



To: San Francisco Police Department
Permits Unit
1245 3rd Street, 5th Floor,
San Francisco, CA 94158
Phone: (415) 553-1115
Email: sfpdpermits@sfgov.org
By Appointment Only

Subject: **BACKGROUND CHECK AND CLEARANCE FOR MESSAGE APPLICANT**

We have received the following applicant's information for: Outcall Service
 General Massage Establishment
 Sole Practitioner Massage Establishment

Applicant's Name:		Date:	
Doing Business As (DBA):		BAN:	
Facility Address:			
Home Address:			
Phone Number:		E-Mail:	
Social Security #:		Place of Birth:	
Driver's License # (or ID #/Passport #):		Date of Birth:	
Eye Color:	Hair Color:	Height:	Weight:

*****DO NOT WRITE BELOW – FOR SFPD USE ONLY*****

SFPD, may we please have your recommendation in the space provided below.

Does the applicant qualify for First Year Free (FYF) YES NO

A preliminary criminal background query has indicated:

- In the previous 5 years, the applicant **has not been** convicted of any offenses outlined in San Francisco Health Code Sections 29.29(c)(4) & (5), 29.12.
- In the previous 5 years, the applicant **has been** convicted of one or more of the offenses outlined in San Francisco Health Code Sections 29.29(c) (4) & (5), 29.12.
- The applicant has **any** prior felony or misdemeanor convictions. San Francisco Health Code Sections 29.26(b)(6) and 29.11(b)(7). (List Below)

Prior Felony or Misdemeanors: _____

Reviewed by: _____
INSPECTOR (PRINT) STAR # SIGNATURE

Telephone no: _____ Date: _____

PLEASE EMAIL THIS FORM TO [SFPDPERMITS@SFGOV.ORG](mailto:sfpdpermits@sfgov.org) AND A SFPD STAFF WILL CONTACT YOU TO SCHEDULE YOUR APPOINTMENT. YOU MAY CONTACT THE SFPD PERMITS UNIT FOR THE CURRENT BACKGROUND CHECK FEE.