



City of Citrus Heights

6360 Fountain Square Drive, Citrus Heights, CA 95621

Phn: (916) 727-4907 Fax: (916) 725-5799

MESSAGE ESTABLISHMENT LICENSE APPLICATION

This application must be completed and signed by the person responsible for management/operation of the message establishment. The applicant must hold a valid and unexpired certificate issued by the California Massage Therapy Council (CAMTC). The applicant must provide documentation showing that he or she has been designated as the responsible person by the business entity owning the message establishment. In addition, this application must provide information about, and be signed by, each owner of the business as defined in Chapter 22, Article VIII of the City's Municipal Code.

Owners who are CAMTC-certified are not required to complete a separate background check application form.

All owners who are not CAMTC-certified must complete a separate background check application to be filed at the same time as this Massage Establishment License application.

Type of Ownership: Sole Proprietorship Corporation or LLC (provide articles of incorporation) Partnership (provide partnership agreement) Business Association (provide articles or bylaws)

Message Establishment Name & Location:

Business Name

Street Address

City

Zip

List the two previous business addresses, if any, immediately prior to the present address:

Street Address

City

State

Zip

Street Address

City

State

Zip

Business Phone Number _____ Business Fax Number _____

Please describe the types of services that will be provided: _____

Information About Applicant/Responsible Party

Full legal name of responsible party: _____

Other names used by applicant: _____

Current residence of applicant:

Street Address

City

State

Zip

Please list two previous residential addresses:

Street Address _____ City _____ Zip _____

Street Address _____ City _____ Zip _____

Daytime Phone Number _____ Evening Phone Number _____

CAMTC Certificate Number _____ CAMTC Certificate Expiration Date _____

Social Security Number _____ Driver's License Number _____

Sex: _____ Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____ Date of Birth _____

Information About Owners (Includes Sole Owner; Any Persons Owning 10% or More of the Business, Stock or Partnership; Any LLC Member; All Corporate Officers or Directors) (attach additional pages if necessary):

Full legal name of owner: _____

Other names used by owner: _____

Current residence of owner:

Street Address _____ City _____ State _____ Zip _____

Please list two previous residential addresses:

Street Address _____ City _____ Zip _____

Street Address _____ City _____ Zip _____

CAMTC Certificate Number _____ CAMTC Certificate Expiration Date _____

Social Security Number _____ Driver's License Number _____

Sex: _____ Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____ Date of Birth _____

Daytime Phone Number _____ Evening Phone Number _____

Full legal name of owner: _____

Other names used by owner: _____

Current residence of owner:

Street Address _____ City _____ State _____ Zip _____

Please list two previous residential addresses:

Street Address _____ City _____ Zip _____

Street Address _____ City _____ Zip _____

CAMTC Certificate Number _____ CAMTC Certificate Expiration Date _____

Social Security Number _____ Driver's License Number _____

Sex: _____ Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____ Date of Birth _____

Daytime Phone Number _____ Evening Phone Number _____

Full legal name of owner: _____

Other names used by owner: _____

Current residence of owner:

Street Address _____ City _____ State _____ Zip _____

Please list two previous residential addresses:

Street Address _____ City _____ Zip _____

Street Address _____ City _____ Zip _____

CAMTC Certificate Number _____ CAMTC Certificate Expiration Date _____

Social Security Number _____ Driver's License Number _____

Sex: _____ Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____ Date of Birth _____

Daytime Phone Number _____ Evening Phone Number _____

Have you ever had a massage or similar license revoked or suspended in any other city, county or state?

No Yes (please explain) _____

Have you ever been convicted of any violation of the law? Exclude minor traffic violations except for drunk driving and/or reckless driving. (A conviction does not necessarily bar you from receiving a license; however, failure to list all convictions may result in not obtaining one.)

No Yes (please explain)_____

Hours of operation:_____ How many therapists will be working on-site?_____

Do you, at any time, intend to employ more than two massage therapists on-site who will be doing massage on separate customers simultaneously? No Yes

Will the business provide off-site massage services (home based businesses only)? No Yes

Please Note: Business licenses are issued based on the information provided by applicants; the City may require additional information from the applicant as necessary. Any change in the information provided may invalidate the business license. Business licenses are not transferable to a new owner, responsible person, type of business, or location.

I declare under penalty of perjury under the laws of the State of California that statements made in this application are true and correct. The undersigned also expressly acknowledges the following:

1. Any misrepresentations, omissions, or falsifications in this application will be grounds for denial or revocation of the Massage Establishment License.
2. The business may not operate until the City issues the Massage Establishment License and any other required licenses.
3. If a background check is required by City Code, I authorize the City of Citrus Heights, its agents, and its employees to seek information and conduct an investigation into the truth of the statements set forth in this application and my qualification to operate a massage establishment in the City.
4. It is the business's responsibility to identify and obtain all special permits and approvals required by federal, state, city or county regulations.
5. I have read and agree to comply with Chapter 22, Article VIII (Massage Establishments) of the City Code.
6. Failure of the business, responsible person, any owner, or any employee to comply with California Business and Professions Code Section 4600, et seq., or any federal, state, or local law, ordinance, or regulation, including CAMTC rules or regulations, may result in adverse administrative actions or other legal sanctions, including, but not limited to, revocation of the Massage Establishment License.
7. This application is a public record.

Responsible party signature Date

Owner signature Date

Owner signature Date

Owner signature Date

City Use Only:

Date:_____ Action: _____ Initials_____

Check #_____ Amount_____ Date:_____ License #_____