

SOMATIC ESTABLISHMENT PERMIT APPLICATION
PART 2 OF 2

▶ Have you ever been convicted of any of the following offenses within the State of California or similar offenses in a state other than California?

- California Penal Code sections: 243.4; 261; 266a; 266b; 266d; 266e; 266f; 266g; 266h; 266i; 266j; 267; 288; 314; 315; 316; 318; 647 and/or 653.22; any offense requiring the registration under provisions of either Section 290 of the California Penal Code or Section 11590 of the California Health & Safety Code; or any felony offense involving the possession, possession for sale, sale, transportation, furnishing or giving away, of a controlled substance specified in Section 11054, 11055, 11056, 11057 or 11058 of the California Health & Safety Code, or as those sections may hereafter be amended or renumbered

— (Check one:) Yes No

- If YES to any of the above, give details, including location and date of conviction. **

I hereby declare under the penalty of perjury that the answers and information I have given in Parts 1 and 2 of this application are true and correct to the best of my knowledge and belief and that I understand and agree that any false or misleading answer or information will result in the denial or revocation of my permit. I understand that verification of the accuracy of the preceding information will be conducted.

Applicant SIGNATURE

Date

Applicant Name PRINTED

PROPERTY OWNER ACKNOWLEDGMENT

I, *(name of property owner)* _____ hereby acknowledge and give permission to *(name of applicant)* _____ to conduct a **Somatic Practice**, as defined by Chapter 5.124 of the Sacramento City Code, at *(address of location where applicant will be conducting his/her practice)* _____, Sacramento, California.

Property Owner SIGNATURE

Property Owner Name Printed

Property Owner Address

Property Owner Phone Number

Date