



San Rafael

Community Development Department

Code Enforcement Division
1400 Fifth Ave, 3rd Floor
San Rafael CA 94901

Phone (415) 485-3487 Fax (415) 458-5338

APPLICATION FOR CHANGE TO CERTIFIED MASSAGE PRACTITIONERS (CMP) FOR REGISTERED MASSAGE ESTABLISHMENTS

All Certified Massage Establishments or Operator Permits must identify all employees in their business. All employees must be Certified Massage Practitioners certified by the California Massage Therapy Council (CAMTC). This application shall be submitted by the Massage Establishment Owner, in person, during the open counter hours for the massage inspection program.

Application Date: Current MIP#

Massage Establishment Owner Information

Business Name:
Business Address:
Name(s) of Business Owner
Mailing Address: Business Phone:

Certifications and Identification For All Employees

For each person that the massage establishment proposes to ADD or DELETE as Employees or to retain to perform massage therapy for compensation, a clear and legible color copy of that person's current certification from the California Massage Therapy Council (CAMTC) as a certified massage practitioner or as a certified massage therapist and a copy of that person's California Massage Therapy Council-issued identification card.

Table with 3 columns: Add, Delete, Name of CMP. Contains 5 rows of empty lines for data entry.

**Certifications and Identification For All Employees (Cont'd)**

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|-------|-------|-------|
| _____ | _____ | _____ |
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**APPLICANT ACKNOWLEDGEMENT AND SIGNATURE**

I understand and acknowledge that I have read, reviewed and understand the City of San Rafael Massage Therapy Ordinance (SRMC 10.90) and that I acknowledge that all massage establishments must comply with SRMC 10.90 (Massage Therapy Ordinance). I declare under penalty of perjury that the information contained in this application and attached or associated materials is true and correct to the best of my knowledge.

\_\_\_\_\_  
Business Owner/Applicant Name (Printed)

\_\_\_\_\_  
Business Owner/Applicant Signature

\_\_\_\_\_  
Date:

**CITY APPROVAL**

To be completed by City Staff after application submitted.

\_\_\_\_\_ Color copies of CAMTC license submitted for all new CMP

\_\_\_\_\_ Expiration dates of CAMTC licenses valid for all new CMP

\_\_\_\_\_ Revised Certificate of Certified Massage Establishment of Operator Permit mailed/delivered

Change to Authorized CMP

\_\_\_\_\_  
Approved

\_\_\_\_\_  
Denied

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date