

SOMATIC PRACTITIONER PERMIT APPLICATION  
PART 2 OF 2

► If new permit, list recognized schools of massage or bodywork attended. If renewing a permit, list recognized schools of massage or bodywork attended for continuing education.

ATTENDANCE/ RECOGNIZED SCHOOLS OF MASSAGE OR BODYWORK **				
School Name	Address	Date of Attendance	Diploma or Cert. of Completion	No. of Hours

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

► MEMBERSHIPS IN RECOGNIZED STATE OR NATIONAL ASSOCIATIONS OF MASSAGE OR BODYWORK

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

THIS APPLICATION FORM IS NOT A PERMIT