



# Hypnotherapist Application

## Type of Application

New

## Applicant Identifying Information

Last Name:		First Name:		MI:
Address (No P.O. Box):				
Date of Birth:		Social Security #:		
California Driver's License #:				
Height:	Weight:	Eye Color:	Hair Color:	

## Applicant Contact Information

Home Phone #:		Work Phone #:
Cell Phone #	Email Address:	

## Applicant's Residence History – Past Five Years

Current:	From (month/year):
	To (month/year):
Previous:	From (month/year):
	To (month/year):
Previous:	From (month/year):
	To (month/year):
Previous:	From (month/year):
	To (month/year):

## Applicant's Employment History – Past Five Years

Current:	From (month/year):
	To (month/year):
Previous:	From (month/year):
	To (month/year):
Previous:	From (month/year):
	To (month/year):
Previous:	From (month/year):
	To (month/year):
Previous:	From (month/year):
	To (month/year):

**List Businesses within the Last Two Years Where You Have Practiced Hypnotherapy**

Business Name: Address:	Phone:
From (month/year):	To (month/year):
Business Name: Address:	Phone:
From (month/year):	To (month/year):
Business Name: Address:	Phone:
From (month/year):	To (month/year):
Business Name: Address:	Phone:
From (month/year):	To (month/year):

**Business Where Applicant Intends to Work Information**

Business Name:
Business Physical Address:
Business Mailing Address: <input type="checkbox"/> Same as above

**Business Ownership Information**

<input type="checkbox"/> Sole Ownership	Partnership <input type="checkbox"/> General <input type="checkbox"/> Limited	<input type="checkbox"/> Corporation
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**Business Owner Information**

Last Name:	First Name:	MI:
Address (No P.O. Box):		

**Property Owner or Manager Information**

<input type="checkbox"/> Owned by Applicant	<input type="checkbox"/> Leased	<input type="checkbox"/> Rented
Owner's/Manager's Name:		
Address:		
Phone Number:		

Business Partner Identifying Information			<input type="checkbox"/> NA
Last Name:	First Name:	MI:	
Address (No P.O. Box):			
Date of Birth:	Social Security #:		
California Driver's License #:			

Business Partner Contact Information	
Home Phone #:	Work Phone #:
Cell Phone #	Email Address:

Business Partner's Residence History – Past Five Years	
Current:	From (month/year):
	To (month/year):
Previous:	From (month/year):
	To (month/year):
Previous:	From (month/year):
	To (month/year):
Previous:	From (month/year):
	To (month/year):

Business Partner's Employment History – Past Five Years	
Current:	From (month/year):
	To (month/year):
Previous:	From (month/year):
	To (month/year):
Previous:	From (month/year):
	To (month/year):
Previous:	From (month/year):
	To (month/year):

Corporation Information		<input type="checkbox"/> NA
Name of Corporation:		
Date of Incorporation:		
Name of the Registered Corporate Agent:		
Address of the Registered Office for service of process:		
Names and Capacity of all Officers and Directors		
Name:	Capacity:	

**Description of Business**

Provide a description of the type of hypnotherapist business for which the permit is requested:

**New Application Fingerprinting Information (not for Renewals)**

Hypnotherapist applicants must be fingerprinted. Read the "Request for Livescan Instruction Sheet." Once you have completed your fingerprint appointment, notify the Permits office (866-2188) that you have completed your appointment so they can monitor the results from the Department of Justice.

**New Application Attachment Checklist (not for Renewals)**

- Fingerprint application and copy of receipt.
- Two portrait photographs at least 2" x 2" in size of all applicants.
- If it is a partnership, a copy of the partnership agreement and whether or not it is general or limited.
- If it is a corporation, evidence that it is in good standing under the laws of California.
- If the applicant intends to operate the business under a name other than that of the applicant, proof of registration of the fictitious name.
- Certificates of education and training to conduct hypnotherapy.

**Signature & Verification**

- I affirm that the information provided in this application, including in all attachments, is true and correct.
- I understand that a material omission or misstatement of fact in this license application is grounds for denial, suspension, or revocation of an adult oriented business permit.
- I certify that all information contained in this application is complete and accurate.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Turning in the New Application (not for Renewals)**

Bring with you the completed application, all attachments and the Police Department Application Fee. Once received, a City Council Report will be prepared for an upcoming City Council meeting. Once the City Council renders a decision on your application, you will be contacted with the results. Provide the address to which the notice of action on the application is to be mailed:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

**Hypnotherapist Applications to the Police Department are accepted by  
Appointment Only  
408-866-2188**

**FOR CAMPBELL PD INTERNAL USE ONLY**

<b>Application Received</b>	<b>Fingerprints Cleared</b>	<b>City Council Meeting</b>	<b>Application Granted</b>	<b>Application Denied</b>	<b>Permit Issued</b>
_____	_____				
<b>Date</b>	<b>Date</b>				
_____	_____	_____	_____	_____	_____
<b>Name</b>	<b>Name</b>	<b>Date</b>	<b>Date</b>	<b>Date</b>	<b>Date</b>