

CITY OF ROCK HILL

MISSOURI

REQUEST FOR MASSAGE THERAPY, SOLICITOR, CANVASSER OR LIQUOR LICENSE APPROVAL

CHOOSE ONE: ☐ LIQUOR LICENSE ☐ EMPLOYMENT ☐ SOLICITOR/CANVASSER LICENSE

1. PLEASE PRINT:

LAST NAME _____ FIRST NAME _____ MIDDLE _____

RACE _____ SEX _____ HEIGHT _____ WEIGHT _____ AGE _____

DATE OF BIRTH _____ CITY AND STATE OF BIRTH _____

CURRENT ADDRESS

STREET _____

CITY _____ STATE _____ ZIP _____ PHONE NUMBER _____

SOCIAL SECURITY NUMBER _____ DRIVERS LICENSE NUMBER _____

NAME OF BUSINESS/ORGANIZATION: _____

BUSINESS/ORGANIZATION'S PERMANENT ADDRESS: _____

2. APPLICANT MUST SUPPLY A STATE-ISSUED PHOTO ID. MASSAGE THERAPY APPLICANTS MUST PROVIDE A COPY OF THEIR STATE-ISSUED MASSAGE THERAPY LICENSE.

3. ALL APPLICANTS MUST OBTAIN A CRIMINAL HISTORY BACKGROUND CHECK THROUGH THE MISSOURI HIGHWAY PATROL AND SUBMIT IT WITH THIS APPLICATION. THIS CAN BE DONE ONLINE AT <https://www.machs.mshp.dps.mo.gov>.

4. HAVE YOU EVERY BEEN CONVICTED OF A CRIME, OTHER THAN A MINOR TRAFFIC VIOLATION? PLEASE EXPLAIN (INCLUDE THE COURT IN WHICH THE CONVICTION WAS OBTAINED AND THE SENTENCE IMPOSED).

5. PHYSICAL DESCRIPTION OF CARDHOLDER (FOR SOLICITOR OR CANVASSER ONLY):

HEIGHT: _____ WEIGHT: _____ HAIR: _____ EYES: _____

6. MAKE, MODEL & YEAR OF VEHICLE TO BE USED BY CARDHOLDER (FOR SOLICITOR OR CANVASSER ONLY):

LICENSE PLATE NUMBER: _____ STATE: _____

APPLICANT SIGNATURE

DATE

PROCESSED BY: _____ DSN: _____ DATE: _____

RECOMMENDED/ NOT RECOMMENDED BY THE CHIEF OF POLICE (DATE) _____