



CITY OF SACRAMENTO
 REVENUE DIVISION, CITY HALL
 915 'I' Street, Room 1201
 Sacramento, CA 95814
 (916) 808-5852

CALL
 我們講中文
 Hablamos español
 Мы говорим по-русски
 ພວກເຮົາເວົ້າພາສາລາວ
 Peb hais lus Hmoob
 Chúng tôi nói tiếng Việt
 (916) 808-5852

SOMATIC ESTABLISHMENT PERMIT APPLICATION

PART 1 OF 2

Application For: (Check one) New Renewal

◆ PRINT ANSWERS AND INFORMATION CLEARLY ◆

FEES: New Permit: \$1916.00 Renewal Permit: \$1240.00

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.

THIS APPLICATION FORM IS NOT A PERMIT

Surety Bond must be in place prior to permit issuance.