



TOWN OF PARADISE POLICE DEPARTMENT

5595 Black Olive Drive, Paradise, CA 95969 • 24-Hour (530) 872-6241 • General (530) 872-6161 • FAX (530) 872-4950

INSTRUCTIONS TO APPLICANT

Massage License – Initial or Renewal

In order to obtain or renew your local regulatory permit as a Massage Therapist, please complete the following items and return them to the Paradise Police Department:

- Completed and Signed Massage License Application
- Massage License fee
 - Initial Fee made payable to the Town of Paradise (See current Master Fee Schedule)
 - OR**
 - Renewal Fee made payable to the Town of Paradise (See current Master Fee Schedule)
- Certification
 - Copy of Certificate of Completion of certified massage therapist program
 - Copy of current California Massage Therapy Council certificate* or California Association of Massage Therapists*
- Completed Live Scan fingerprint application (If none of above are submitted*)
- Payment of Live Scan fees (If none of above are submitted*)

A Live Scan fingerprint appointment will be made at the time the completed application is submitted. Payment for Live Scan services is payable at the time of the Live Scan appointment. Live Scan fees are non-refundable. No applications will be approved until the fingerprint results are returned by the Department of Justice. Please note: There is no specific time frame in which the Department of Justice is required to return results of fingerprints.

You will be notified when your application has been approved. At that time an appointment will be scheduled to receive your Massage license.

- Approval by Police Department

Massage licenses are valid for twelve months (12) from the date of issue. To renew, please submit an updated application and follow the process above.

It is the responsibility of the applicant to know and understand the relevant Town municipal code section and any other state or federal codes which may apply.

The Town of Paradise Municipal Codes and current Master Fee Schedule can be found at www.townofparadise.com

• It is unlawful for any person or entity to violate or fail to comply with the provisions of chapter 5.18 of the Paradise Municipal Code. Such violation shall be punishable as an infraction. • Under Federal and State law, a One Dollar (\$1.00) fee may be collected in addition to any other fees for compliance with disability access laws.

TOWN OF PARADISE

Administrative Services Department, 5555 Skyway, Paradise, CA 95969 -- (530) 872-6291
Paradise Police Department, 5595 Black Olive Dr. Paradise, CA 95969 -- (530) 872-6241 or (530) 872-6161

Town of Paradise License Application **Initial** **Renewal**

TO BE COMPLETED BY APPLICANT

Applicant Name: _____
Home Address: _____
City: _____ State _____ ZIP: _____
Home Phone: _____
DOB: _____ SSN: _____
CDL: _____ State _____ Expires: _____
Mobile _____ E-Mail _____

Business Name: _____
Business Location: _____
City: _____ State _____ ZIP: _____
Phone: _____
Business Mailing Address: _____
Tax Exempt?
Charitable? Charitable Purpose? _____

List All Residences in the Last Five Years

Address: _____ From _____ To _____
Address: _____ From _____ To _____
Address: _____ From _____ To _____

Have you ever been convicted of a felony, as defined by California law? YES NO

If YES, Date of conviction: _____ Offense _____

Have you ever been required to register with a law enforcement agency pursuant to Section 290 of the Penal Code?

YES NO If YES, Date _____ Law Enforcement Agency _____

It shall be unlawful for any person knowingly to falsify or conceal any fact or make any false or fraudulent statement or misrepresentation in any matter or proceeding within the jurisdiction of any department or agency of the Town (Ordinance 16, Section 15-11).

I declare under the penalty of perjury that the foregoing is true and complete to the best of my knowledge and belief.

Signature: _____ Date _____

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Town Hall, 5555 Skyway, Paradise, CA 95969 -- (530) 872-6291
Paradise Police Department, 5595 Black Olive Dr. Paradise, CA 95969 -- (530) 872-6241 or (530) 872-6161

Application Specific Information - Massage Therapist

TOWN OF PARADISE USE ONLY

SIGNED TOWN OF PARADISE 5.18 LICENSE APPLICATION RECEIVED BY: _____ DATE: _____

RECEIPT OF INITIAL OR RENEWAL LICENSE FEES PAID RECEIVED BY: _____ DATE: _____

AMOUNT PAID: _____ RECEIPT # _____

CERTIFICATE OF COMPLETION OF MASSAGE THERAPY COURSE

COPY OF CURRENT CALIFORNIA MASSAGE THERAPY COUNCIL CERTIFICATE*
OR

COPY OF CURRENT CALIFORNIA ASSOCIATION OF MASSAGE THERAPISTS*

LIVE SCAN FINERPRINT COMPLETED/FEES PAID FBI RESULTS RECEIVED DOJ RESULTS RECEIVED
*(LIVESCAN REQUIRED IF ABOVE NOT SUBMITTED)

LICENSE FEE WAIVED BY: _____ DATE: _____

APPROVED By Police Department REJECTED BY: _____ DATE: _____

PERMIT LICENSE # _____

EXPIRATION DATE _____

Copies Routed To: Police _____

COMMENTS REGARDING REJECTION OR OTHER: _____



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

CA0040500

ORI (Code assigned by DOJ)

LICENSE

Authorized Applicant Type

MESSAGE THERAPIST

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

PARADISE POLICE DEPARTMENT

Agency Authorized to Receive Criminal Record Information

06068

Mail Code (five-digit code assigned by DOJ)

5595 BLACK OLIVE DRIVE

Street Address or P.O. Box

V. LYNCH

Contact Name (mandatory for all school submissions)

PARADISE

City

CA 95969

State ZIP Code

(530) 872-6161

Contact Telephone Number

Applicant Information:

Last Name

First Name

Middle Initial

Suffix

Other Name

(AKA or Alias) Last

First

Suffix

Date of Birth

Sex Male Female

Driver's License Number

Height

Weight

Eye Color

Hair Color

Billing

Number 100170

(Agency Billing Number)

Misc.

Number

(Other Identification Number)

Home

Address Street Address or P.O. Box

City

State

ZIP Code

Your Number:

OCA Number (Agency Identifying Number)

Level of Service:

DOJ

FBI

If re-submission, list original ATI number:

(Must provide proof of rejection)

Original ATI Number

Employer (Additional response for agencies specified by statute):

Employer Name

Mail Code (five digit code assigned by DOJ)

Street Address or P.O. Box

City

State

ZIP Code

Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency

LSID

ATI Number

Amount Collected/Billed