



City of Santa Cruz - Police Department

MESSAGE INDIVIDUAL PERMIT APPLICATION

Please fill out completely and accurately to the Santa Cruz Police Department. All statements are subject to verification and any incorrect statements may result in the denial/revocation of the permit. If extra space is needed, use a separate piece of paper. If there are multiple owners of the business, each owner must fill out an application. Please note if there has been a change of massage therapy professionals, the owner's address or telephone number, or the phone number or location of the massage establishment, you must provide such information to the Santa Cruz Police Department within ten days of such change.

APPLICATION WILL NOT BE PROCESSED WITHOUT THE FOLLOWING DOCUMENTS:

- ✓ Copy of the Applicant's driver license or other photographic identification card.
- ✓ For each individual who will be performing massage therapy, a copy of his/her California Massage Therapy Council (CAMTC) certificate and CAMTC issued identification card.
- ✓ For owners or individuals who are not certified by CAMTC, a LiveScan and background check is required.
- ✓ Application must be signed and dated on the last page.

Name (First, Middle, Last)	Date of birth
List any names you have used or have been known by and indicate the reasons why the name(s) was/were used	
Present residence address and telephone (Street, City, State, Zip Code)	
Name, address and telephone number of proposed business (Street, City, State, Zip Code)	
Type of Treatment to be Administered and Proposed Hours of Operation	

COMPLETE THE FOLLOWING PAGES

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List your employment history for the last two years as an owner or operator of a massage establishment, and/or as a massage therapist or practitioner, beginning with your present or most recent employer. Attach a written supplement if necessary.			
From	To	Employer	Position or Title
		Address	Telephone
Duties			
From	To	Employer	Position or Title
		Address	Telephone
Duties			
From	To	Employer	Position or Title
		Address	Telephone
Duties			
Have you ever applied for or obtained a permit or license as an owner or operator of a massage establishment, or as a massage therapist or practitioner from this City or any other city, state or federal agency within the last ten years? Yes _____ No _____ If yes, provide details.			
Type of License or Permit	Name and address of Agency Involved	Date Issued	Date Expired

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Have you ever had a permit or license as an owner or operator of a massage establishment, or as a massage therapist or practitioner, denied, revoked, suspended, restricted, withdrawn, or otherwise been disciplined or sanctioned in connection with such a license or permit, within the last ten years? Yes _____ No _____ If yes, provide details and copies of any documentary evidence relating to such denial, revocation, suspension, restriction, or withdrawal.

Type of License or Permit	Name and address of Agency Involved	Date Issued	Date Expired

Have you ever had, or is there currently pending against you a complaint alleging sexual misconduct, professional misconduct, or professional incompetence? This includes a lawsuit, administrative citation, government complaint or summons issued, or an informal complaint such as a complete made to the applicant or owner of the applicant's place of employment. Yes _____ No _____ If yes, provide details in a written supplement to this application.

Have you ever been convicted within the last five years of a misdemeanor or felony? Yes _____ No _____ If yes, provide details in a written supplement to this application

Are you currently required to register as a sex offender, or any similar law in any state or other jurisdiction? Yes _____ No _____
If yes, provide name of State or jurisdiction: _____

VERIFICATION

I hereby verify under penalty of perjury according to the laws of the State of California that all information contained in this application is true and complete. I authorize the Santa Cruz Police Department to investigate the truth of the information contained in the application. I understand that any fraud, misrepresentation or mistake of fact(s) contained herein will be grounds for denial of this application. I certify that I will only employ or retain CAMTC certified massage professionals. I further certify that I will be responsible for the conduct of all massage establishment operators, employees, agents, independent contractors who receive compensation from the massage establishment, or other massage or while providing out-call services for the massage establishment. I understand that failure to comply with the City of Santa Cruz's massage therapy regulations, or any federal, state or local law, may result in the suspension or revocation of the massage establishment permit.

Signature: _____ Date: _____