



Chief of Police  
Kevin Burke

## **APPLICATION OVERVIEW MESSAGE THERAPIST**

To obtain a Massage Therapist Permit, you must complete the following steps:

1. Complete the Application for a Massage Therapist Permit. Do not leave any blanks. If a section or question does not apply to you, enter “not applicable” or “none.” Do not sign the application at this time. You must have a Notary Public notarize your signature on the application.
2. Schedule an appointment for Live Scan fingerprinting. Contact the Healdsburg Police Department for details (431-3377).
3. Present to the Administrative Sergeant at the Healdsburg Police Department the following, together in one package:
  - A. The completed, notarized application.
  - B. A copy of a certificate of completion from a state approved school of massage or a copy of transcripts showing your training as a body-worker.
  - C. A non-refundable fee of:
    1. Application fee: \$411.00 — Payable: City of Healdsburg.
      - a. This fee covers the expense of the background check and processing fees. Please submit a check, money order, or cashier’s check with the application.
  - D. A city renewal fee of \$345.00 is required on all renewals of City of Healdsburg Massage Therapist Permits. Currently renewal is required every three (3) years for Massage Therapist Permits.

**APPLICATION FOR MASSAGE THERAPIST PERMIT**

1. Name \_\_\_\_\_

2. Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

3. Phone Number: Home \_\_\_\_\_ Work \_\_\_\_\_

4. Driver's License Number \_\_\_\_\_ State \_\_\_\_\_ Expires \_\_\_\_\_

5. Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

6. Physical Address of Business for Massage Therapist Permit:  
\_\_\_\_\_  
\_\_\_\_\_

7. List, in chronological order (most recent first), the name, address and city of each massage establishment or out-call massage service by which you have been employed in any capacity, or which you have owned, managed or operated.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Have you ever been convicted of or pled nolo contendere to any offense, misdemeanor or felony of any state, the United States or a foreign country (except for minor traffic violations)? If so, list the nature of the violation, the date, the place, the disposition of the proceedings and any other information that you consider to be pertinent. You are required to list all convictions regardless of the sentence (jail time, community service, probation, etc.) and any conviction that has been set aside or dismissed.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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8. List the name and address of each massage school attended. Attach a copy of each diploma or certificate issued. If the massage school is not a school of massage approved by the State of California, attach a transcript of studies.

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Date graduated: \_\_\_\_\_

9. Has any disciplinary action ever been filed or taken regarding any license (certificate, approval, authorization, etc.) that you now hold or have held? Include any disciplinary actions by the U.S. Military, U.S. Public Health Services, other U.S. federal governmental entity, any state or country.

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I declare that the foregoing is a true and correct statement; that I have omitted no item requested to be answered; and have included a full and correct answer to each, to the best of my knowledge and belief. I understand that any intentional misrepresentation of a material fact shall be grounds to deny or revoke the permit sought by this application.

\_\_\_\_\_  
Signature of Applicant (**MUST BE NOTARIZED\***)

\_\_\_\_\_  
Date

\*Or signed in the presence of official taking fingerprints.

\_\_\_\_\_  
HPD Employee Witnessing Signature

\_\_\_\_\_  
Date