

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	on:		
Business Name:		Business Telephone:	
Business Address:	Street Address		Apartment/Unit#
City	State	Zip Code	
Banking institution that v	vill handle the account for bus	siness:	
Bank	Address		Account #
Name(s) on account:			
Name(s) on Lease or Ren	ital Agreement:		
Individual(s) that will man	nage or be primary contact fo	r massage establishn	nent:
Last	First	Phone	Email address
l ast	First	Phone	Fmail address

Owner In	formation:			
Full Name:	Last	First	M.I.	Other First
Address: _	Street Address		Apartment/Unit #	
	City	State	Zip Code	
Phone #:		Email Address:		
Date of Birt	h:	Social Security #:		
Driver's Lic	ense #:	Driver's License	State:	
Are you a U	J.S. Citizen? If n	oot a U.S. Citizen, provide Reside	ent Alien Card #:	
1) Do you h	old a certificate from th	ne California Massage Therapy (Council?	
If yes, pleas	se provide certificate #:			
2) Have you of offense(s		r convicted of any crime? If YES,	, please provide the d	ate(s) and nature
3) If you ans	swered YES above, has	s the charges been dismissed or	purged?	
4) Have you explain?	u ever had a permit re	lated to a massage operation re	evoked or suspende	d? If yes, please

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.)

_ast Name	First Name	Alias (Other Names)
Address	Business License #	Position
_ast Name	First Name	Alias (Other Names)
Address	Business License #	Position
_ast Name	First Name	Alias (Other Names)
Address	Business License #	Position
_ast Name	First Name	Alias (Other Names)
Address	Business License #	Position
_ast Name	First Name	Alias (Other Names)
Address	Business License #	Position
_ast Name	First Name	Alias (Other Names)
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Address	Business License #	Position
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Address	Business License #	Position
_ast 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.
- 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:	