



CITY AND COUNTY OF SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH
 ENVIRONMENTAL HEALTH SECTION - MASSAGE PROGRAM
 1390 Market St, Ste 210, 94102

PRACTITIONER'S CHANGE OF ADDRESS / EMPLOYERS

1. PRACTITIONER PERMIT:

<input type="checkbox"/> H68 – General Massage Practitioner	<input type="checkbox"/> H71 – Advanced Massage Practitioner
<input type="checkbox"/> H69 – Outcall Massage Service	

2. CHANGE OF PERSONAL INFORMATION:

FULL LEGAL NAME (AS IT APPEARS ON YOUR PERMIT)	HOME PHONE NUMBER	CELL PHONE NUMBER
FIRST MIDDLE LAST		
NEW HOME ADDRESS	CITY, STATE, ZIP CODE	PERMIT #
		MP -

3. NEW EMPLOYER INFORMATION:

EMPLOYER NAME	BUSINESS PERMIT NUMBER	
DBA		
ADDRESS	CITY, STATE, & ZIP CODE	PHONE NUMBER
CROSS STREET		FAX NUMBER

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	DATE
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OFFICE USE ONLY