«Account_Number» «Business_Name»

MASSAGE THERAPIST

2008 RENEWAL | INFORMATION FORM

City of Los Angeles Board of Police Commissioners—Renewal of Police Commission Permit

USE BLACK OR BLUE INK—PLEASE PRINT CLEARLY

SECTION A—Enter Information for Items 1 - 14

1 ☐ Mr. ☐ Mrs. ☐ Miss ☐ Ms.

LAST NAME (Only)

FIRST NAME (Only)

MIDDLE NAME (Only)

2 ADDRESS where you live: (Number, Street, Ave., Road, Drive, including N,S,E,W) (NO PO BOX/BUSINESS ADDRESS)

APT/UNIT #

CITY

ST

ZIP CODE --

3 MAILING ADDRESS: (If different from the address where you live, or PO BOX)

APT/UNIT #

CITY

ST

ZIP CODE --

4 DATE OF BIRTH Month Day Year

5 PLACE OF BIRTH (U.S. State or Foreign Country Only)

6A CA DRIVER'S LICENSE OR CA ID CARD # If no CA Driver's License or CA ID Card, use 6B)

6B OTHER ID TYPE-----ISSUING STATE OR COUNTRY-----NUMBER-----EXPIRATION DATE (Month Day Year)

7A TELEPHONE -- --

7B BUSINESS TELEPHONE -- --

8 MARITAL STATUS Single ☐ Married ☐

9 SEX Male ☐ Female ☐

10 Height Weight Color Hair Color Eyes

11 U.S. Citizen? Yes ☐ No ☐

12 NAME OF SPOUSE

YOUR MAIDEN NAME

MAIDEN NAME OF SPOUSE

13 E-MAIL ADDRESS

Form GEN 195 MTR (1/2008)

1 ☐ Mr. ☐ Mrs.
4 ☐ Miss ☐ Ms.

LAST NAME (Only)

FIRST NAME (Only)

MIDDLE NAME (Only)

SECTION B—Answer YES or NO and INITIAL for Questions 1 - 8				
1. Have you had a similar type of permit previously denied, suspended, or revoked within the five years immediately preceding the filing date of this application?	Write YES or NO➔		Initials ➔	
2. Have you, within the five years immediately preceding the date of the filing of this application, been convicted of a felony crime in any jurisdiction involving theft, fraud, violence, sale of a controlled substance as specified in Sections 11054, 11055, 11056, 11057, or 11058 of the California Health and Safety Code, or any moral turpitude offense?	Write YES or NO➔		Initials ➔	
3. Have you, within the three years immediately preceding the date of the filing of this application, been convicted of a crime in any jurisdiction involving theft, fraud, violence, sale of a controlled substance as specified in Sections 11054, 11055, 11056, 11057, or 11058 of the California Health and Safety Code, or any moral turpitude offense that has been made the subject of 17(b) of the California Penal Code?	Write YES or NO➔		Initials ➔	
4. Have you, within the five years immediately preceding the date of the filing of this application, been convicted of any misdemeanor or felony classified by the state as a sex-related offense, or of any offense described in California Penal Code Sections 266h, 266i, 315, 318, 653.22, or 647(a) or (b)?	Write YES or NO➔		Initials ➔	
5. Have you, within the five years immediately preceding the date of the filing of this application, been convicted of any offense as specified in Sections 311 – 313.5 of the California Penal Code?	Write YES or NO➔		Initials ➔	
6. Have you, within the five years immediately preceding the date of the filing of this application, been convicted of a charge of violating any lesser included or lesser related offense, including California Penal Code Section 415, in satisfaction of, or as a substitute for, an original charge of any of the offenses listed above?	Write YES or NO➔		Initials ➔	
7. Have you been convicted of any offense that required registration as a sex offender under California Penal Code Section 290?	Write YES or NO➔		Initials ➔	
8. Have you, within the five years immediately preceding the date of the filing of this application been convicted of any offense involving deceptive trade practices or other illegal business practices reasonably and narrowly related to the nature of conduct of the business for which the application is made?	Write YES or NO➔		Initials ➔	

If the answer is "Yes" to any of the above, you must list each conviction below as follows. (Please use supplemental pages as required to complete below information):

DATE	CITY/STATE	CHARGE	DISPOSITION	JAIL/FINE

SECTION C—STOP. DO NOT SIGN THIS FORM BY YOURSELF. Have your signature notarized OR sign in front of City personnel.

ATTENTION—READ THE FOLLOWING PARAGRAPH CAREFULLY BEFORE SIGNING THIS FORM

I declare under the penalty of perjury, under the laws of the State of California, that all information contained on this Application for Police Permit and any accompanying documents is true and correct, with full knowledge that all statements made in this application are subject to investigation and that any false or dishonest answer to any question may be grounds for denial or subsequent revocation of license.

Applicant Name—(please print)	Signature	Date
Witnessed by Deputy City Clerk or Notary Public	**Signature**	**Date**

THIS APPLICATION IS NOT COMPLETE UNTIL ALL QUESTIONS ARE ANSWERED, ALL INITIALS, AND SIGNATURES ARE OBTAINED, AND ALL DOCUMENTS REQUIRED ARE SUBMITTED.