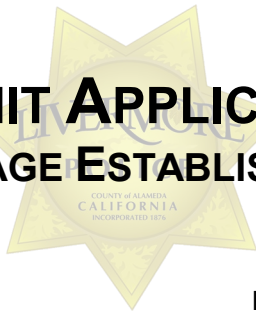


# PERMIT APPLICATION MESSAGE ESTABLISHMENT



**NEW APPLICANT**

**RENEWAL**

## BUSINESS OWNER INFORMATION

Full Name:

*Last* *First* *MI*

*Alias/Nickname/Other Names:*

Cell Phone: Home Phone:

Email:

Birthdate: Age:

Social Security #

Drivers License or Identification #

*Number* *State* *Expiration Date*

Physical Description

Male Female Non-Binary

Height: Weight: Eye Color: Hair Color:

Current Home Address:

*Street Address* *Apartment/Unit #*

*City* *State* *ZIP Code*

List previous two home  
addresses  
AND  
inclusive dates:

*Street Address* *Apartment/Unit #*

*City* *State* *ZIP Code*

Inclusive Dates:

*Street Address* *Apartment/Unit #*

*City* *State* *ZIP Code*

Inclusive Dates:

If the applicant is in a business partnership, please provide the name and address(es) of each partner, including limited partners, in a separate form and attach to this application.  
*LMC 5.28.060 (D) (17)*

# PERMIT APPLICATION MESSAGE ESTABLISHMENT

## BUSINESS INFORMATION

Business Name:

Business Address:

*Street Address*

*Apartment/Unit #*

*City*

*State*

*ZIP Code*

Business Phone:

Complete description of all services to be provided:

*LMC 5.28.060 (D) (12)*

Description of any other business to be operated on the same premises, or on adjoining premises:

*LMC 5.28.060 (D) (21)*

The name and address of any other massage business or other like establishment owned or operated by any person whose name is required to be given pursuant to this section:

*LMC 5.28.060 (D) (15)*

Full name of managing officer/employee:

Such person shall complete and sign all application forms required of an individual applicant. The managing officer/employee must, at all times, meet all of the requirements set for permittees or the permit shall be suspended until a managing officer/employee who meets such requirements is designated. If no such person is designated within 90 days, the permit is deemed canceled and a new application for permit must be filed.

*LMC 5.28.060 (D) (18)*

## LEASE INFORMATION

*(If Applicable)*

\*\*\*Application must be accompanied by a copy of the lease and a notarized acknowledgment from the owner of the property that a massage establishment will be located on his or her property.

*LMC 5.28.060 (D) (22)*

Owner/Lessor Name

Owner/Lessor Address

*Street Address*

*Apartment/Unit #*

*City*

*State*

*ZIP Code*

Owner/Lessor Phone

Owner/Lessor Email

# PERMIT APPLICATION MESSAGE ESTABLISHMENT

## OWNER'S BUSINESS, OCCUPATION, EMPLOYMENT HISTORY

List business, occupation, and employment history for 10 years preceding the date of application, and the inclusive dates of same.

*LMC 5.28.060 (D) (7)*

Business Name:

Business Address:

*Street Address*

*Apartment/Unit #*

*City*

*State*

*Zip Code*

Inclusive Dates:

Position:

Business Name:

Business Address:

*Street Address*

*Apartment/Unit #*

*City*

*State*

*Zip Code*

Inclusive Dates:

Position:

Business Name:

Business Address:

*Street Address*

*Apartment/Unit #*

*City*

*State*

*Zip Code*

Inclusive Dates:

Position:

Business Name:

Business Address:

*Street Address*

*Apartment/Unit #*

*City*

*State*

*Zip Code*

Inclusive Dates:

Position:

Business Name:

Business Address:

*Street Address*

*Apartment/Unit #*

*City*

*State*

*Zip Code*

Inclusive Dates:

Position:

If additional space is needed, continue your response on a separate sheet in the same format.

# PERMIT APPLICATION MESSAGE ESTABLISHMENT

## MANDATORY CRIMINAL AND LICENSE HISTORY DISCLOSURES

List your massage permit history, including: history with the California Massage Therapy Council (CAMTC), or a permit or license issued by any agency, board, city, county, territory, or state; the date of issuance of such a permit or license; whether the permit or license was revoked or suspended or other disciplinary action taken and the reason therefor.

*LMC 5.28.060 (D) (8)*

List all convictions for any crime involving conduct which requires registration under California Penal Code Section 290, convictions under California Penal Code Section 266h, 266i, 314, 315, 316, 318, 647(a), 647(b), or 415 as a result of an arrest for Section 647(b), or convictions of crimes designated in Government Code Section 51032, including any felony involving the sale of a controlled substance specified in Sections 11054 through 11058 of the California Health and Safety Code, or convictions of any crime involving dishonesty, fraud, deceit, violence or moral turpitude, **and** any outstanding warrants for arrest and any pending criminal case. Convictions that have been expunged must be reported.

*LMC 5.28.060 (D) (9)*

List all convictions for crimes under the laws of any other state or country which proscribe the same conduct or similar conduct as the California crimes designated in subsection (D)(9) of this section. Convictions that have been expunged must be reported.

*LMC 5.28.060 (D) (10)*

List all injunctions that have been issued for nuisances under California Penal Code Section 11225 or for nuisances issued under similar laws of other states.

*LMC 5.28.060 (D) (11)*

If additional space is needed, continue your response on a separate sheet.

# PERMIT APPLICATION MESSAGE ESTABLISHMENT

## REGISTER OF EMPLOYEE(S)

Provide a complete register listing all employees (not just those performing massages), massage technicians providing massage at or through the business, whether as employees, independent contractors and rent-space therapists, and each such person's state certificate number, home address, date of hiring, and whether the massage technician will be performing outcall massage. For each proposed massage technician, a copy of that person's current certification from the CAMTC as a certified massage practitioner, certified massage therapist, or conditionally certified massage practitioner and a copy of that person's CAMTC-issued identification card.  
*LMC 5.28.060 (D) (13)*

Full Name:

*Last* *First* *MI*

*Alias/Nickname/Other Names:*

Birthdate: Age:

Social Security #

Drivers License or Identification #

*Number* *State* *Expiration Date*

Home Address:

*Street Address* *Apartment/Unit #*

*City* *State* *ZIP Code*

Date of Hire: Position/Title:

CAMTC #: Proof provided: Yes No

Full Name:

*Last* *First* *MI*

*Alias/Nickname/Other Names:*

Birthdate: Age:

Social Security #

Drivers License or Identification #

*Number* *State* *Expiration Date*

Home Address:

*Street Address* *Apartment/Unit #*

*City* *State* *ZIP Code*

Date of Hire: Position/Title:

CAMTC #: Proof provided: Yes No

# PERMIT APPLICATION MESSAGE ESTABLISHMENT



Full Name:

*Last* *First* *MI*

*Alias/Nickname/Other Names:*

Birthdate: Age:

Social Security #

Drivers License or Identification #

*Number* *State* *Expiration Date*

Home Address:

*Street Address* *Apartment/Unit #*

*City* *State* *ZIP Code*

Date of Hire: Position/Title:

CAMTC #: Proof provided: Yes No

Full Name:

*Last* *First* *MI*

*Alias/Nickname/Other Names:*

Birthdate: Age:

Social Security #

Drivers License or Identification #

*Number* *State* *Expiration Date*

Home Address:

*Street Address* *Apartment/Unit #*

*City* *State* *ZIP Code*

Date of Hire: Position/Title:

CAMTC #: Proof provided: Yes No

If additional space is needed, continue your response on a separate sheet in the same format.

# PERMIT APPLICATION MESSAGE ESTABLISHMENT

## ADDITIONAL REQUIRED DOCUMENTS

The following documents are necessary to submit your application. Please be prepared to provide the original or certified copy to be photocopied by a Livermore Police Department employee and retained for records.

The City of Livermore reserves the right to request the applicant appear in person to verify the applicant's identity and applicable certifications are genuine.

| DOCUMENTS                                                                                                                                                                                                                         | LPD USE ONLY |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| Application Fee<br><i>(The application and fee required under this Section shall be in addition to any license, permit or fee required under any other chapter of this Code or any other regulation of the City of Livermore)</i> |              |
| Completed Application                                                                                                                                                                                                             |              |
| Signed copy of Livermore Municipal Code 5.28, acknowledging receipt and review                                                                                                                                                    |              |
| Valid Drivers License / Identification Card                                                                                                                                                                                       |              |
| A 2x2 color photograph of applicant, taken within the last 6 months, depicting a clear image of applicant's face without filters - OR - Be prepared to allow a Livermore Police Department employee take one                      |              |
| Proof of completed Live Scan Service Form - <i>(For new applicants only)</i>                                                                                                                                                      |              |
| Any documentation applicant may possess relating to past criminal history, permit/license revocation, suspension or other disciplinary action taken                                                                               |              |

## DISCLAIMER AND SIGNATURE

The requested information in this application is set forth pursuant to Livermore Municipal Code Section 5.28 – Massage Businesses and Masseurs, effective January 1, 2021. It is strongly recommended you review LMC 5.28 in its entirety prior to submitting this application and non-refundable associated processing fee.

The applicant shall notify the Chief of Police, or designee, of any change of address or fact that may occur during the process of applying for a permit, pursuant to LMC 5.28.060 (D) (24)

Upon the completion of the investigation, the Chief of Police shall grant the permit, with or without conditions, if the Chief of Police finds in the exercise of his or her discretion all grounds are met listed in LMC 5.28.060 (F)

Submission of this application authorizes the City of Livermore, its agents and employees, to seek information and conduct an investigation into the truth of the statements set forth in the application.

*I certify under penalty of perjury that to the best of my knowledge the information submitted by me above is true and correct.*

**Signature:**

**Date:**