

**County of San Bernardino
Clerk of the Board of Supervisors**

385 N. Arrowhead Avenue, 2nd Floor, San Bernardino, CA 92415-0130
(909) 387-3841 Fax (909) 387-4554
Internet: www.sbcounty.gov/cob/



**APPLICATION FOR
MESSAGE CLINIC BUSINESS LICENSE**

**NOTE: If you are a sole provider, a County issued Massage Clinic License is not required.
All employed technicians must possess a current State issued certificate.**

Name of Applicant: Last: _____	First: _____	Middle Initial: _____
Physical Address: _____	City: _____	Zip: _____
Mailing Address: _____	City: _____	Zip: _____
Assessor's Parcel Number _____		
Contact Phone Number: (____) _____ - _____	Date of Birth: _____	
Height: _____	Weight: _____	Hair Color: _____ Eye Color: _____

Name of Clinic Being Licensed: _____	Business Phone No.: (____) _____ - _____
Address: _____	City: _____ State: _____ Zip: _____

List Residence Address History for Past Five (5) Years:

From (Date): _____	To (Date): _____
Address: _____	City: _____ State: _____ Zip: _____
From (Date): _____	To (Date): _____
Address: _____	City: _____ State: _____ Zip: _____
From (Date): _____	To (Date): _____
Address: _____	City: _____ State: _____ Zip: _____
From (Date): _____	To (Date): _____
Address: _____	City: _____ State: _____ Zip: _____

Have you ever used another name: Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, list other names used including alias, nickname, married or maiden name: _____

Business/Employment History for Past Three (3) Years:

Business Name: _____	Address: _____
City: _____	State: _____ Zip: _____
From (Date): _____	To (Date): _____
Business Name: _____	Address: _____
City: _____	State: _____ Zip: _____
From (Date): _____	To (Date): _____
Business Name: _____	Address: _____
City: _____	State: _____ Zip: _____
From (Date): _____	To (Date): _____
Business Name: _____	Address: _____
City: _____	State: _____ Zip: _____
From (Date): _____	To (Date): _____



List Any Massage Clinic and/or Massage Technician Business License History:

Business Name: _____	License No.: _____	
Address: _____	City: _____	State: _____ Zip: _____
Business Name: _____	License No.: _____	
Address: _____	City: _____	State: _____ Zip: _____
Additional Information: _____		

REVOICATIONS, CRIMINAL CONVICTIONS, SUSPENSIONS OR DENIALS:

(If you answer yes to any question, please attach separate sheet with details.)

1. Have you ever had a massage clinic or massage technician license suspended or revoked?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Have you ever had a massage clinic or massage technician application denied?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Have you been convicted of conduct which is in violation of the provisions of Sections 266(i), 315, 316, 318 or 647 (b) of the California Penal Code?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Have you been convicted of an offense involving conduct which requires registration under Section 290 of the California Penal Code?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. Have you been convicted of any felony involving the sale of a controlled substance in violation of Section 11054 – 11058 of the California Health and Safety Code?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6. Have you been convicted in another state of an offense, which if committed or attempted in the state of California, would have been punishable as one or more of the offenses enumerated in Section 41.194(a)(8)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7. Have you ever been convicted of one or more offenses as described under Government Code Section 51032?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

IS THIS A SOLE PROPRIETORSHIP? Yes No If no, please have each of the applicant’s principal officers, directors, and stockholders holding more than ten percent (10%) of stock (if a corporation), or partners (if a partnership), complete a separate application form.

IS THIS A CORPORATION? Yes No If yes, attach a copy of the Articles of Incorporation.

LIST INFORMATION REGARDING TECHNICIANS EMPLOYED AT THIS CLINIC ON THE FOLLOWING PAGE.

I, the undersigned, hereby declare that I have carefully read the Sections of the San Bernardino County Code relating to this business; that I understand it thoroughly and will carry out every provision thereof; that to the best of my knowledge, I have complied with the zoning, health and fire regulations as outlined. I further state that the statements and answers contained in this application are true to the best of my knowledge and belief, knowing that any false statement will be sufficient cause for denial or revocation of said license.

Signature: _____ Date: _____

**After obtaining approvals, return completed/signed form to: San Bernardino County Clerk of the Board,
 385 N. Arrowhead Avenue, 2nd Floor, San Bernardino, CA 92415-0130.**



TECHNICIAN EMPLOYMENT INFORMATION

List complete information for each technician employed at this clinic

NOTE: All employed technicians must possess a current State issued certificate

Technician's Name Last: _____	First: _____	Middle Initial: _____
Street Address: _____	City: _____	Zip: _____
State Certificate No.: _____	Expiration Date: _____	

Technician's Name Last: _____	First: _____	Middle Initial: _____
Street Address: _____	City: _____	Zip: _____
State Certificate No.: _____	Expiration Date: _____	

Technician's Name Last: _____	First: _____	Middle Initial: _____
Street Address: _____	City: _____	Zip: _____
State Certificate No.: _____	Expiration Date: _____	

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State Certificate No.: _____	Expiration Date: _____	

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Street Address: _____	City: _____	Zip: _____
State Certificate No.: _____	Expiration Date: _____	



COUNTY USE ONLY – INSPECTIONS

Approvals are required from the departments listed below prior to submitting the application to the Clerk of the Board of Supervisors for processing. These departments may require fees in addition to those fees required by the Clerk Office. An application for renewal of a License for Massage Clinic Business requires approval from the Sheriff's Department/Records Division only.

County Fire (909) 386-8400		
Recommendation:	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Comments: _____
Signature: _____	Title: _____	Date: _____

Environmental Health (800) 442-2283		
Recommendation:	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Comments: _____
Signature: _____	Title: _____	Date: _____

Planning San Bernardino (909) 387-8311 Hesperia (760) 995-8140		
Recommendation:	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Comments: _____
Signature: _____	Title: _____	Date: _____

Sheriff's Department (909) 888-5916		
Recommendation:	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Comments: _____
Signature: _____	Title: _____	Date: _____

Clerk of the Board of Supervisors (909) 387-3841		
<i>Please Note: all fees can be found at www.sbcounty.gov/cob are non-refundable. Make checks payable to Clerk of the Board.</i>		
Initial Application Fee	Date Received: _____	Accepted By: _____
	Receipt #: _____	Deputy Clerk of the Board of Supervisors
Initial License Fee	Date Received: _____	Accepted By: _____
	Receipt #: _____	Deputy Clerk of the Board of Supervisors
Renewal Fee	Date Received: _____	Accepted By: _____
	Receipt #: _____	Deputy Clerk of the Board of Supervisors

Photo Taken *Fingerprints Bill of Sale (if needed) Copy of Photo ID (i.e. driver's license)

*Fingerprints on file must be dated May 2006, or later.