



**CITY OF LOMITA**  
 24300 Narbonne Avenue,  
 P.O. Box 339, Lomita, CA 90717  
 (310)325-7110 Fax (310)325-4024

License ID No. \_\_\_\_\_

Application No. \_\_\_\_\_

Cash  Credit Card

Check No. \_\_\_\_\_

Date \_\_\_\_\_

Receipt No. \_\_\_\_\_

**Massage Technician Application**

**Requirements: Live Scan of Fingerprints, Diploma Record of 500 Hours of Study**

**License Fee \$120.00**

Name of Applicant \_\_\_\_\_

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

Street

\_\_\_\_\_ Phone ( ) \_\_\_\_\_

City

State

Zip

Place of Employment \_\_\_\_\_

Business Address \_\_\_\_\_

Street

City

State

Zip

Owner's Name \_\_\_\_\_ Business Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

(For License Certificate) \_\_\_\_\_

Street

City

State

Zip

Social Security No. \_\_\_\_\_ Drivers License No. \_\_\_\_\_

I certify under penalty of perjury that the information in this application is true and correct to the best of my knowledge. As a condition for the issuance of the license applied for I agree: to submit any additional information that may be required, to conduct all phases of this business in accordance with regulations established for such business in conformance with all applicable laws, ordinances and regulations. I understand that the City of Lomita, its employees and agents may seek information and conduct an investigation into the truth of the statements made and qualifications given in this application.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE ONLY**

**Approval by:                      Date Sent                      Requirements/Recommendations                      Signature                      Date**

Sheriff's Investigation Unit \_\_\_\_\_

Code Enforcement \_\_\_\_\_

Planning Department \_\_\_\_\_

City Administrator \_\_\_\_\_