



MASSAGE ESTABLISHMENT PERMIT APPLICATION

(Los Altos Municipal Ordinance Code Chapter 4.20 – Massage Businesses)

DATE	<input type="checkbox"/> NEW APPLICATION <input type="checkbox"/> RENEWAL <p style="text-align: right;"><i>If approved, Certificate No.</i></p>				
PROPOSED BUSINESS					
BUSINESS NAME				BUSINESS PHONE ()	
BUSINESS ADDRESS					
TYPE OF ESTABLISHMENT (spa, salon, massage, foot spa, sports facility, etc.)					
NATURE OR TYPE OF MASSAGE OR BODYWORK TO BE PROVIDED					
NUMBER OF PEOPLE WHO WILL WORK AS MASSAGE THERAPISTS AND EMPLOYEES					
APPLICANT INFORMATION					
Each “Owner” of the massage establishment and the “Managing Employee” are required to submit the following:					
NAME (last, first, middle)				DATE OF BIRTH	
AKA OR NICKNAMES				PRIMARY PHONE ()	
SEX	WEIGHT	HEIGHT	EYE COLOR	HAIR COLOR	
CA DRIVERS LICENSE	CA ID NUMBER	SOCIAL SECURITY - -		CAMTC NUMBER	
HOME ADDRESS				DATES FROM/TO	
PREVIOUS ADDRESS IF LESS THAN 7 YEARS				DATES FROM/TO	
APPLICANT EMPLOYMENT HISTORY					
Two (2) most recent employers within the last seven (7) years					
1. BUSINESS NAME				BUSINESS OWNER	
BUSINESS ADDRESS				BUSINESS PHONE ()	
POSITION HELD BY APPLICANT				DATES FROM/TO	
2. BUSINESS NAME				BUSINESS OWNER	
BUSINESS ADDRESS				BUSINESS PHONE ()	
POSITION HELD BY APPLICANT				DATES FROM/TO	

APPLICANT EMPLOYMENT HISTORY (CONTINUED)

Any other massage facility/businesses where applicant was employed or self-employed within past ten (10) years

1. BUSINESS NAME	BUSINESS OWNER
BUSINESS ADDRESS	BUSINESS PHONE ()
POSITION HELD BY APPLICANT	DATES FROM/TO
2. BUSINESS NAME	BUSINESS OWNER
BUSINESS ADDRESS	BUSINESS PHONE ()
POSITION HELD BY APPLICANT	DATES FROM/TO
3. BUSINESS NAME	BUSINESS OWNER
BUSINESS ADDRESS	BUSINESS PHONE ()
POSITION HELD BY APPLICANT	DATES FROM/TO
4. BUSINESS NAME	BUSINESS OWNER
BUSINESS ADDRESS	BUSINESS PHONE ()
POSITION HELD BY APPLICANT	DATES FROM/TO

CAMTC CERTIFIED MESSAGE THERAPISTS WORKING AT THE MESSAGE BUSINESS

Current Roster-Employee List (if more than 8 therapists, include additional Name/CAMTC info on a separate page)

1. NAME (last, first, middle)	CAMTC CERTIFICATE NUMBER
2. NAME (last, first, middle)	CAMTC CERTIFICATE NUMBER
3. NAME (last, first, middle)	CAMTC CERTIFICATE NUMBER
4. NAME (last, first, middle)	CAMTC CERTIFICATE NUMBER
5. NAME (last, first, middle)	CAMTC CERTIFICATE NUMBER
6. NAME (last, first, middle)	CAMTC CERTIFICATE NUMBER
7. NAME (last, first, middle)	CAMTC CERTIFICATE NUMBER
8. NAME (last, first, middle)	CAMTC CERTIFICATE NUMBER

Required to update the above roster when adding or deleting employees within 5 days of the change

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APPLICANT - ANSWER EACH OF THE FOLLOWING QUESTIONS AND EXPLAIN ANY “YES” ANSWERS IN THE SPACE PROVIDED BELOW

Have you had any criminal convictions for offenses other than traffic violations within the ten (10) years preceding the date of the application?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are there any criminal charges pending against you at the time of this application, other than traffic citations? If so, provide the name and location of the court in which the criminal charges are pending and the applicable case numbers.	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever had a license, certificate or permit related to the practice of massage, or the operation of a Massage Establishment, or other business involving the practice of massage, suspended or revoked within the ten (10) years preceding the date of the application? If so, provide the dates and reasons for any such suspensions or revocations, and the name and location of the jurisdiction or public agency which suspended or revoked such license, permit or certificate.	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever operated or been employed at any business which has been the subject of an abatement proceeding under the California Red Light Abatement Act (California Penal Code Sections 11225 through 11325) or any similar laws in other jurisdictions? If so, provide the name and address of the business, the dates on which you were employed at such business, the name and location of the court in which the abatement action occurred, the applicable case number and the outcome of the abatement action.	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you previously applied to the City for a Massage Establishment Permit? If so, provide the date of the previous application and any other name(s) under which the application was made.	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever been required to register under the provisions of California Penal Code 290, or a similar law in another state?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever made a false, misleading or fraudulent statement or omission of fact in his/her application or other materials submitted with the application?	<input type="checkbox"/> YES <input type="checkbox"/> NO

Explain answers marked “YES” here:

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APPLICANT – PROVIDE COPIES OF THE FOLLOWING DOCUMENTATION

The name and address of the owner of the real property upon or in which the business is to be conducted. In the event the applicant is not the legal owner of the property, the application must be accompanied by a copy of the lease and a notarized acknowledgment from the owner of the property that a Massage Establishment will be located on his/her property.	PROVIDED <input type="checkbox"/> YES <input type="checkbox"/> NO
Proof of malpractice insurance in the sum of not less than one hundred thousand dollars (\$100,000.00) per Massage Therapist licensed, or to be licensed, at the Massage Establishment up to a maximum of five hundred thousand dollars (\$500,000.00); this requirement can be satisfied by malpractice insurance being provided in the name of individual Massage Therapist or establishment.	PROVIDED <input type="checkbox"/> YES <input type="checkbox"/> NO

APPLICANT - PROVIDE COPIES OF THE FOLLOWING DOCUMENTATION (CONTINUED)	
If the applicant is a corporation or limited liability company, the name of the corporation or company shall be set forth exactly as shown in its articles of incorporation or charter, together with the state and date of incorporation and the names and home addresses of each of its current officers and directors, and of each stockholder or member holding more than five percent (5%) of the stock or ownership of that corporation or company.	PROVIDED <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
If the applicant is a partnership, the application shall set forth the name and home address(es) of each of the partners, including limited partners. If the applicant is a limited partnership, it shall furnish a copy of its certificate of limited partnership as filed with the Secretary of State. If one or more of the partners is a corporation, the provisions of this subsection pertaining to corporate applicants shall apply to the corporate partner as well.	PROVIDED <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
LAMC 4.20.080 – Register of Massage Therapists The holder of a Massage Establishment Permit shall provide a copy of the register of all certified massage therapists or certified massage practitioners providing massage at the establishment, including independent contractors and rent-space therapists, and each such person’s state certificate number, home address, date of hiring, and whether the massage therapist or massage practitioner will be performing outcall massages.	APPLICANT AGREES <input type="checkbox"/> YES <input type="checkbox"/> NO
The permit holder agrees to provide an amended copy of the register shall be provided to the chief within five (5) days of the date of hiring, commencement of services, or termination of services by each massage therapist or massage practitioner at the establishment?	APPLICANT AGREES <input type="checkbox"/> YES <input type="checkbox"/> NO
The holder of a Massage Establishment Permit shall report within five (5) days to the Chief of Police, or his or her designee any of the following: (1) Arrests of any massage therapist, massage practitioner, employee or owner for an offense other than a misdemeanor traffic offense; or (2) Any disciplinary action taken by the CAMTC regarding a massage therapist or massage practitioner and submit a copy of any notice or order	APPLICANT AGREES <input type="checkbox"/> YES <input type="checkbox"/> NO
APPLICANT – AGREES TO THE FOLLOWING CONDITIONS	
Authorization for the City, its agents and employees, to seek information and to conduct an investigation into the truth of the statements set forth in the application and into the background of the applicant?	APPLICANT AGREES <input type="checkbox"/> YES <input type="checkbox"/> NO
The applicant agrees to advise the City in writing of any change of address or change in fact(s) represented to the City which may occur during the City's processing of the application?	APPLICANT AGREES <input type="checkbox"/> YES <input type="checkbox"/> NO
To provide other related information requested by the Police Chief in order to evaluate the background and qualifications of the applicant for the permit sought. This may include information or documentation to indicate whether the Massage Therapist is affiliated with or a member of any recognized national or state massage therapy association or organization?	APPLICANT AGREES <input type="checkbox"/> YES <input type="checkbox"/> NO
It is unlawful for any person to open or operate a Massage Establishment or be self-employed in massage therapy (sole provider) without obtaining and maintaining in effect a City business license and paying a business license tax as required by Chapter 4.04 of this Code. No business license shall be issued to a Massage Establishment until the investigation is completed and the Massage Establishment Permit is approved.	APPLICANT AGREES <input type="checkbox"/> YES <input type="checkbox"/> NO

The Police Chief shall grant or deny the application for a Massage Establishment Permit within thirty (30) calendar days of the applicant's submission of the application and all required supplementary material. When necessary to conduct a complete investigation of an application, the Police Chief may extend this time to a maximum of sixty (60) calendar days. Granting of a permit requires the Massage Establishment to be in compliance with Title 14 of this Code – Proof of Malpractice Insurance.

APPLICANT AGREES
 YES NO

STATEMENT AND SIGNATURE OF APPLICANT

REMEMBER TO ATTACH

- Any additional pages needed to complete this application
- Required information regarding each partner, director, officer, managing employee and stockholder
- Required information regarding each massage therapist and employee

I have read and understand Los Altos Municipal Ordinance Code Chapter 4.20 – Massage Businesses, including section 4.20.140 – Suspension and revocation of massage establishment permit, and agree to abide by the regulations in Chapter 4.20.

Under penalty of perjury I have not knowingly and with the intent to deceive made any false, misleading or fraudulent statements or omissions of act in this application or any other documents required by the City to be submitted with the application.

Signature of Applicant: _____ **Date:** _____



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI (Code assigned by DOJ)

Authorized Applicant Type

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

Agency Authorized to Receive Criminal Record Information

Mail Code (five-digit code assigned by DOJ)

Street Address or P.O. Box

Contact Name (mandatory for all school submissions)

City State ZIP Code

Contact Telephone Number

Applicant Information:

Last Name

First Name Middle Initial Suffix

Other Name
(AKA or Alias) Last

First Suffix

Date of Birth Sex Male Female

Driver's License Number

Height Weight Eye Color Hair Color

Billing Number
(Agency Billing Number)

Place of Birth (State or Country) Social Security Number

Misc. Number
(Other Identification Number)

Home Address Street Address or P.O. Box

City State ZIP Code

Your Number: _____
OCA Number (Agency Identifying Number)

Level of Service: DOJ FBI

If re-submission, list original ATI number:
(Must provide proof of rejection)

Original ATI Number

Employer (Additional response for agencies specified by statute):

Employer Name

Mail Code (five digit code assigned by DOJ)

Street Address or P.O. Box

City State ZIP Code

Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency LSID

ATI Number

Amount Collected/Billed

Information for Staff Assisting Massage Establishment Applicant

Los Altos Municipal Code Chapter 4.20 – Massage Businesses

Payment is due at time of filing the application for a Massage Establishment Permit.

Applicants shall pay current fee established by resolution of the City Council.

All fees shall be non-refundable.

Applicant ensure all supporting documentation is provided with the application.

If the application is incomplete, the Police Chief has the authority to deny the application.

DOCUMENTATION TO BE PROVIDED BY APPLICANT:

(Verify receipt by checking off, then attach the docs in order to the application)

- Copy of California Driver License or Identification Card – To prove both identity and over the age of 18.
- Live Scan BCIA 8016 form – This is only required for Non-State Certificate holders. The applicant will choose an agency that performs “Applicant Fingerprints”, pay all costs associated with such submittal. The applicant will complete the live scan fingerprints first, then turn in their application next. If done correctly, the applicant will have a copy of the BCIA 8016 form filled out with an ATI# written at the bottom of the form to include with the application documents.
- Full color recent photograph (2 inches x 2 inches) of the applicant.
- Copy of California Massage Therapy Council Card
- Copy of California Massage Therapy Council Certificate
- Name/Address of Property Owner; copy of the Lease Agreement if the applicant is not the legal owner of the property.
- Notarized letter w/owner acknowledgment that Massage Establishment will be on his/her property.
- Proof of Malpractice Insurance in sum of not less than \$100,000 per licensed Massage Therapist, or to be licensed, at the Massage Establishment up to a maximum of \$500,000; this can be satisfied by malpractice insurance being provide in the name of individual Massage Therapist or establishment.
- Documents proving the applicant is a corporation/limited liability company, et al -or- Documents proving the applicant is a partnership or limited partnership etc. The City is interested in all parties financially vested in the business and require the names and home addresses of each of them.

Staff receiving application, documentation & payment

Massage Establishment Permit Fee Received?

YES NO

\$ _____ Cash/Check/CC _____
Name & Badge _____ Date _____

System Checks Completed by

Badge: _____ Date: _____

- CII / III received & reviewed
 - PFN Queried - No Match / PFN _____
 - Driver's License
 - Person Inquiry - Clear? Yes No
- (Note: Print and attach backup if applies)

Chief of Police – Sign & Date

Approve Deny Revoke