



**MASSAGE ESTABLISHMENT
REGISTRATION**
SANTA CLARA POLICE DEPARTMENT
601 El Camino Real • Santa Clara • (408) 615-4867



Primary Language: _____

Required Documents:

- Proof of malpractice insurance in the amount \$1,000,000.00 & Workers Compensation & Employer's Liability if applicable
- Copy of lease or notarized acknowledgement from the owner of the property that a massage establishment will be on the property
- Floor plan of establishment (New Applications Only)
- List of services to be provided

Business Information:

Business Name: _____

Business Telephone: _____

Business Address: _____

Street Address

Apartment/Unit#

City

State

Zip Code

Banking institution that will handle the account for business:

Bank

Address

Account #

Name(s) on account:

Name(s) on Lease or Rental Agreement:

Individual(s) that will manage or be primary contact for massage establishment:

Last	First	Phone	Email address

Owner Information:

Full Name: _____
 Last First M.I. Other First

Address: _____
 Street Address Apartment/Unit #

_____ City State Zip Code

Phone #: _____ Email Address: _____

Date of Birth: _____ Social Security #: _____

Driver's License #: _____ Driver's License State: _____

Are you a U.S. Citizen? _____ If not a U.S. Citizen, provide Resident Alien Card #: _____

1) Do you hold a certificate from the California Massage Therapy Council? _____

If yes, please provide certificate #: _____

2) Have you EVER been arrested or convicted of any crime? If YES, please provide the date(s) and nature of offense(s).

3) If you answered YES above, has the charges been dismissed or purged?

4) Have you ever had a permit related to a massage operation revoked or suspended? If yes, please explain?

List previous residential addresses and dates you resided there, for the last three years:

Street	City	State	Dates

List previous employers for the last three years:

Name	Address	Phone	Dates

List history of experience in a massage establishment:

Name	Address	Phone	Dates

List other businesses you own and/or co-own:

Name	Address	Phone	Dates

List all employees:

****Please attach a copy their CAMTC certificate, CAMTC ID card, and Driver License for each employee. (If additional space is needed, please use the back of this page.)**

1.	Last Name	First Name	Alias (Other Names)
	Address	Business License #	Position
2.	Last Name	First Name	Alias (Other Names)
	Address	Business License #	Position
3.	Last Name	First Name	Alias (Other Names)
	Address	Business License #	Position
4.	Last Name	First Name	Alias (Other Names)
	Address	Business License #	Position
5.	Last Name	First Name	Alias (Other Names)
	Address	Business License #	Position
6.	Last Name	First Name	Alias (Other Names)
	Address	Business License #	Position
7.	Last Name	First Name	Alias (Other Names)
	Address	Business License #	Position
8.	Last Name	First Name	Alias (Other Names)
	Address	Business License #	Position
9.	Last Name	First Name	Alias (Other Names)
	Address	Business License #	Position

Signed Acknowledgement:

I have read and understand the provisions of Santa Clara City Code Chapter 5.40, Massage Services and Massage Establishments and will abide fully with those provisions, including but not limited to those listed below (Please initial each item). I understand that failure to comply fully with the provisions of Santa Clara City Code Chapter 5.40 could cause any permit issued, based on information contained in this application, to be revoked or suspended.

- 1) CAMTC Certification is required for all individuals who practice massage therapy in the City of Santa Clara.
- 2) Massage therapists must wear a valid CAMTC identification badge at all times while on the massage premise.
- 3) A copy of the massage therapist identification badge and the original CAMTC certificate must be displayed in an open and conspicuous place on the premises.
- 4) The Massage Establishment Permit must be displayed in an open and conspicuous place on the premises.
- 5) An amended permit must be completed whenever information contained in the original permit changes. This includes addition or removal of employees.
- 6) Massage Establishment Owners are responsible for the conduct of all massage establishment employees, agents, and other representatives when such persons are on the premises of the massage establishment.
- 7) I have been provided a copy of Santa Clara City Code Chapter 5.40
- 8) I have been provided Human Trafficking Notices & Instructions

Print Name

Signature

DATE

Disclaimer and Signature:

I DO HEARBY SOLEMNLY SWEAR/AFFIRM THAT THE INFORMATION AND ANSWERS I HAVE PROVIDED IN THIS APPLICATION ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I AUTHORIZE THE CITY OF SANTA CLARA, ITS AGENTS AND EMPLOYEES TO SEEK INFORMATION AND CONDUCT AN INVESTIGATION INTO THE TRUTH OF THE STATEMENTS SET FORTH IN THIS APPLICATION AND MY QUALIFICATIONS. I FURTHER UNDERSTAND THAT ANY MISREPRESENTATIONS, OMISSIONS OR FALSIFICATIONS WILL BE GROUNDS FOR DENIAL OR FUTURE REVOCATION.

Print Name

Signature

DATE

FOR OFFICIAL USE ONLY

Date: _____

Fees Paid: _____

Livescan: _____

Inspection Date: _____

Translation Services used: _____

Business License: _____

Business Expiration Date: _____

Approved: _____