



**CITY AND COUNTY OF SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH
ENVIRONMENTAL HEALTH SECTION, 1390 Market St, Ste 210, 94102
APPLICATION FOR PERMIT TO OPERATE A MASSAGE
ESTABLISHMENT**

Date of Application: _____

Type of Establishment: <input type="checkbox"/> General Massage <input type="checkbox"/> OutCall Service <input type="checkbox"/> Solo Practitioner • Adv.Perm # _____		FACILITY ID NO.	
BUSINESS NAME:		<input type="checkbox"/> Sole Owner	<input type="checkbox"/> New Installation
ADDRESS:		<input type="checkbox"/> Partnership	<input type="checkbox"/> Ownership Change
		<input type="checkbox"/> Corporation	<input type="checkbox"/> Reclassification
		<input type="checkbox"/> Record Purpose	
CROSS STREET:	BUS. PHONE NO.	CELL PHONE NO.	
Permit to be issued in name(s) of, or if Corporation, specify Corporation name and list principal Officers and stockholders with $\geq 10\%$ (Print)		Home Address of: a) each applicant with birth date or b) each practitioner for Solo Practitioner Establishment or c) Corporation and Corporate Officers' (Print)	
		Contact Person:	
Emergency name & no.		Home Tel. no.	
ATTACH COPY OF: 1) BUSINESS PLAN WHICH DESCRIBES THE EXACT NATURE OF THE SERVICES TO BE PROVIDED 2) PRACTITIONER LIST COVERED BY SOLO MESSAGE ESTABLISHMENT with Dates of Birth. 3) LIST OF EMPLOYEES (GENERAL & OUT CALL MESSAGE ESTABLISHMENTS) with Dates of Birth 4) HISTORICAL LISTING OF PREVIOUS MESSAGE PERMITS OR LICENSES HELD with status(es) described			
HAVE ANY OF YOU , including corporate officers and stockholders, BEEN CONVICTED OF A FELONY OR MISDEMEANOR IN THE PAST 5 YRS? <input type="checkbox"/> No <input type="checkbox"/> YES If YES, PLEASE CHECK WHICHEVER OF THE FOLLOWING APPLIES			
<input type="checkbox"/> COERCION OR FORCE AND VIOLENCE UPON ANOTHER PERSON <input type="checkbox"/> SEXUAL MISCONDUCT WITH CHILDREN <input type="checkbox"/> ANY OFFENSE REQUIRING REGISTRATION PER SECTION 290 <input type="checkbox"/> SEXUAL BATTERY			

I declare under penalty of perjury the information on this application and in other materials submitted in support of this application are true and correct. I hereby consent to all necessary inspections made pursuant to the Massage Ordinance and incidental to the issuance of any exemption, Registration or Permit, and operation of this business.

***SIGNATURE(S) OF APPLICANT(S)**

X _____	X _____
X _____	X _____

***If Partnership, all partners must sign. If Corporation, authorized Officer must sign.**

FOR OFFICE USE ONLY

Filing Fee & Receipt # _____	Zoning Referral _____	Business Plan _____	Previous Permits _____
Advertising & Posting Fee _____	DBI Referral _____	Practitioner list _____	Home Addresses _____
Out of Business Notification _____	Fire Dept Referral _____	Owner(s) Background Check _____	Corporate Address _____

INSPECTOR'S REPORT

To the Director of Public Health-

After having made a careful inspection in the above case on _____

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I RECOMMEND the issuance of a New Permit to operate ☐

I DISAPPROVE the issuance of a New Permit to operate ☐ **for the following reasons:**

PRINCIPAL INSPECTOR	INSPECTOR

APPEAL DATE	HEARING DATE	APPROVED Y <input type="checkbox"/> / N <input type="checkbox"/>	DISTRICT NO.	CENSUS TRACT	PERMIT NO.	TYPE OF PERMIT/CLASSIFICATION
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