



MESSAGE PERMIT HISTORY - CONTINUATION

List all licenses/permits to do business in California or any other state that you currently have, have previously held, or applied for. This list should also include any massage businesses you own or have partial ownership in.

Business Name: _____ License/Permit Type: _____

Address: _____ City, State, ZIP: _____

Issuing Agency: _____ Dates of Permit (mm/yyyy-mm/yyyy): _____

Has the license ever been suspended, revoked, denied, or subject to any violations/penalties? ☐ Yes ☐ No

Reason for denial, revocation, suspension, or violations/penalties:

Business Name: _____ License/Permit Type: _____

Address: _____ City, State, ZIP: _____

Issuing Agency: _____ Dates of Permit (mm/yyyy-mm/yyyy): _____

Has the license ever been suspended, revoked, denied, or subject to any violations/penalties? ☐ Yes ☐ No

Reason for denial, revocation, suspension, or violations/penalties:

Business Name: _____ License/Permit Type: _____

Address: _____ City, State, ZIP: _____

Issuing Agency: _____ Dates of Permit (mm/yyyy-mm/yyyy): _____

Has the license ever been suspended, revoked, denied, or subject to any violations/penalties? ☐ Yes ☐ No

Reason for denial, revocation, suspension, or violations/penalties:

Business Name: _____ License/Permit Type: _____

Address: _____ City, State, ZIP: _____

Issuing Agency: _____ Dates of Permit (mm/yyyy-mm/yyyy): _____

Has the license ever been suspended, revoked, denied, or subject to any violations/penalties? ☐ Yes ☐ No

Reason for denial, revocation, suspension, or violations/penalties: