



DATE OF APPLICATION: _____

CITY OF MOUNTAIN VIEW POLICE DEPARTMENT
MESSAGE ESTABLISHMENT EMPLOYEE LIST

ESTABLISHMENT NAME: _____

ESTABLISHMENT ADDRESS: _____

ESTABLISHMENT PHONE NUMBER: _____

MANAGER NAME: _____ PHONE #: _____

OWNER NAME: _____ PHONE #: _____

* This form MUST be completed at the time of application and annual renewal for establishment permit.

* A copy of Government photo identification MUST be provided for each employee employed for massage.

* This list MUST be updated within seven (7) business days of any change to massage employee staffing.

* Duplicate this form as needed to provide additional names and information or updates to Police Department.

NAME	CAMTC #/ EXPIRATION DATE	DATE OF HIRE
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