



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
CERTIFIED MESSAGE ESTABLISHMENT OR OPERATOR PERMIT**

SECTION 1 – TO BE COMPLETED FOR ALL APPLICATIONS - CERTIFIED MESSAGE ESTABLISHMENT AND OPERATOR PERMIT

Application Date: _____

Permit# _____

(To be assigned by City of San Rafael)

New Permit? Yes No

Renewal? Yes No

Business Information

Business Name: _____

Name(s) of Business Owner _____

Business Address: _____ Business Phone No. _____

Message Establishment Owner Information

Name: _____

Residence Address: _____ Home Phone: _____

Business Address: _____ Business Phone: _____

Type of Business (Check One)

Corporation Limited Partnership LLC Individual Owner(s)

Attach name and residence of all members

Property Owner Information

Name: _____ Company _____

Address: _____

Phone No.: _____ Applicant is Property Owner? _____ Yes _____ No

If NO checked, then you will need to attach either 1) copy of written lease that authorizes use of the premises for a massage establishment, or, 2) if there is no written lease, then written, notarized acknowledgment from the property owner that the property owner has been advised that a massage establishment will be operated by the applicant on the property owner's property.

Written Description Of Massage Establishment

Provide a written description of the operation for the massage establishment, including the type of treatments to be administered.

Certifications And Identification For All Employees

For each person that the massage establishment currently or proposes to employ or 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.

SECTION 2 – TO BE COMPLETED FOR APPLICATION FOR OPERATOR PERMIT ONLY**Employee Information**

Provide the name, residence address and telephone number, and work address and telephone number of each person that the massage establishment employs or will retain to perform massage therapy for compensation.

Statement of prior permits and status of permits

Provide a signed written statement identifying whether any license or permit has ever been issued to the applicant by any jurisdiction under the provisions of any ordinance or statute governing massage or somatic practice, and as to any such license or permit, the name and address of the issuing authority, the effective dates of such license or permit, whether such license or permit was ever suspended, revoked, withdrawn, or denied; and copies of any documentary materials relating to such suspension, revocation, withdrawal, or denial. If none, please provide that statement as well and sign.

Statement of Prior Conviction

Provide written and signed statement whether the applicant has within the five (5) years immediately preceding the date of application been convicted in any state of any felony.

Section 290 of CA Penal Code

Provide a written and signed statement of whether applicant is currently required to register under the provisions of Section 290 of the California Penal Code.

Employment History

Provide a written and signed document of the applicant's business, occupation, and employment history for five (5) years preceding the date of application, and the inclusive dates of same.

Fingerprints

One (1) set of fingerprints for each applicant in a form satisfactory to the permit authority. The fingerprints shall be taken at a place designated by the permit authority, and any required fee for such fingerprinting shall be paid by the applicant.

SECTION 3 – APPLICANT ACKNOWLEDGEMENT AND SIGNATURE - TO BE COMPLETED FOR ALL APPLICATIONS - BOTH CERTIFIED MASSAGE ESTABLISHMENT AND OPERATOR PERMIT

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.

Applicant Name (Printed)

Applicant Signature

Date: