



**MASSAGE ESTABLISHMENT
RENEWAL**
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

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

Last First Phone Email address

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

