



## Massage Establishment Permit Application

Please fill out completely and accurately and submit to the Scotts Valley Police Department. All statements are subject to verification and any incorrect statements may result in the denial/revocation of your Massage Establishment Permit. If extra space is needed, use a separate piece of paper. If there are multiple owners of the business, each owner must fill out an application. Please note, if there has been a change of massage therapy professionals, the owner's address or telephone number, or the phone number or location of the massage establishment, you must provide such information to the Scotts Valley Police Department within ten days of such change.

**NEW REGISTRATION** \_\_\_\_\_

**RENEWAL** \_\_\_\_\_

**UPDATE** \_\_\_\_\_

### APPLICATION WILL NOT BE PROCESSED WITHOUT THE FOLLOWING DOCUMENTS:

- ✓ Copy of the Applicant's driver's license or other photographic identification card.
- ✓ For each individual who will be performing massage therapy, a copy of his/her California Massage Therapy Council (CAMTC) certificate and CAMTC issued identification card.
- ✓ For owners who are not certified by CAMTC, a LiveScan and background check is required.
- ✓ Application must be signed and dated on the last page.

Legal Massage Business Name		Date	
Business Address/City/State/Zip			
Contact Person	Primary Contact Number	Alternate Contact Number	
Email Address			

Submit a valid/current driver's license or picture ID bearing a bona fide seal issued by a state, federal government agency or foreign government for each owner. Each owner must complete his/her own, individual application. Include general/limited partners, 5% ownership, etc.

Owner's Legal Name		CAMTC #	
Business Address/City/State/Zip			
Primary Business #		Residence/Cell Contact #	
Residence Address/City/State/Zip			
<b>Scotts Valley Police – Signature / Date</b>		<b>BACKGROUND CHECK      CAMTC Verified</b>	



## Massage Establishment Permit Application

List your employment history for the last two years as an owner or operator of a massage establishment, and/or as a massage therapist or practitioner, beginning with your present or most recent employer. Attach a written supplement if necessary. (If you are CAMTC Certified the information below is not required.)

From	To	Employer	Position / Title
		Address	Telephone

Duties

From	To	Employer	Position / Title
		Address	Telephone

Duties

From	To	Employer	Position / Title
		Address	Telephone

Duties

From	To	Employer	Position / Title
		Address	Telephone

Duties

Have you ever applied for or obtained a permit or license as an owner or operator of a massage establishment, or as a massage therapist or practitioner from this City or any other city, state or federal agency within the last ten years?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, provide details in a written supplement to this application.

Type of License or Permit	Name & address of Agency Involved	Date Issued	Date Expired

## Massage Establishment Permit Application

Have you ever had a permit or license as an owner or operator of a massage establishment, or as a massage therapist or practitioner, denied, revoked, suspended, restricted, withdrawn, or otherwise been disciplined or sanctioned in connection with such a license or permit, within the last ten years?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, provide details and copies of any documentary evidence relating to such denial, revocation, suspension, restriction, or withdrawal in a written supplement to this application.

Type of License or Permit	Name & address of Agency Involved	Date Issued	Date Expired

Have you ever had, or is there currently pending against you a complaint alleging sexual misconduct, professional misconduct, or professional incompetence? This includes a lawsuit, administrative citation, government complaint or summons issued, or an informal complaint such as a complaint made to the applicant or owner of the applicant's place of employment. Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, provide details in a written supplement to this application.

Have you ever been convicted within the last five years of a misdemeanor or felony? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, provide details in a written supplement to this application.

Are you currently required to register as a sex offender, or any similar law in any state or other jurisdiction? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, which state?

### VERIFICATION

I hereby verify under penalty of perjury according to the laws of the State of California that all information contained in this application is true and complete. I authorize the Scotts Valley Police Department to investigate the truth of the information contained in the application. I understand that any fraud, misrepresentation or mistake of fact(s) contained herein will be grounds for denial of this application. I certify that I will only employ or retain CAMTC certified massage professionals. I further certify that I will be responsible for the conduct of all massage establishment operators, employees, agents, independent contractors, or other employees providing services on behalf of the massage establishment. I understand that failure to comply with the City of Scotts Valley's massage therapy regulations, or any federal, state or local law, may result in the suspension or revocation of the massage establishment permit.

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