Massage Establishment Personnel Form

Establishment Name: _____ **Establishment Address:** _____

Personnel 1

Legal Name: _____

Preferred Name: _____

Date of Birth: ____ / ____ / _____

Phone Number: _____

Current Address: _____

CAMTC Certification Number: _____

CAMTC Expiration Date: ____ / ____ / _____

Employment Status: ☐ Employee ☐ Independent Contractor

Personnel 2

Legal Name: _____

Preferred Name: _____

Date of Birth: ____ / ____ / _____

Phone Number: _____

Current Address: _____

CAMTC Certification Number: _____

CAMTC Expiration Date: ____ / ____ / _____

Employment Status: ☐ Employee ☐ Independent Contractor

Personnel 3

Legal Name: _____

Preferred Name: _____

Date of Birth: ____ / ____ / _____

Phone Number: _____

Current Address:_____

CAMTC Certification Number: _____

CAMTC Expiration Date: ____ / ____ / _____

Employment Status: ☐ Employee ☐ Independent Contractor

Personnel 4

Legal Name: _____

Preferred Name: _____

Date of Birth: ____ / ____ / _____

Phone Number: _____

Current Address: _____

CAMTC Certification Number: _____

CAMTC Expiration Date: ____ / ____ / _____

Employment Status: ☐ Employee ☐ Independent Contractor

I understand the business is required to maintain an updated list of massage therapists on file with the City at all times. A therapist may not perform massage at the business unless (1) the therapist is identified on the most recent list on file with the City, and provide the City current CAMTC certificate and CAMTC identification card.

_____ _____

Responsible Party Name **Date** **Responsible Party Signature** **Phone#**