

### OWNER/OPERATOR WITHOUT CAMTC CERTIFICATION

**MESSAGE LICENSE**  
**OWNER/OPERATOR WITHOUT CAMTC CERTIFICATION – PAGE 2**

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**LIST ALL CHARGES/CITATIONS EVER ISSUED (Except for Misdemeanor Traffic Violations).**

DATE	PLACE/AGENCY	CHARGE	DISPOSITION	NAME ON DISPOSITION
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Under penalty of perjury, I swear that the foregoing statements are true and accurate to the best of my knowledge. It is understood by me that statements found not to be true, complete and accurate will be grounds for refusal, or revocation of any permit or license issued to me by the City of San Marcos, County of San Diego, without further notice to me. I understand and agree to having all required notices unless otherwise specified, sent by U.S. mail to the address given on this application. I have read and understand sections 5.44 Et. Seq. of the San Marcos Municipal Code of regulatory ordinances pertaining to Massage Establishments. I understand that all Owners and Operators are responsible for the Massage Establishment and the conduct of all persons who perform massage at the massage establishment. I certify that I will operate my business in accordance with all applicable federal, state and city laws and regulations. I understand that failure to comply with the California Business and Professions Code Sections 4600 et seq., or with any federal, state or local laws, rules or regulations, and/or the provisions of the Chapter may result in revocation of the Massage Establishment license. I understand the information supplied in this application will be used to obtain a criminal record check.

DATE: \_\_\_\_\_  
\_\_\_\_\_  
Signature of Owner/Operator

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**OFFICE USE ONLY**

ATTACH TO LICENSE # \_\_\_\_\_

FEE DUE: \_\_\_\_\_ RECEIPT#: \_\_\_\_\_

**FOR USE OF SHERIFF'S DEPT.**

Approved \_\_\_\_\_ Disapproved \_\_\_\_\_

Reason \_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_ By \_\_\_\_\_

**FOR USE OF FINANCE DEPT.**

Approved \_\_\_\_\_ Disapproved \_\_\_\_\_

Reason \_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_ By \_\_\_\_\_

## **LIVE SCAN FINGERPRINTING**

**San Diego County Office of Education** does fingerprinting Monday through Friday, from 8:30 a.m. to 4:00 p.m. There is a \$17 fee, which can be paid by money order or cashier's check only, payable to SDCOE. They are located at 255 Pico Ave. #102 in San Marcos. **Make your appointment online at [www.sdcoe.net/livescan/week.asp](http://www.sdcoe.net/livescan/week.asp).**

**LiveScan San Marcos** does fingerprinting Monday through Friday, from 9 a.m. to 5 p.m. and Saturdays, from 9 a.m. to 2 p.m. There is a \$20 fee, which can be paid with cash, money order or credit card. They are located at 439 W. San Marcos Blvd. #C in San Marcos. **Call for an appointment at (760) 752-1072 or visit [www.livescansm.com](http://www.livescansm.com).**

For more locations please visit [www.ag.ca.gov/fingerprints/publications/contact.htm](http://www.ag.ca.gov/fingerprints/publications/contact.htm).

### **You must:**

- 1. Take the completed Request for Live Scan Service form with you.**
- 2. Present photo identification.** The photo identification MUST be one of the following: a valid driver license, a valid California identification card, a valid passport, a valid military identification card, or a valid alien registration card. Other types of identification will not be accepted.
- 3. At the Live Scan location you will be required to pay a rolling fee and a \$32.00 fingerprint processing fee.**
- 4. Return the SECOND COPY of the Request for Live Scan Service form to the City of San Marcos, Finance Department.**

**Directions to Live Scan San Marcos  
439 W. San Marcos Blvd. #C, San Marcos:**

From 78 East  
Exit San Marcos Boulevard  
Left on W. San Marcos Boulevard  
439 W. San Marcos Blvd. is on the Right

From 78 West  
Exit San Marcos Boulevard  
Right on San Marcos Boulevard  
439 W. San Marcos Blvd. is on the Right

**Please visit the following website for directions to  
the North County Regional Education Center:  
[www.sdcoe.net/hrt2/ncrec/?loc=directions](http://www.sdcoe.net/hrt2/ncrec/?loc=directions)**

**REQUEST FOR LIVE SCAN SERVICE**

BCII 8016 (3/07)

***Applicant Submission***

ORI: \_\_\_\_\_ Type of Application: \_\_\_\_\_  
Code assigned by DOJ  
Job Title or Type of License, Certification or Permit: \_\_\_\_\_

Agency Address Set Contributing Agency:

Agency authorized to receive criminal history information

Mail Code (five-digit code assigned by DOJ)

Street No. Street or PO Box

Contact Name (Mandatory for all school submissions)

City State Zip Code

( )  
Contact Telephone No.

Name of Applicant: \_\_\_\_\_  
(Please print) Last First MI

Alias: \_\_\_\_\_ Driver's License No: \_\_\_\_\_  
Last First

Date of Birth: \_\_\_\_\_ Sex: ☐ Male ☐ Female Misc. No. BIL - \_\_\_\_\_  
Agency Billing Number

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Misc. Number: \_\_\_\_\_

Home Address: \_\_\_\_\_

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_  
Street No. Street or PO Box

Place of Birth: \_\_\_\_\_  
City, State and Zip Code

Social Security Number: \_\_\_\_\_

Your Number: \_\_\_\_\_  
OCA No. (Agency Identifying No.)

Level of Service: ☐ DOJ ☐ FBI

If resubmission, list Original ATI  
Number: \_\_\_\_\_

Employer: (Additional response for agencies specified by statute)

Employer Name

Street No. Street or PO Box

Mail Code (five digit code assigned by DOJ)

City State Zip Code

( )  
Agency Telephone No. (optional)

Live Scan Transaction Completed By: \_\_\_\_\_  
Name of Operator Date

Transmitting Agency ATI No. Amount Collected/Billed

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(Please print) Last First MI

Alias: \_\_\_\_\_ Driver's License No: \_\_\_\_\_  
Last First

Date of Birth: \_\_\_\_\_ Sex: ☐ Male ☐ Female Misc. No. BIL - \_\_\_\_\_  
Agency Billing Number

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Misc. Number: \_\_\_\_\_

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Last First

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Name of Operator Date

Transmitting Agency ATI No. Amount Collected/Billed