



# 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 names, business addresses if any, immediately prior to the present address:**

\_\_\_\_\_

Business Name

Street Address

City

State

Zip

\_\_\_\_\_

Business Name

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

Check this box if this address serves as service of process per AB2184, if checked provide documentation of AB2184 compliance.

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 \_\_\_\_\_

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 \_\_\_\_\_

Check this box if this address serves as service of process per AB2184, if checked provide documentation of AB2184 compliance.

Please list two previous residential addresses:

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

CAMTC Certificate Number \_\_\_\_\_ CAMTC Certificate Expiration Date \_\_\_\_\_

Driver's License Number \_\_\_\_\_

Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_ Evening Phone Number \_\_\_\_\_

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Full legal name of owner: \_\_\_\_\_

Other names used by owner: \_\_\_\_\_

Current residence of owner:

Please list two previous residential addresses:

\_\_\_\_\_  
Street Address City Zip

\_\_\_\_\_  
Street Address City Zip

CAMTC Certificate Number \_\_\_\_\_ CAMTC Certificate Expiration Date \_\_\_\_\_

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

Check this box if this address serves as service of process per AB2184, if checked provide documentation of AB2184 compliance.

Please list two previous residential addresses:

\_\_\_\_\_  
Street Address City Zip

\_\_\_\_\_  
Street Address City Zip

CAMTC Certificate Number \_\_\_\_\_ CAMTC Certificate Expiration Date \_\_\_\_\_

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 a license.)*

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 # \_\_\_\_\_