



Application for Massage Establishment Permit

[] New Permit [] Renewal [] Update

Date of Application _____ Name of Business _____

Business Address _____ Business Phone # (____) _____

Name of Applicant/Owner _____ Nicknames/AKAS _____

Height _____ Weight _____ Hair _____ Eyes _____ Driver's License # _____ State _____

Date of Birth _____ Social Security # _____ CAMTC License # _____

Phone Number _____ Email _____

List the two most recent addresses, and the dates of residence at each address

1. _____ 2. _____

List the names, addresses, phone numbers, and positions of any previous massage business, or other business involving massage you were employed/owned within the last ten (10) years

1. _____

2. _____

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. _____

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

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 this application? [] NO [] YES If YES, list dates and reasons 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

Date



Is there a Co-Owner? YES NO If no, proceed to page 3.

Name of Co-Owner _____ Nicknames/AKAS _____

Height _____ Weight _____ Hair _____ Eyes _____ Driver's License # _____ State _____

Date of Birth _____ Social Security # _____ CAMTC License # _____

Phone Number _____ Email _____

List the two most recent addresses, and the dates of residence at each address

1. _____ 2. _____

List the names, addresses, phone numbers, and positions of any previous massage business, or other business involving massage you were employed/owned within the last ten (10) years

1. _____

2. _____

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. _____

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

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 this application? NO YES If YES, list dates and reasons 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.

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Signature

Date

Establishment Name: _____

Are there additional Employees? YES NO

- This form **MUST** be completed at the time of application and annual renewal for establishment permit.
- A copy of Government photo identification **and** CAMTC license **or** certificate **MUST** be provided for each employee employed for massage.
- This list **MUST** be updated within (7) business days of **ANY** changes to massage employee staffing.
- Duplicate this from as needed to provide additional names and information or updates to the Police Department.

	NAME	CAMTC # / EXPIRATION DATE	DATE OF HIRE
1			
2			
3			
4			
5			
6			
7			

Applicant Signature

Date

THIS APPLICATION IS PRESENTED IN COMPLIANCE WITH SECTION 9.25 OF THE MOUNTAIN VIEW MUNICIPAL CODE.

DEPARTMENT USE ONLY

APPROVED DENIED Police Chief _____ Date _____

Fee Paid YES NO AMOUNT _____ Employee List Provided YES NO

Copies of Government ID(s) Provided YES NO Copies of CAMTC License Provided YES NO

CMV Business License Number _____

Mountain View Police Department Permit # _____

Remarks: _____
