CITY OF DEL MAR
1050 CAMINO DEL MAR
DEL MAR, CA 92014 (858) 755-9313

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APPLICATION FOR OPERATIONS PERMIT: HOLISTIC HEALTH PRACTITIONER EXEMPTION

APPLICATION MUST BE SUBMITTED IN PERSON

YOU ARE REQUIRED TO SUBMIT THE FOLLOWING DOCUMENTS WITH YOUR REGISTRATION:

____ Photo identification (i.e., California Driver's License) & CAMTC Certificate #_____
____ Two passport quality, 2" x 2" photos
____ Copy of diploma and transcript from a recognized school of massage, verifying 1000 hours of training
____ Proof of membership in a state or nationally chartered Holistic Health Organization
____ City of Del Mar Business License Certificate application through HDL.

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(PRINT OR TYPE, ONLY)

Name: _____ (____) _____
(Last) (First) (Middle) (Residence Phone)

Address: _____
(Number) (Street) (City) (State) (Zip)

Driver's License No: _____ Soc. Sec. No: _____

Business
Address: _____ (____) _____
(Number) (Street) (City) (Zip) Telephone

State-recognized school of massage attended: _____

Address: _____
(Number) (Street) (City) (State) (Zip)

Telephone: (____) _____ Date of graduation: _____

Name of State and/or nationally chartered holistic health organization to which you belong?

_____

Address: _____ (____)_____
Telephone

Date of Enrollment: _____ Type of documentation submitted: _____

_____ _____
Signature of Applicant Date

I CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION I HAVE GIVEN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Accepted by: _____ Date: _____