

Pacifica Police Department

MESSAGE THERAPY BUSINESS REGISTRATION APPLICATION

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|--|---|----------|--|
| Application Type: | Fees: | | |
| <input type="checkbox"/> Owner/Operator | New Application-Non-CMTC&Non-Practitioner | \$378.00 | |
| <input type="checkbox"/> Mobile Massage | Non-CMTC- Live Scan (Plus DOJ & FBI Fee) | \$30.00 | |
| Business Type: | New Application-CMTC (Owner/Practitioner) | \$58.00 | |
| <input type="checkbox"/> Sole Proprietor | Renewal or Amendments to Applications | \$29.00 | |
| <input type="checkbox"/> Partnership | | | |
| <input type="checkbox"/> Corporation | | | |

This application must be complete with full payment of fees and all required documents attached. *If there is more than one business owner, please complete this page for each owner.*

Please print the following:

Legal Name of Owner: _____ Percentage of Ownership: _____

Aliases: _____ Birthdate/Place: _____
Month/Day/Year City/State

Home Address: _____

HomePhone: _____ Cell Phone: _____ Work Phone: _____

Male Social Security#: _____ Driver License/ID#: _____
 Female Height: _____ Weight: _____ Eye Color: _____
Hair Color: _____ Sears/Tattoos: _____
Type/Location

California Massage Therapy Council Certification Number: _____ Expiration Date: _____
If Owner is not CAMTC certified, a background check is required. If Owner is o/so a Massage Practitioner, CAMTC certification Is required.

Legal Name of Business: _____ Business Phone: _____

Business Address: _____

I hereby declare under penalty of perjury that the above statements are true and correct to the best of my knowledge and belief. I further understand that any false, misleading or fraudulent statements in this application or other document submitted in conjunction herewith is grounds for denial, suspension and/or revocation of a permit issued pursuant to Title 5, Chapter 19 of the Pacifica Municipal Code.

Name:

Signature:

Date

The following documents must be submitted with this application:

- A list of all massage practitioners, employees and independent contractors, performing massage for this business. *Any changes in employees must be reported to Pacifica Police Department within one business day of new hire or termination.*
- California Massage Therapy Council (CAMTC) certificate for each massage practitioner.
- Copy of California Driver License or other photo ID issued by State/Federal Government agency for each owner and massage practitioner.

Area below to be completed by Pacifica Police Department personnel

Fee Amount of fee collected _____ Receipt Number: _____

Date Application Received: _____ By: _____

- DMV
- Other State/Federal photo ID: _____
- Use Permit (Planning)
- Business License (Finance)
- Code Check (Fire/Building/Health)

Approval Signature:

Date Permit Issued:

