



MASSAGE ESTABLISHMENT PERMIT APPLICATION

Fee Received	
Date received	
Date Processed (VICE)	

<input type="checkbox"/> New Application (\$761.00)	<input type="checkbox"/> Renewal (\$241.00)
---	---

Fees are non-refundable and must be paid at the time the application is submitted

1. PERSONAL INFORMATION:

APPLICANT NAME:		DATE OF BIRTH:		POSITION:	
HOME ADDRESS					
DRIVER'S LICENSE #:		SOCIAL SECURITY #:		PLACE OF BIRTH (City, State):	
SEX:	EYE COLOR:	HAIR COLOR:	WEIGHT:	HEIGHT:	RACE/ETHNICITY:
PHONE NUMBER:		EMAIL ADDRESS:			
CMTC PERMIT NUMBER:		TYPE OF PERMIT:		PERMIT EXPIRATION DATE:	
BUSINESS NAME:				TYPE OF BUSINESS:	
BUSINESS ADDRESS:				<input type="checkbox"/> Sole Ownership <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation	
NAME AND ADDRESS FOR ALL PERSONS FINANCIALLY INTERESTED IN THE BUSINESS:					
• _____					
• _____					
• _____					
NAME OF PARTNERSHIP/CORPORATION:					
PHONE NUMBER:		ADDRESS:			
OFFICERS/DIRECTOR NAMES:					
STOCK/OWNERSHIP AMOUNTS HELD BY OFFICERS/DIRECTORS:					

*Attach Copy of certificate of limited partnership filed with the County Clerk or Articles of Incorporation

Answer every question as accurately as possible. Type or print clearly in ink. If space available is insufficient use a separate sheet and precede each answer with the appropriate question number. If a question does not apply to you, indicate "N/A" in the appropriate box. Do not misstate or omit any material fact(s). All answers are subject to verification

2. PAST RESIDENCES: List all residences you have lived at for the last 3 years.

Month & Year From-To	Street and Number	City	State/Zip code
___/___ - ___/___			
___/___ - ___/___			
___/___ - ___/___			

3. EMPLOYMENT: Beginning with your current employer, list all places of employment/ownership where you have worked during the last 7 years.

Month/Year From-To ___/___ - ___/___	Name of Employer:		
	Address:		
Job Title:	Supervisor:	Contact number:	
Reason for leaving:			
Not Employed From-To ___/___ - ___/___			
Month/Year From-To ___/___ - ___/___	Name of Employer:		
	Address:		
Job Title:	Supervisor:	Contact number:	
Reason for leaving:			
Not Employed From-To ___/___ - ___/___			
Month/Year From-To ___/___ - ___/___	Name of Employer:		
	Address:		
Job Title:	Supervisor:	Contact number:	
Reason for leaving:			
Not Employed From-To ___/___ - ___/___			
Month/Year From-To ___/___ - ___/___	Name of Employer:		
	Address:		
Job Title:	Supervisor:	Contact number:	
Reason for leaving:			
Not Employed From-To ___/___ - ___/___			

Answer every question as accurately as possible. Type or print clearly in ink. If space available is insufficient use a separate sheet and precede each answer with the appropriate question number. If a question does not apply to you, indicate "N/A" in the appropriate box. Do not misstate or omit any material fact(s). All answers are subject to verification

4. CRIMINAL HISTORY (Convictions Only)

a. Have you ever been convicted of a crime for offenses other than traffic violations, in the ten years prior to this application? YES NO

If you answered "yes" to either of the above questions provide details here			
Date of Arrest	Arresting Agency / City & State	Original Charge	Disposition

b. Have you or any of the owners, managers, operators, or financially interested parties ever been party to a civil or administrative action in the past 10 years? YES NO

If you answered "yes" to either of the above questions provide details here		
Jurisdiction	Claim	Date

5. EMPLOYEES: List all Massage Technician's and Employees. Please also provide a COLOR copy of the following documents: CAMTC Certificate, CAMTC ID, & Government issued ID.

EMPLOYEE NAME:		DATE OF BIRTH:		JOB TITLE:	
HOME ADDRESS					
DRIVER'S LICENSE #:		SOCIAL SECURITY #:		PLACE OF BIRTH (City, State):	
SEX:	EYE COLOR:	HAIR COLOR:	WEIGHT:	HEIGHT:	RACE/ETHNICITY:
PHONE NUMBER:		EMAIL ADDRESS:			
CAMTC PERMIT NUMBER:		TYPE OF PERMIT:		PERMIT EXPIRATION DATE:	

EMPLOYEE NAME:		DATE OF BIRTH:		JOB TITLE:	
HOME ADDRESS					
DRIVER'S LICENSE #:		SOCIAL SECURITY #:		PLACE OF BIRTH (City, State):	
SEX:	EYE COLOR:	HAIR COLOR:	WEIGHT:	HEIGHT:	RACE/ETHNICITY:
PHONE NUMBER:		EMAIL ADDRESS:			
CAMTC PERMIT NUMBER:		TYPE OF PERMIT:		PERMIT EXPIRATION DATE:	

Answer every question as accurately as possible. Type or print clearly in ink. If space available is insufficient use a separate sheet and precede each answer with the appropriate question number. If a question does not apply to you, indicate "N/A" in the appropriate box. Do not misstate or omit any material fact(s). All answers are subject to verification

EMPLOYEE NAME:		DATE OF BIRTH:		JOB TITLE:	
HOME ADDRESS					
DRIVER'S LICENSE #:		SOCIAL SECURITY #:		PLACE OF BIRTH (City, State):	
SEX:	EYE COLOR:	HAIR COLOR:	WEIGHT:	HEIGHT:	RACE/ETHNICITY:
PHONE NUMBER:		EMAIL ADDRESS:			
CAMTC PERMIT NUMBER:		TYPE OF PERMIT:		PERMIT EXPIRATION DATE:	
EMPLOYEE NAME:		DATE OF BIRTH:		JOB TITLE:	
HOME ADDRESS					
DRIVER'S LICENSE #:		SOCIAL SECURITY #:		PLACE OF BIRTH (City, State):	
SEX:	EYE COLOR:	HAIR COLOR:	WEIGHT:	HEIGHT:	RACE/ETHNICITY:
PHONE NUMBER:		EMAIL ADDRESS:			
CAMTC PERMIT NUMBER:		TYPE OF PERMIT:		PERMIT EXPIRATION DATE:	
EMPLOYEE NAME:		DATE OF BIRTH:		JOB TITLE:	
HOME ADDRESS					
DRIVER'S LICENSE #:		SOCIAL SECURITY #:		PLACE OF BIRTH (City, State):	
SEX:	EYE COLOR:	HAIR COLOR:	WEIGHT:	HEIGHT:	RACE/ETHNICITY:
PHONE NUMBER:		EMAIL ADDRESS:			
CAMTC PERMIT NUMBER:		TYPE OF PERMIT:		PERMIT EXPIRATION DATE:	

Were any of these employees' licenses for any occupation ever suspended or revoked? If so, which ones and why?

DECLARATION

I solemnly swear that the answers I have made to each and all of the questions contained herein are full and true to the best of my knowledge and belief. I understand that any false statements may disqualify me for the permit applied for, pursuant to Section 6-10.10 of the Hayward Municipal Code. I understand that as the owner of the Establishment, I am responsible for any activity that occurs at my place of business. I give authorization for the Hayward Police Department to conduct a pre-inspection and an annual inspection as needed in accordance with the new regulations set forth. Additionally, I have read and understand the City of Hayward Massage Ordinance (HMC Chap 6, Article 10), and Chapter 10.5 of Division 2 of the California Business and Professions Code (Bus. & Prof. Code Sections 4600-4621).

Signature of applicant

Date

ATTACHMENTS:

Attach the following documents with your permit application:

- Copy of Rental/lease agreement
- Layout of establishment
- Color copy of all massage technicians CAMTC certificate, ID card, and government issued ID
- Copy of previous license issued by the Hayward Police Department
- Live Scan form for Massage applicant

OFFICE USE ONLY

Date of Last Inspection	
Fingerprints & ID photos	
Disposition	

Permit Issued: _____ Date: _____ Number: _____

Signed: _____
Chief of Police or designated representative Date