



Antioch Police Department

Massage Permit Application

<input type="checkbox"/> New Permit				Date		Antioch Police Department Case Number			
APPLICANT IDENTIFYING INFORMATION									
List Personal Information									
Name of Applicant (Last, First, Middle)					Home Phone () ()		Business Phone () ()		
Address			City		State	Zip Code	Length of Residence (Years) In County: In State:		
Social Security #		Driver's License #		State	Date of Birth		Place of Birth		
Sex	Race	Height	Weight	Hair	Eyes	Other Names Used (Maiden, etc.)			
List two previous residential addresses immediately prior to current address, if less than 10 years.									
1.									
2.									
PAST EMPLOYMENT HISTORY									
List Last Two (2) Years- Use back if necessary									
Business Name					Business Address				
Business City			Business Phone			Length of Employment From: To:			
Business Name					Business Address				
Business City			Business Phone			Length of Employment From: To:			
MESSAGE ESTABLISHMENT APPLICATION									
List Massage Business Information									
Business Name					Business Address				
City		State		Zip Code		Phone () ()			
Owner's Name (if different)			Owner's Antioch Business License #			Applicant's Position <input type="checkbox"/> Business Owner <input type="checkbox"/> Employee or Independent Contractor			
Types of Messages to be Administered									
Previous License or Permit for Massage (Any city or state) <input type="checkbox"/> Yes <input type="checkbox"/> No					Where?				
License Ever Revoked or Suspended ? <input type="checkbox"/> Yes <input type="checkbox"/> No					On What Grounds?				
Applicant Read and Understands Antioch City Massage Ordinance <input type="checkbox"/> Yes <input type="checkbox"/> No Applicant's Initials					Written Proof that Applicant is Over 18 Years <input type="checkbox"/> Yes <input type="checkbox"/> No				
MESSAGE SCHOOL(S) ATTENDED									
List School(s) attended- Use back if necessary									
School Name						School Phone () ()			
Address									
City					State		Zip Code		
Specialty of Study			Hours Completed	Dates From: To:		Graduated/Certified?			
CRIMINAL RECORD									
List all misdemeanor and felony crimes you have been arrested for and convicted of, including any crime in conjunction with or as a result of the operation of a massage establishment or any sex related crimes or other crime of moral turpitude, other than traffic infractions. -Use back if necessary									
Original Arrest Charge		Arresting Agency		City of Arrest			Date of Arrest		
Disposition of Charge		Final Charge					Date of Disposition		
Original Arrest Charge		Arresting Agency		City of Arrest			Date of Arrest		
Disposition of Charge		Final Charge					Date of Disposition		
APPLICANT CERTIFICATION									
I hereby certify, under the penalty of perjury, that the information given is true and correct. I understand that providing false information or withholding information, including any criminal record, is grounds for denial or revocation of my permit, and may subject me to criminal prosecution. I do hereby authorize the City of Antioch, its agents and employees to seek verification of the information contained on this application. I further understand that I may not conduct the activity applied for until a permit has been granted.									
Signature of Applicant								Date	
POLICE DEPARTMENT ADMINISTRATIVE USE									
To be completed by police personnel only									
Massage Test Administered <input type="checkbox"/> Yes <input type="checkbox"/> No		Test Number/ Version		By Whom		Test Score	1 st Test Results <input type="checkbox"/> Pass <input type="checkbox"/> Fail	2 nd Test Results <input type="checkbox"/> Pass <input type="checkbox"/> Fail	3 rd Test Results <input type="checkbox"/> Pass <input type="checkbox"/> Fail
Application Fees Paid <input type="checkbox"/> Yes <input type="checkbox"/> No		Medical Certification <input type="checkbox"/> Yes <input type="checkbox"/> No		Diploma/ Certified <input type="checkbox"/> Yes <input type="checkbox"/> No		Fingerprints <input type="checkbox"/> Yes <input type="checkbox"/> No			
Application <input type="checkbox"/> Accepted <input type="checkbox"/> Denied		Reason		Employee		Date			

COMPLETE ENTIRE APPLICATION

