Patrick Fosdahl, MS, REHS Director of Environmental Health

Outcall Massage Service Application:

Please fill out and provide the following: Application (page 2) ☐ Written Operational Procedures (page 3) San Francisco Police Department background check (page 4) Applicant must submit fingerprints to SFPD for state and federal level fingerprint-based background check. By appointment only. Email background check form to SFPDPERMITS@SFGOV.ORG. DO NOT MAIL IT IN. This is required for existing San Francisco massage practitioner license holder only. CAMTC certificate holders are not required to complete the SFPD background check. Copy of Business Registration Certificate Copy of SF Massage Practitioner License OR CAMTC certificate Copy of current Identification Card or Driver's License Mail completed forms with non-refundable application fee made payable to SFDPH (check, money order, or cashier's check) at:

SFDPH - EHB (MASSAGE PROGRAM) 49 South Van Ness Avenue, Suite 600 San Francisco, CA 94103

PLEASE MAKE AN APPOINTMENT IF YOU WISH TO SPEAK WITH AN INSPECTOR. THERE ARE NO DROP-IN APPOINTMENTS.

Please Note: Failure to complete all forms and provide required documentation will result in your application being delayed or denied.



CITY AND COUNTY OF SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH ENVIRONMENTAL HEALTH BRANCH, 49 SOUTH VAN NESS AVENUE, SUITE 600, 94103

APPLICATION FOR PERMIT TO OPERATE A MASSAGE ESTABLISHMENT

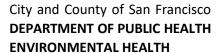
Type of Establishment:				Date of Applic	ation:	
	☐ General Massage ☐ Sole Practitioner	☐ OutCa	II Service	FACILITY ID NO).	
TRADE NAME (DBA): ADDRESS:				Sole Owner Partnership Corporation	New Installation Ownership Change Reclassification Record Purpose	
CROSS STREET:	EMAIL ADDRESS:		BUSINESS PHONE NO.		CELL PHONE NO.	
Name of: a) Person to whom perm b) Corporation name and with more than or eq	nit will be issued, or d names of principal Officers ual to 10% ownership	and stockholders	Home Address of: a) each applicant with b) each practitioner for c) Corporation and Cor	Solo Practitioner	Establishment, or	
			Contact Person:			
Emergency name & pho	ne:		Home Telephone:			
	ling corporate officers and stoo of each conviction along wit			FELONY OR MIS	SDEMEANOR □ No □ Yes	
Are you currently pending any investigation regarding any felonies, misdemeanors or lewd conduct ☐ No ☐ Yes			Have you ever had any massage license or massage establishment licenses denied, suspended or revoked: ☐ No ☐ Yes			
If yes, please attach a list of each conviction along with the date of the conviction.			If <u>yes</u> , please attach information about the license denial, revocation or suspension, inlcuding dates.			
2)	PRACTITIONER LIST (FOR S LIST OF PREVIOUS MASSAC	SOLO MASSAGE EST, GE PERMITS OR LICE	ABLISHMENTS) with Date ENSES HELD	of Birth.	SERVICES TO BE PROVIDED ort of this application are true and	
correct. I hereby conse						
	or Permit, and operation	n of this business. or a Massage Estal	I have checked with the blishment. I understand	ne Planning Dep	acidental to the issuance of any partment prior to submitting this bmitted, the application fee is	
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WRITTEN OPERATIONAL PROCEDUF	KE3					
DBA:		Bus. Phone:				
Address:	OnSite Mgr:					
			MANAGER [DURING NORM	IAL WORKING HRS	
TYPE OF ESTABLISHMENT:	EMPLOYEES:	C	PERATIONS:	# o	FROOMS:	
☐ GENERAL WITHOUT ☐ GENERAL W/ OUTCALL ☐ SOLO WITHOUT OUTCALL ☐ SOLO WITHOUT OUTCALL ☐ OUTCALL ONLY	TOTAL:F		AYS: OURS:		ERAPY:	
DESCRIBE THE TYPE OF MASSAGE THERAPY USED BY YO		I				
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·						
Is this business an accessory to an existing/new business $N \ \square \ Y \ \square \ $ If yes, what is it?	SHOWERS, T	OILETS, THERA	YOUR ESTABLIS PY & CHANGE F LINEN STORAGE	ROOMS, HAND		
I declare under penalty of perjury that the informatio correct. I hereby consent to all necessary inspection the issuance of any exemption, Registration or Perm	n on this busine	ss plan, to the M	ne best of m lassage Ord	y knowledo	ge, is true and d incidental to	
, , , , ,	•					

SIGNATURE

DATE

NAME (PRINTED)





To: San Francisco Police Department Permits Unit

1245 3rd Street, 5th Floor, San Francisco, CA 94158 Phone: (415) 553-1115

Email: sfpdpermits@sfgov.org

By Appointment Only

We have received the following applications	cant's information for:	Outcall Service		
tro have received the fellowing appin		General Massage Establishment		
		Sole Practitioner Massage Establishme		
Applicant's Name:		Date:		
Doing Business As (DBA):	BAN:			
Facility Address:				
Home Address:				
Phone Number:	E-Mail:			
Social Security #:	Place o	Place of Birth:		
Driver's License # (or ID #/Passport #):	Date o	f Birth:		
Eye Color: Hair Color:	Height:	Weight:		
DO NOT WRIT	E BELOW – FOR SFPD U	SE ONLY		
SFPD, may we please have your recomme	endation in the space provide	ded below.		
Does the applicant qualify for First Year Fre	ee (FYF)?	S □ NO		
A preliminary criminal background query ha	as indicated:			
☐ In the previous 5 years, the applic Francisco Health Code Sections 29.2		ed of any offenses outlined in San		
☐ In the previous 5 years, the applic in San Francisco Health Code Section				
☐ The applicant has any prior felony Sections 29.26(b)(6) and 29.11(b)(7)	•	ons. San Francisco Health Code		
Prior Felony or Misdemeanors:				
Reviewed by: INSPECTOR (PRINT)				
INSPECTOR (PRINT)	STAR#	SIGNATURE		
, ,				

APPLICANT MUST SUBMIT FINGERPRINTS TO SFPD FOR THE PURPOSE OF STATE AND FEDERAL LEVEL FINGERPRINT-BASED BACKGROUND CHECK.PLEASE EMAIL THIS FORM TO sfpdpermits@sfgov.org AND SFPD STAFF WILL CONTACT YOU TO SCHEDULE YOUR APPOINTMENT. YOU MAY CONTACT THE SFPD PERMITS UNIT FOR THE CURRENT BACKGROUND CHECK FEE.