

SOMATIC ESTABLISHMENT PERMIT APPLICATION

PART 1 OF 2

Application For: (Check one) New Renewal

◆ PRINT ANSWERS AND INFORMATION CLEARLY ◆

FEES: New Permit: \$2502.00 Renewal Permit: \$1629.00

PLEASE SUBMIT THE FOLLOWING WITH THIS APPLICATION

- 1) Copies of general liability insurance as required under Sacramento City Code 5.124.150(E)
- 2) Attach a copy of your City Business Operation Tax Certificate
- 3) Attach completed Sacramento Police Department permit forms (SPD 384 & 950)
- 4) Attach signed Acknowledgment of Receipt of Sacramento City Code 5.124 for each Somatic practicing at this location.

BUSINESS NAME: _____

Name: _____			
(Full legal name)	Last Name	First Name	Middle Name

BUSINESS ADDRESS: _____

MAILING ADDRESS: _____

(If different than above) _____

TELEPHONE NUMBER: Home () _____ Work () _____

DRIVERS LICENSE NO: _____ STATE: _____ SSN: _____

▶ Have you ever applied for a massage, escort, figure model or similar permit in the past? Yes No

▶ If yes, was the permit issued, denied, suspended or revoked? _____

 ■ If permit was denied, suspended or revoked give reason: _____

** Attach a separate sheet of paper if additional space is needed.