



TOWN OF LOOMIS

Certificate of Compliance

For Massage Therapy License

Principal Licensee: _____
Name

Date of Birth _____ Drivers License #: _____

Permanent Address: _____

General Description of Person in such detail as the Sheriff's Department may require, including fingerprints:

Sub Licensee(s):	_____	_____
	Name	Drivers License #
	_____	_____
	Name	Driver License #
	_____	_____
	Name	Driver License #
	_____	_____
	Name	Driver License #

The following person - **has complied** **has not complied**

with the provisions of this section. _____
Town Representative Date

The Sheriff's Office recommends that the license be **Approved** or **Denied** , based on the results of a records check, and pursuant to the Loomis Municipal Code Section 5.08.080 (f)

Sheriff's Office Signature

Upon the recommendation of the Sheriff's Office, the Town Manager hereby **Accepts** or **Denies** the application for a Certificate of Compliance pursuant to the Loomis Municipal Code

Town Manager, Sean Rabé

5.08.080 (f)

If there is any evidence of misrepresentation made in any statement or application, or if the investigation of an applicant discloses that the granting of the license applied for may be detrimental to the public peace, morals, health, safety or general welfare, or that the applicant has been convicted of any violation of law involving moral turpitude, the chief of police shall recommend that the license be denied. The Town Manager shall accept or deny, upon the recommendation of the chief of police, any application for a license.