

**CITY OF SAN MARCOS
1 CIVIC CENTER DRIVE, SAN MARCOS, CA 92069
(760) 744-1050, EXT. 3101**

OWNER/OPERATOR WITHOUT CAMTC CERTIFICATION

**** Must return second copy of the Live Scan Form to the Finance Department AND pay Background Check Fee****

PLEASE CHECK ONE:

OWNER:_____ OPERATOR:_____ MANAGER:_____

OWNER/OPERATOR NAME:_____
(Last) (First) (Middle)

ALL OTHER NAMES USED:_____

DATE OF BIRTH:_____ PLACE OF BIRTH:_____ HEIGHT:_____ WEIGHT:_____

SEX:_____ HAIR:_____ EYES:_____ CDL#:_____ SSN:_____

RESIDENCE ADDRESS:_____
(Number) (Street) (City) (State) (Zip)

RESIDENCE PHONE:_____ EMERGENCY PHONE:_____

LAST TWO ADDRESSES:

HAVE YOU EVER BEEN ISSUED A CERTIFICATE, LICENSE, OR PERMIT FROM ANY AGENCY?_____ IF YES, EXPLAIN

TYPE OF CERTIFICATE/LICENSE/PERMIT, WHERE ISSUED & BY WHOM.

HAVE YOU EVER HAD A CERTIFICATE, LICENSE, OR PERMIT SUSPENDED, REVOKED OR HAD AN APPLICATION FOR THE
SAME DENIED FROM ANY AGENCY?_____ IF YES, EXPLAIN:

EMPLOYMENT HISTORY FOR THE LAST 5 YEARS: (Attach additional sheet if necessary)

COMPANY NAME	ADDRESS	JOB DESCRIPTION	DATES
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

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.**

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.**

For more locations please visit 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

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:

Last _____ First _____

Driver's License No: _____

Date of Birth: _____Sex: Male Female

Misc. No. BIL - _____

Agency Billing Number

Height: _____ **Weight:** _____

Misc. Number: _____

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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BCII 8016 (3/07)

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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:

Last First

Driver's License No. _____

Date of Birth: _____

Sex: Male Female

Misc. No. BIL - _____

Agency Billing Number

Height: _____ Weight: _____

Misc. Number: _____

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

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Agency Telephone No. (optional)

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Contact Name (Mandatory for all school submissions)

City State Zip Code

Contact Telephone No. _____ () _____

Name of Applicant:

(Please print) _____

Last

First

MI

Alias:

Last First

Driver's License No. _____

Date of Birth: _____

Sex: Male Female

Misc. No. BIL - _____

Agency Billing Number

Height: _____ Weight: _____

Misc. Number: _____

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.)

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Agency Telephone No. (optional)

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Name of Operator

Date

Transmitting Agency

ATI No.

Amount Collected/Billed