CITY OF MOUNTAIN VIEW
POLICE DEPARTMENT

APPLICATION FOR PERMIT UNDER MVMC ARTICLE II, CHAPTER 9

☐ CAMTC Registration ☐ Renewal ☐ Original ☐ Noncertified Massage Practitioner Permit

☐ Massage Establishment Permit ☐ Home Massage Establishment Permit ☐ Managing Employee Permit ☐ Massage Practitioner Permit

Name of Applicant _____ AKAs and Nicknames _____

Residence Address _____ Phone # (_____) _____

Age_____ Height_____ Weight_____ Hair_____ Eyes_____ Driver's License #_____ State_____

Social Security # _____ Date of Birth_____ Place of Birth_____

List two previous addresses immediately prior to your present address:

1. _____ Date: From:_____ To:_____

2. _____ Date: From:_____ To:_____

Trade Name of Business:_____

Business Address: _____ Phone # (_____) _____

List the name and address of school where profession of Masseur/Masseuse was learned:

Name of School: _____ Number of Hours Completed:_____

School Address_____ Date of Degree:_____

List your two most recent employers, position held, addresses, and phone number:

Name_____ Position_____

Address_____ Phone # (_____) _____

Name_____ Position_____

Address_____ Phone # (_____) _____

List the names and addresses of any previous massage business, or other business involving massage, you were employed at within the last ten (10) years.

Name_____ Address_____

Name_____ Address_____

List any criminal convictions, other than traffic violation(s), within ten (10) years preceding the date of application.

1. _____ 2. _____

Do you have any criminal charges pending against you other than traffic violations? ☐ NO ☐ YES If YES, list name, location of the court and case number.

1. _____ 2. _____

Have you met the educational requirement set forth in Article II, Chapter 9 of the City Code? ☐ YES ☐ NO

Do you intend to personally provide massage services at the business? ☐ YES ☐ NO

Are you currently free from communicable diseases or other conditions which would interfere with your ability to provide massage services to the public in a safe and healthful manner? ☐ YES ☐ NO
If NO, explain_____

Have you previously applied to the City of Mountain View for any permit under Article II, Chapter 9 (Massage Establishment/Massage Practitioner)?
☐ YES ☐ NO

Have you ever had a license, certificate or permit related to the practice of massage, or the operation of a massage establishment, or other business involving the practice of massage, suspended or revoked within ten (10) years preceding the date of application? ☐ NO ☐ YES If YES, list dates and reason for any suspensions or revocations and the name and location of the jurisdiction or public agency which suspended or revoked such license, permit or certificate.

1. _____ 2. _____

Have you, including being a member of a corporation or partnership, ever operated or been employed at any business which has been subject of an abatement proceeding under California Red Light Abatement Act (Penal Code Sections 11225 through 11325) or any similar laws in other states?
☐ NO ☐ YES If YES, list name and address of business, the dates you were employed, the name and location of the court and the case number and outcome of abatement action.

1. _____ 2. _____

I hereby swear (or affirm) that I have not knowingly and with intent to deceive provided false, misleading or fraudulent statements or omissions of fact in this application or any other documents required by the City to be submitted with this application. I agree to comply with all provisions of the Mountain View Municipal Code pertaining to the type of occupation for which application is hereby made. I further agree to report any change in my address or change in my employment immediately to the Police Chief.

Signature of Applicant_____ Date_____

☐ **APPROVED** ☐ **DISAPPROVED**

Police Chief_____ Date_____

PLANNING/ZONING INSPECTOR INSPECTION

Date: _____ Time: _____ Results of Inspection: ☐ Approved ☐ Denied

Comments: _____

_____

_____

Authorized Signature: _____

FIRE DEPARTMENT INSPECTION

Date: _____ Time: _____ Results of Inspection: ☐ Approved ☐ Denied

Comments: _____

_____

_____

Authorized Signature: _____

POLICE DEPARTMENT USE

Education Requirement	☐ Complete	☐ Incomplete	
Written and Practical Exam	☐ Complete	☐ Incomplete	
Physician Certificate	☐ Complete	☐ Incomplete	
Interpreter Required	☐ Yes	☐ No	
Fees Paid	☐ Yes	☐ No	
CJIC	☐ Yes	☐ No	PFN _____
CII	☐ Yes	☐ No	
RMS	☐ Yes	☐ No	

Authorized Signature: _____

THIS APPLICATION IS PRESENTED IN COMPLIANCE WITH SECTION 9.25 OF THE MVMC.

Remarks: