

Application for City Registration Permit Massage Establishment

File # _____
Date _____
New _____ Renewal _____

The City of Pleasanton requires that all massage establishments in Pleasanton hold a Pleasanton Police Department City Registration Permit. If you want to operate a massage business in Pleasanton, you must apply with the Pleasanton Police Department. Please provide the information below:

Applicant's Name _____
Include last, first, middle, and all other names (e.g., nicknames, a.k.a.'s, maiden, and former married names) _____

Home Address _____

City _____ Zip _____ Years at this address: _____

Phone (Home) _____ (Cell) _____

Phone (Business) _____

E-mail _____

Date of Birth _____ Place of Birth _____

CA Driver License or Other Government-Issued I.D. _____

Height _____ Weight _____ Hair color _____ Eye color _____

Establishment Name _____

Establishment Address _____

Establishment Phone _____

Form of business (e.g., sole proprietorship, corporation) _____

Do you intend to personally provide massage at the business? (circle) Yes No

If Yes, list your CAMTC Certificate/PPD Permit #: _____ Expires: _____

Pleasanton Police Department massage technician permits are no longer being issued; the current permits are void when they expire.

You must submit fingerprints for a background check. The Police Department will take the fingerprints and forward them to the Department of Justice and FBI for processing. A non-refundable fee of **\$76** is charged.

You must provide two recent, identical, passport-size, color photographs. If necessary, the Police Department will take additional photographs.

The non-refundable application fee for a City Registration Permit is **\$100**, payable by cash, cashier's check, money order, or personal check payable to the City of Pleasanton.

OWNERS: Do you own the massage business? (circle) Yes No
If anyone other than you owns the massage business, list the names, home and business addresses, and telephone numbers of all massage business owners.

Name _____
Home Address _____
City _____ State _____ Zip _____
Business Address _____
City _____ State _____ Zip _____
Home Phone Number _____ Cell Phone Number _____

Name _____
Home Address _____
City _____ State _____ Zip _____
Business Address _____
City _____ State _____ Zip _____
Home Phone Number _____ Cell Phone Number _____

PERMIT HISTORY: List all professional or vocational licenses, permits or certificates ("Permit") related to massage that you have held.

Type of Permit _____
Issued by _____ City or County _____
Date of Issuance _____ Still in Effect? (circle) Yes No
Was the Permit denied, revoked or suspended? (circle) Yes No
If Yes, please explain why _____

PERMIT HISTORY

Type of Permit _____
Issued by _____ City or County _____
Date of Issuance _____ Still in Effect? (circle) Yes No
Was the Permit denied, revoked or suspended? (circle) Yes No
If Yes, please explain why _____

Type of Permit _____
Issued by _____ City or County _____
Date of Issuance _____ Still in Effect? (circle) Yes No
Was the Permit denied, revoked or suspended? ? (circle) Yes No
If Yes, please explain why _____

ROSTER: List the name, date of birth, address, telephone number, and job of each massage technician, employee, and independent contractor who is or will be working at the massage establishment.

Name _____ Date of Birth _____
Home Address _____
City _____ State _____ Zip _____
Home Phone Number _____ Cell Phone Number _____
Job: _____
CAMTC Certificate/PPD Permit Number: _____ Expiration: _____

ROSTER

Name _____ Date of Birth _____
Home Address _____
City _____ State _____ Zip _____
Home Phone Number _____ Cell Phone Number _____
Job: _____
CAMTC Certificate/PPD Permit Number: _____ Expiration: _____
Name _____ Date of Birth _____
Home Address _____
City _____ State _____ Zip _____
Home Phone Number _____ Cell Phone Number _____
Job: _____
CAMTC Certificate/PPD Permit Number: _____ Expiration: _____
Name _____ Date of Birth _____
Home Address _____
City _____ State _____ Zip _____
Home Phone Number _____ Cell Phone Number _____
Job: _____
CAMTC Certificate/PPD Permit Number: _____ Expiration: _____
Name _____ Date of Birth _____
Home Address _____
City _____ State _____ Zip _____
Home Phone Number _____ Cell Phone Number _____
Job: _____
CAMTC Certificate/PPD Permit Number: _____ Expiration: _____

ROSTER

Name _____ Date of Birth _____
Home Address _____
City _____ State _____ Zip _____
Home Phone Number _____ Cell Phone Number _____
Job: _____
CAMTC Certificate/PPD Permit Number: _____ Expiration: _____
Name _____ Date of Birth _____
Home Address _____
City _____ State _____ Zip _____
Home Phone Number _____ Cell Phone Number _____
Job: _____
CAMTC Certificate/PPD Permit Number: _____ Expiration: _____

EMPLOYMENT HISTORY: List your employment history within the past 10 years.

Business Name _____ Phone Number _____
Address _____
City _____ State _____ Zip _____
Employed from ___ / ___ to ___ / ___ Position(s) held _____
Was this a massage business or similar business? (circle) Yes No

EMPLOYMENT HISTORY

Business Name _____ Phone Number _____
Address _____
City _____ State _____ Zip _____
Employed from ___/___/___ to ___/___/___ Position(s) held _____
Was this a massage business or similar business? (circle) Yes No

Business Name _____ Phone Number _____
Address _____
City _____ State _____ Zip _____
Employed from ___/___/___ to ___/___/___ Position(s) held _____
Was this a massage business or similar business? (circle) Yes No

Business Name _____ Phone Number _____
Address _____
City _____ State _____ Zip _____
Employed from ___/___/___ to ___/___/___ Position(s) held _____
Was this a massage business or similar business? (circle) Yes No

Business Name _____ Phone Number _____
Address _____
City _____ State _____ Zip _____
Employed from ___/___/___ to ___/___/___ Position(s) held _____
Was this a massage business or similar business? (circle) Yes No

CRIMINAL OFFENSES: In the past ten years, have you been convicted or entered a plea of no contest to any offense other than a traffic violation? (circle) Yes No
If yes, complete following:

Offense: _____	Date of Offense: _____
Arresting Agency: _____	Court: _____
Plea: _____	Has the record been expunged? (circle) Yes No

Offense: _____	Date of Offense: _____
Arresting Agency: _____	Court: _____
Plea: _____	Has the record been expunged? (circle) Yes No

Offense: _____	Date of Offense: _____
Arresting Agency: _____	Court: _____
Plea: _____	Has the record been expunged? (circle) Yes No

CRIMINAL CHARGES: Do you have any criminal charges, other than a traffic violation, pending against you? (circle) Yes No If yes, complete following:

Offense: _____	Date of Offense: _____
Arresting Agency: _____	Court: _____
Court Address: _____	
Case Number: _____	Court Date: _____

Offense: _____	Date of Offense: _____
Arresting Agency: _____	Court: _____
Court Address: _____	
Case Number: _____	Court Date: _____

PROPERTY: If you do not own the property on which the massage business is proposed to be located, you must submit a copy of the lease and the property owner's acknowledgment that a massage business is proposed to be conducted on the site. A massage business is prohibited from operating at a location at which a (1) City Registration Permit is currently revoked and one year has not lapsed since the revocation; or (2) another massage business was operating at the proposed location and that business has outstanding fines or penalties as a result of violations of PMC Chapter 6.24 (Massage). List the property owner and lessor's names, addresses and phone numbers.

Property Owner's Name _____
Address _____
City _____ State _____ Zip _____
Phone Number _____
Lessor's Name (if different than Property Owner) _____
Address _____
City _____ State _____ Zip _____
Phone Number _____

You must show proof that the massage business has commercial general liability insurance in an amount not less than \$2,000,000 per occurrence. If you intend to have one or more employees, you must show workers' compensation insurance in amounts required by law.

If you need additional room to completely answer the questions, add additional sheets.

You must keep current the information provided to the Police Department. For example, if the business wants to use a new CAMTC certified massage practitioner, before providing massage, the person must register with the Police Department and the massage business must update its employee and independent contractor roster.

I understand, acknowledge, and agree that I am responsible for the conduct of the massage business and massage business's employees and independent contractors, and that failure to comply with the California Business and Professions Code Chapter 10.5 (Massage Therapy Act), and any other applicable state, federal, or local (including, but not limited to, the Pleasanton Municipal Code) law may result in suspension or revocation of the City Registration Permit, and other additional administrative, criminal, or civil fines, penalties and actions.

I hereby declare, under penalty of perjury, that the foregoing is true and correct.

Applicant's Signature: _____ Date: _____
Print Name: _____ Place: Pleasanton, California



MASSAGE ESTABLISHMENTS

This form is to be completed by the massage establishment owner* when applying for a zoning certificate and when there are personnel and/or subleasing changes at the massage establishment. When complete, please return the form, a copy of the Police Department City Registration Permit for the massage establishment, copies of the Police Department permits or California Massage Therapy Council certificates for each massage technician (including independent technicians), and the completed zoning certificate application to the Planning Department.

Owner of Massage Establishment _____
 Address of Massage Establishment _____
 Phone Number _____

Total Number of Massage Technicians to Work at the Massage Establishment (including all employed and independent contractor massage technicians) _____

TECHNICIAN INFORMATION

Name of Each Massage Technician (Include All Employed and Independent Technicians)	Hours of Operation
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

 Signature of Massage Establishment Owner
 Printed Name _____ Date _____

*Only one massage establishment owner is allowed per tenant suite. If the tenant suite is subleased to independent massage technicians, the leaser or lessor's designee should be the massage establishment owner. On this form, the massage establishment owner must include all technicians who are subleasing space and all employed technicians and independent contractors. If the massage establishment owner is providing massages, the owner must list his/her name and hours of operation in the technician information section above. **If you have any questions, please contact the City of Pleasanton Planning Department at 200 Old Bernal Avenue, P.O. Box 520, Pleasanton, CA 94566 or by phone at (925) 931-5600.**

**Pleasanton Police Department
California Massage Therapy Council Certificate Holder
Acknowledgment**

I, _____, am certified to practice massage by the California Massage Therapy Council (CAMTC) pursuant to California Business and Professions Code Chapter 10.5 (Massage Therapy Act). I intend to practice massage in the City of Pleasanton and have filed with the City of Pleasanton evidence of the CAMTC certificate. I acknowledge that I must comply with all of the requirements in Pleasanton Municipal Code Chapter 6.24 (Massage) and all other applicable laws and regulations.

I declare, under penalty of perjury that the foregoing is true and correct.

Signed: _____ Date: _____

Print Name: _____ Place: Pleasanton,
California

Witness Signed: _____ Date: _____

Print Name: _____ Place: Pleasanton,
California