



Vacaville Police Department



MESSAGE ESTABLISHMENT PERMIT APPLICATION

Vacaville Municipal Code 9.07 – Massage Therapy Regulations

Please fill out completely and accurately and submit to the **Police Department (660 Merchant St)**. 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. All massage owners, massage therapists and any other employees retained by the massage establishment are required to complete a separate massage establishment permit application. If there are multiple owners of the business, each owner must fill out an application. **Please note if there has been a change of employees retained by the establishment, the owner’s address or telephone number, or the phone number or location of the massage establishment, you must provide such information to the Police Department within ten days of such change.**

APPLICATION/RENEWAL WILL NOT BE PROCESSED WITHOUT THE FOLLOWING DOCUMENTATION:

- Applicant’s must present their driver’s license or other photographic identification card upon submission of their application. A photocopy will be taken at the time of submission.
- For each individual who will be performing massage therapy, you must present your original California Massage Therapy Council (CAMTC) certificate and CAMTC issued identification card. A photocopy of each will be taken at the time of submission.
- If you do not own the property where your proposed business is to be located, attach proof that the property owner has knowledge and has consented to the use of the property as a massage establishment (e.g., written lease, signed notarized letter)
- Owners** who are not certified by CAMTC, must submit to LiveScan and Department of Justice/FBI fingerprinting processing. Contact Vacaville Police Department Records Section at (707) 449-5229 to schedule appointment to be fingerprinted. *(Not required for renewal)*
- Application must be signed and dated on the last page

Name (<i>First, Middle, Last</i>)	Date of birth
List any other names you have used or been known by (nicknames) and indicate the reasons why the name(s) was/were used	
Present residence address, telephone and email (<i>Street, City, State, Zip Code</i>)	
Name, address and telephone number of proposed business (<i>Street, City, State, and Zip Code</i>)	
Owners Only - Form of business (e.g., corporation, partnership, limited liability, or sole practitioner)	
Owners Only – Names, addresses and phone numbers of each employee or persons retained by your business, including non-CAMTC certified employees such as managers, receptionists, etc. Attach a written supplement if necessary. Each employee MUST submit their own application as well.	
Specific type of treatment to be administered and proposed hours of operation	

List your employment history for the last ten years 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

From	To	Employer	Position or Title
		Address	Telephone

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 below.

<i>Type of License or Permit</i>	<i>Name and address of Agency Involved</i>	<i>Date Issued</i>	<i>Date Expired</i>
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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	Issuing Agency	Date Issued	Date of Action	Action Taken and Reason

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 complaint 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 been convicted within the last five years of a misdemeanor or felony? Yes ___ No ___ *If yes, provide details in a written supplement.*

Are you currently required to register as a sex offender, or any similar law in any state or other jurisdiction? Yes ___ No ___

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 Vacaville 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 representatives on the premises of the massage establishment or while providing out-call services for the massage establishment. I understand that failure to comply with the City of Vacaville'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: _____