

SOMATIC PRACTITIONER

Location Sheet

(USE ONLY IF MORE THAN ONE WORK LOCATION)

Somatic Practitioner's Name: _____ **Date:** _____

LIST ALL ADDRESSES WHERE CONDUCTING BUSINESS:

1) _____

2) _____

PLEASE COMPLETE A PROPERTY ACKNOWLEDGMENT FOR EACH LOCATION

1)	PROPERTY OWNER ACKNOWLEDGMENT	
I, <i>(name of property owner)</i> _____ hereby acknowledge and give permission to <i>(name of applicant)</i> _____ to conduct a Somatic Practice , as defined by Chapter 5.124 of the Sacramento City Code, at <i>(address of location where applicant will be conducting his/her practice)</i> _____, Sacramento, California.		
_____	Property Owner SIGNATURE	Property Owner Name Printed
_____	Property Owner Address	_____
		Property Owner Phone Number
_____	Date	

2)	PROPERTY OWNER ACKNOWLEDGMENT	
I, <i>(name of property owner)</i> _____ hereby acknowledge and give permission to <i>(name of applicant)</i> _____ to conduct a Somatic Practice , as defined by Chapter 5.124 of the Sacramento City Code, at <i>(address of location where applicant will be conducting his/her practice)</i> _____, Sacramento, California.		
_____	Property Owner SIGNATURE	Property Owner Name Printed
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		Property Owner Phone Number
_____	Date	