



City and County of San Francisco
DEPARTMENT OF PUBLIC HEALTH
ENVIRONMENTAL HEALTH

To: San Francisco Police Department Permits Section
850 Bryant Street, Room 505
San Francisco, CA 94103
Phone: (415) 553-1115

Monday to Friday 9 AM - 12 PM and 1 PM - 4 PM

Subject: **BACKGROUND CHECK AND CLEARANCE FOR MASSAGE APPLICANT**

We have received the following applicant's information for: Outcall Service
 General Massage Establishment
 Sole Practitioner Massage Establishment

Applicant's Name:		Date:	
Doing Business As (DBA):			
Facility Address:			
Home Address:			
Phone Number:		E-Mail:	
Social Security #:		Place of Birth:	
Driver's License # (or ID #/Passport #):		Date of Birth:	
Eye Color:	Hair Color:	Height:	Weight:

*****DO NOT WRITE BELOW – FOR SFPD USE ONLY*****

SFPD, may we please have your recommendation in the space provided below.

A preliminary criminal background query has indicated:

- In the previous 5 years, the applicant **has not been** convicted of any offenses outlined in San Francisco Health Code Sections 29.29(c)(4)&(5), 29.12.
- In the previous 5 years, the applicant **has been** convicted of one or more of the offenses outlined in San Francisco Health Code Sections 29.29(c) (4)&(5), 29.12.
- The applicant has **any** prior felony or misdemeanor convictions. San Francisco Health Code Sections 29.26(b)(6) and 29.11(b)(7). (List Below)

Prior Felony or Misdemeanors: _____

Reviewed by: _____
INSPECTOR (PRINT) STAR # SIGNATURE

Telephone no: _____ Date: _____

**SFPD CHARGES \$182.06 FOR BACKGROUND CHECK. APPLICANT NEEDS TO BE PRESENT.
SUBMIT THIS FORM AND PAYMENT IN PERSON TO SFPD. CHECKS OR MONEY ORDER ONLY. NO CASH.**