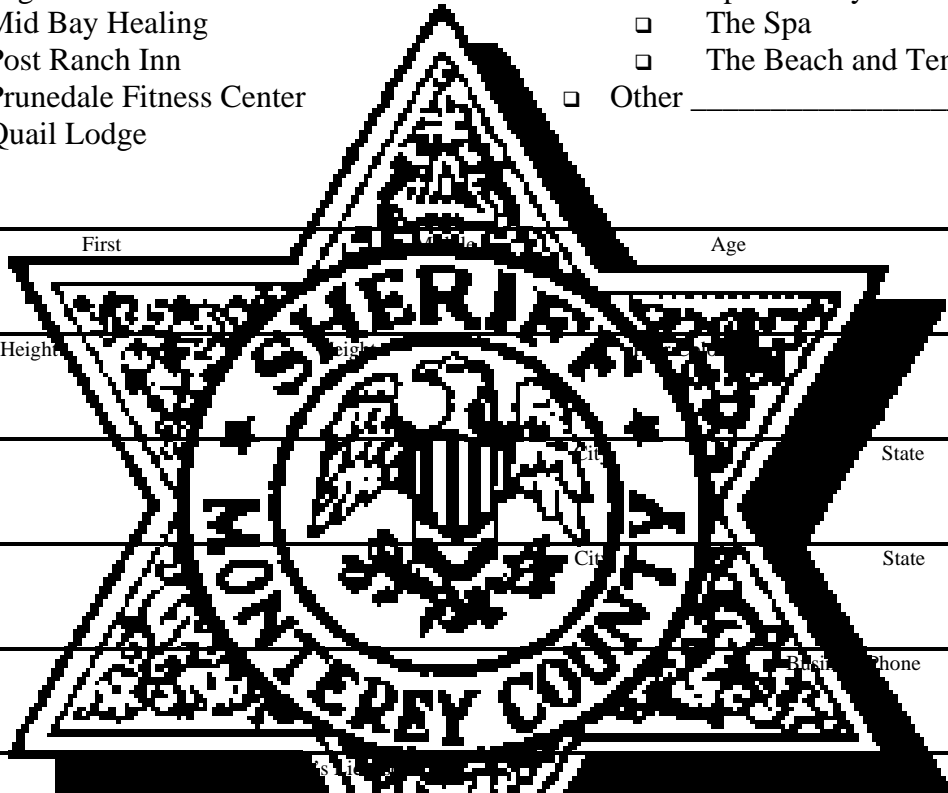


**COUNTY OF MONTEREY
 MASSAGE TECHNICIAN PERMIT
 RENEWAL APPLICATION**

Proposed location for permit: (check all that apply)

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



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			

Attach the following:

- Two passport size (2inches by 2inches) 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 cash-if paying in person)

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 (CJS) |
| <input type="checkbox"/> Fees Paid | <input type="checkbox"/> Driver's License | <input type="checkbox"/> Warrants Check (CLETS) |

Completed by: _____ Date: _____ Permit Number: _____