CORONER – PUBLIC ADMINISTRATOR
COUNTY OF EL DORADO
STATE OF CALIFORNIA**

**APPLICATION FOR MESSAGE OPERATOR/OUTCALL MESSAGE
BUSINESS LICENSE**

ATI #: _____
PHOTO #: _____

DATE: _____ **NEW** **RENEWAL**

BUSINESS TYPE (CHECK ONE OR BOTH)

MESSAGE ESTABLISHMENT **OUTCALL SERVICE**

OWNERSHIP (CHECK ONLY ONE)

INDIVIDUAL (SELF-EMPLOYED, ETC.) **CORPORATION** **PARTNERSHIP**

LIST NAME AND ADDRESS OF ALL OFFICERS, DIRECTORS, SHAREHOLDERS, GENERAL AND LIMITED PARTNERS AND FINANCIALLY INTERESTED PERSONS. EACH PERSON LISTED MUST FILL OUT A SEPARATE APPLICATION PACKET, AND IS SUBJECT TO A COMPLETE BACKGROUND INVESTIGATION.

PERSONAL INFORMATION

MESSAGE TECHNICIAN **OPERATOR**

APPLICANTS NAME:

LAST: _____ **FIRST:** _____ **MIDDLE:** _____

ALIAS'S: _____

RESIDENCE ADDRESS:

NUMBER: _____ **STREET:** _____ **APT. #:** _____

CITY: _____ **STATE:** _____ **ZIP:** _____

MAILING ADDRESS:

NUMBER: _____ **STREET:** _____ **APT. #:** _____

CITY: _____ **STATE:** _____ **ZIP:** _____

HOME PHONE NUMBER: () _____ **CELL PHONE NUMBER:** () _____

PHYSICAL:

DATE OF BIRTH: _____ SEX: _____ HEIGHT: _____ WEIGHT: _____
EYE: _____ HAIR: _____ DRIVER'S LICENSE NO.: _____ STATE: _____
SOCIAL SECURITY NO.: _____ SCARS/MARKS: _____

BUSINESS/EMPLOYER: _____ PHONE: () _____

ADDRESS:

NUMBER: _____ STREET: _____ APT. #: _____
CITY: _____ STATE: _____ ZIP: _____

MANAGER/SUPERVISOR: _____

ADDRESS:

NUMBER: _____ STREET: _____ APT. #: _____
CITY: _____ STATE: _____ ZIP: _____

DESCRIBE FACILITIES WITH THE ESTABLISHMENT:

HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES NO IF YES, SPECIFY:

HAVE YOU EVER BEEN ARRESTED? YES NO IF YES, SPECIFY CHARGES, YEAR, ARRESTING AGENCY:

DESCRIBE THE TYPES OF MESSAGE TO BE ADMINISTERED:

HAVE YOU EVER HAD A LICENSE OR PERMIT TO GIVE MASSAGE OR OPERATE A MASSAGE ESTABLISHMENT OR BUSINESS IN ANY OTHER AREA? YES NO IF YES, LIST ALL AREAS:

HAS YOUR LICENSE OR PERMIT EVER BEEN REVOKED OR SUSPENDED? YES NO
IF YES, FOR WHAT REASON?

APPLICANTS MUST PROVIDE THE FOLLOWING:

- WRITTEN PROOF THAT APPLICANT POSSESSES A DIPLOMA OR CERTIFICATE FROM A RECOGNIZED SCHOOL OF MASSAGE, (SUBSECTION E OF SECTION 5.34.030 COUNTY ORDINANCE), OF NOT LESS THAN A HUNDRED HOURS.
- PHOTOGRAPH IDENTIFICATION (*MUST BE AT LEAST 18 YEARS OLD*)
- FINGERPRINTS
- COPY OF BUSINESS LICENSE OR APPLICATION

I CERTIFY UNDER THE PENALTIES OF PERJURY THAT THE ABOVE FACTS ARE TRUE AND CORRECT. I UNDERSTAND THAT ANY FALSE OR INCOMPLETE INFORMATION PROVIDED MAY BE CONSIDERED TO CAUSE DENIAL OR REVOKE A PERMIT.

APPLICANT'S SIGNATURE: _____ DATE: _____

RELEASE AND WAIVER

I HEREBY AUTHORIZE THE EL DORADO COUNTY SHERIFF TO REQUEST CRIMINAL RECORD INFORMATION ABOUT ME FROM CRIMINAL JUSTICE AGENCIES FOR THE PURPOSE OF DETERMINING MY ELIGIBILITY FOR THIS APPLICATION.

APPLICANT'S SIGNATURE: _____ DATE: _____

OFFICIAL USE ONLY

- PHOTOGRAPH FINGERPRINTED LOCAL BKGRD CRIM. HIST RCD.
- DIPLOMA/CERTIFICATE BUSINESS LICENSE/APPLICATION

DENIED REASON:

APPROVED: _____ **DATE:** _____

DATE ISSUED: _____ **BY:** _____

Please return completed application to:

El Dorado County Sheriff's Office
200 Industrial Drive, Placerville, CA 95667
Tel. 530-621-5703