



CITY OF SACRAMENTO
BUSINESS PERMITS, CITY HALL
915 I Street, Room 1201
Sacramento, CA 95814
(916) 808-5852

SOMATIC PRACTITIONER PERMIT APPLICATION
PART 1 OF 2

Application For: (Check one) New [ ] Renewal [ ]

◆ PRINT ANSWERS AND INFORMATION CLEARLY ◆

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

BUSINESS NAME: Height: Weight:

BUSINESS ADDRESS: Eye Color: Gender:

Hair Color: Male / Female

MAILING ADDRESS: Date of Birth:

(If different than above)

SELF-EMPLOYED: YES [ ] NO [ ]

TELEPHONE NUMBER: Home- ( ) Work- ( )

DRIVERS LICENSE NO: STATE: SSN:

ADDRESS WHERE CONDUCTING PRACTICE:

[NOTE: The property owner of the location where you will be conducting your practice must sign the Property Owner Acknowledgment in Part 2 of the Somatic Practitioner Permit Application.]

▶ 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:

▶ 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. \*\*

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

THIS APPLICATION FORM IS NOT A PERMIT