



CITY OF BURBANK
BUILDING & SAFETY DIVISION
150 N. Third Street, Burbank, CA 91502
818-238-5280

Account No.: _____
BL _____

BUSINESS LICENSE APPLICATION: MASSAGE TECHNICIAN

PLEASE PRINT

Date of Application _____ Description: _____ On premise
_____ Off premise

Name _____

Business Address _____ Phone _____

Residence Address _____ Phone _____

Date of Birth _____

California Driver License/ID Number _____ Social Security Number _____

Height _____ Weight _____ Gender _____ Color Hair _____ Color Eyes _____

List all aliases used within the past five years:

List each residence and business address used within the past five years:

Have you ever had a massage related business license, permit or professional or vocational license or permit denied, revoked or suspended? Yes _____ No _____
If yes, explain: _____

Give your business, occupational and employment history for the last 5 years:

Have you ever had a conviction, forfeiture of bond, or plea of nolo contendere upon any criminal violation or City ordinance violation (except minor traffic violations) within a five (5) year period?
Yes _____ No _____
If yes, please list the place and court in which such conviction, plea or forfeiture was heard, the specific charge, and the sentence imposed as a result thereof: _____

- Submit copy of your Driver's License or government issued photo ID.
- Submit the Medical Test Certificate signed by a licensed physician

I hereby authorize the City of Burbank, its agents and employees to see information and conduct an investigation into the truth of the statements set forth in this application. Also, I hereby acknowledge that the foregoing information provided by me is true and correct and I further understand any false or withheld information is grounds for denial or revocation of this business license or permit:

Signature _____ Print Name _____ Date _____