WESTMINSTER POLICE DEPARTMENT PERMIT APPLICATION CHIROPRACTOR/ACUPUNCTURE

Business/Organization Name							Telephone Purpose for Permit		hit		
Street Address										Zip	
Name	of Applicar	nt			Address/City/Zip					Telephone	
Sex	Hair	Eyes	Height	Weight	Date of Birth	Social Security Number				California Driver's License	
Name	of Owner				Address/City/Zip				Telephone		
Sex	Hair	Eyes	Height	Weight	Date of Birth Social Security Number					California Driver's License	
Name	of Co-Owr	ner			Address/City/Zip					Telephone	
Sex	Hair	Eyes	Height	Weight	Date of Birth		Social Security Number			California Driver's License	
Business Information - Description of Business Activity - goods or services provided to customers											
 NO, we do not offer Acupressure or Massage Therapy at our place of business YES, we do offer Acupressure or Massage Therapy at our place of business If you answered Yes to the question listed above, complete the following: Number of employees performing Massage Therapy at location Number of employees performing Acupressure at location 											
Last pla	ace of bus	iness							Date		
List any arrests and convictions of any violation of law, including vehicle cites/fines over \$15.00											
Any false, misleading or fraudulent statement, whether knowingly or negligently made in connection with this application or in any document required by the Chief of Police, will result in denial or revocation of permit. Permit is not transferable to another person. Filing of an application and payment of fees does not allow applicant to work. The receipt is not a work permit.											
Signat	ignature Date										
	Ple	ase atta	ch the follow	ing documen	ts: Copy of license to Copy of California	•					
OFFIC	CIAL USE	ONLY									
Effecti Date	ve			Expira Date	tion		Permit No.		ate sued		

WPD #452 (Rev. 10/04)