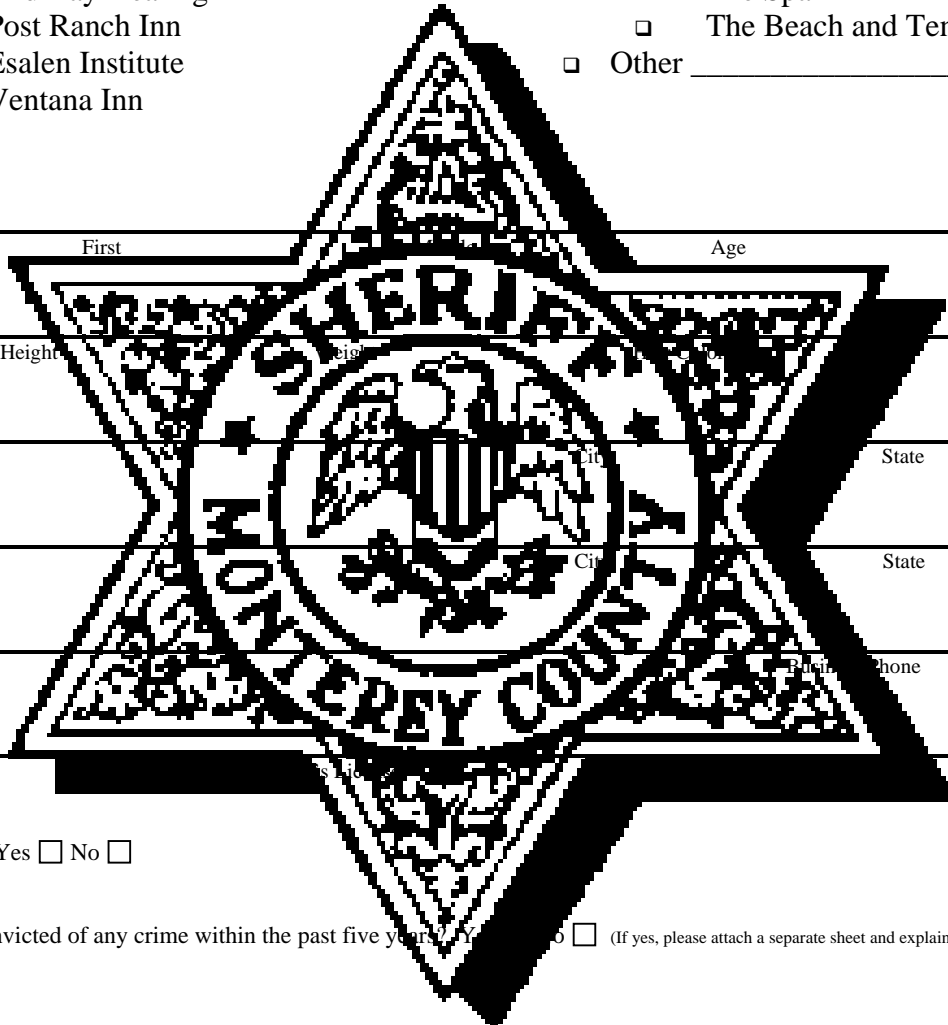


COUNTY OF MONTEREY MESSAGE TECHNICIAN PERMIT APPLICATION

Proposed location for permit: (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Bernardus Lodge
<input type="checkbox"/> Carmel Valley Ranch
<input type="checkbox"/> Healthy Images
<input type="checkbox"/> Highlands Inn
<input type="checkbox"/> Mid Bay Healing
<input type="checkbox"/> Post Ranch Inn
<input type="checkbox"/> Esalen Institute
<input type="checkbox"/> Ventana Inn | <input type="checkbox"/> Quail Lodge
<input type="checkbox"/> Skinovation
<input type="checkbox"/> Pebble Beach Company
<input type="checkbox"/> Spanish Bay
<input type="checkbox"/> The Spa
<input type="checkbox"/> The Beach and Tennis Club
<input type="checkbox"/> Other _____ |
|---|---|



Last Name	First	Age	Date of Birth
Sex	Height	Weight	Eye Color
Residence Address	City	State	Zip
Mailing Address	City	State	Zip
Residence Phone	Business Phone		
Social Security Number			

United States Citizen: Yes No

Have you ever been convicted of any crime within the past five years? Yes No (If yes, please attach a separate sheet and explain in detail)

List all former employers for the preceding three years beginning with the most recent. (Attach separate sheet if necessary):

Employer	Address	City, State, Zip	From	To
Employer	Address	City, State, Zip	From	To
Employer	Address	City, State, Zip	From	To
Employer	Address	City, State, Zip	From	To

List all former residences for the preceding three years beginning with the most current. (Attach separate sheet if necessary):

Address	City, State, Zip	From	To
Address	City, State, Zip	From	To
Address	City, State, Zip	From	To
Address	City, State, Zip	From	To
Address	City, State, Zip	From	To

Marital Status: Single Married Separated Divorced

Name of spouse: _____

Last known address of spouse (if different from applicant): _____

Residence Address _____ City, State, Zip _____ Phone _____

Business Address _____ City, State, Zip _____ Phone _____

List any prior permits held by applicant in preceding five years:

Address	City, State, Zip	Status of permit
Address	City, State, Zip	Status of permit
Address	City, State, Zip	Status of permit
Address	City, State, Zip	Status of permit
Address	City, State, Zip	Status of permit

Attach the following:

- Two passport size (2 inches by 2 inches) photos taken within 6 months prior to date of filing this application
- Copy of your driver's license
- Form of payment (cashier's check, money order, personal check or cash-if paying in person)
- Copy of School Certificate showing a minimum of 100 hours

I understand and agree that any business or activity conducted or operated under this permit shall be operated in full conformity with all laws of the state and the laws and regulations of the county applicable thereto. I understand that any violation of any such laws or regulation in such place of business, or in connection therewith, shall render any permit subject to immediate revocation. I understand that any omission or falsification on this application will be grounds to deny a permit.

I have received a copy of county ordinance Chapter 11.25

Applicant Signature _____ Date _____

DO NOT WRITE BELOW THIS LINE SHERIFF OFFICE USE ONLY

- | | | |
|--|---|---|
| <input type="checkbox"/> Application Complete/Signed | <input type="checkbox"/> Photographs | <input type="checkbox"/> Criminal Check (CJIS) |
| <input type="checkbox"/> Fees Paid | <input type="checkbox"/> Driver's License | <input type="checkbox"/> Warrants Check (CLETS) |

Completed by: _____ Date: _____ Permit Number: _____