



# Pleasant Hill Police Department

## Massage Establishment Permit Application

Applicant,

Please submit the following items in addition to completing the Massage Permit Application form:

Fingerprints: Submit a Livescan of your fingerprints at the time of your original application. There is an additional cost for this. Your fingerprints will be checked through the Department of Justice criminal history records. You will only need to complete this at the time of your original application. You will need to make an appointment. No fingerprinting will be necessary at the time of renewal. If you have been previously fingerprinted by the Pleasant Hill Police Department, you do not need to be fingerprinted again.

Photographs: You need to submit two (2) color photographs, taken within the last six (6) months that clearly show your face. Passport photographs, or similar, are recommended.

A written description of the proposed massage establishment and how it will satisfy the requirements of PHMC Chapter 6.30.

A copy of your lease agreement

A copy of your driver's license (or passport), Social Security card, and any other document relating to your work status, if any.

A completed application for your business license and use permit from City Hall

The registration of massage therapists and practitioners as required by PHMC § 6.30.050(A)(1). [See attached register]

Fees: Original Application - \$267

Renewal Application - \$119



# Pleasant Hill Police Department Massage Establishment Permit Application

(Pleasant Hill Municipal Code 6.30.040)

**PHPD USE ONLY**  
 Original Application  
 Renewal  
 Original # \_\_\_\_\_

## Business Information

Name:		
Business Address:		
City:	State:	ZIP Code:
Business License #:	Conditional Use Permit Obtained: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	

## Owner Information

Legal Name:		Nickname(s):	
Date of birth:	CDL:	Phone:	
Home address:		City:	
State:	Zip:	Email:	
Are you the sole owner of this business? <input type="checkbox"/> Yes <input type="checkbox"/> No		If No, all other owners must provide separate applications.	

## Employment History (List all businesses, occupations and employment for the last 10 years)

Employer:	From:	To:	
Address:			
City:	State:	Zip:	Phone:
Position:			
Supervisors Name:			
Employer:	From:	To:	
Address:			
City:	State:	Zip:	Phone:
Position:			
Supervisors Name:			
Employer:	From:	To:	
Address:			
City:	State:	Zip:	Phone:
Position:			
Supervisors Name:			
Employer:	From:	To:	
Address:			
City:	State:	Zip:	Phone:
Position:			
Supervisors Name:			

## Business History (List (1) any other business currently owned or operated in Pleasant Hill, and (2) any massage business or other like establishment owned or operated at any time)

Name of Business:	Type of Business:	
Address:		
City:	State:	Zip:
Date Owned From:	To:	
If this is a massage business, was it ever the subject of disciplinary action, suspension or revocation?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain:		
If this is a massage business, or other like establishment, list all co-owners or partners:		

Name of Business:		Type of Business:	
Address:			
City:		State:	
Date Owned From:		To:	
If this is a massage business, was it ever the subject of disciplinary action, suspension or revocation?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain:			
If this is a massage business, or other like establishment, list all co-owners or partners:			

Name of Business:		Type of Business:	
Address:			
City:		State:	Zip:
Date Owned From:		To:	
If this is a massage business, was it ever the subject of disciplinary action, suspension or revocation?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain:			
If this is a massage business, or other like establishment, list all co-owners or partners:			

### Criminal History

Answer the following questions:

1. Have you been convicted within the last five (5) years of a felony or misdemeanor crime?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Do you currently have any warrants for your arrest?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Do you have any pending criminal cases against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are you required to register as a sex offender in any state?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you owned a massage business in the last five years that has been the focus of a criminal investigation resulting in an arrest?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered "Yes" to any of the questions, please explain:

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I understand that I must notify the police department immediately if I receive notice of disciplinary action taken by the CAMTC regarding my establishment or any therapist or practitioner working at my establishment.

**Sign:**

### Property Owner/Lessor

Owners Name:			
Address:			
City:		State:	Zip:
Phone:	Fax:	Email:	
Management Company:			
Agent:			
Address:			
City:		State:	Zip:
Phone:	Fax:	Email:	

I have reviewed this application.

**Signature of Property Owner or Agent:**

**Date:**

### Applicant Signature

I declare under penalty of perjury that the information contained herein is true and correct to the best of my knowledge. Further, I have read, understand, and will comply with the provisions of Pleasant Hill Municipal Code Chapter 6.30 relating to the operation of massage establishments. I understand that any false statement or omission of material information in connection with this application may be punished as provided by law, including civil and criminal sanctions, and may subject the applicant to denial of permit, or the suspension, limitation, or revocation of any permit granted hereunder.

<b>Signature of Applicant:</b>	<b>Date:</b>
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# Pleasant Hill Police Department

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

## Massage Establishment Register of Therapists And Practitioners

[Pleasant Hill Municipal Code § 6.30.050(A)(1) - Establishment owner must submit an amended copy of massage therapists, massage practitioners, or exempt therapists within five days of the date of hiring, commencement of services, or termination of services by each massage therapist/practitioner at the establishment.]

Massage Therapists, Practitioners, and Independent Contractors							
Name:		CAMTC#:		Date of Hire:			
Address:		City:		State:		Zip:	
Outcall Massage: <input type="checkbox"/> Yes <input type="checkbox"/> No		Independent Contractor <input type="checkbox"/> Yes <input type="checkbox"/> No		Business License Number:			
Manager: <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, phone number:					
Name:		CAMTC#:		Date of Hire:			
Address:		City:		State:		Zip:	
Outcall Massage: <input type="checkbox"/> Yes <input type="checkbox"/> No		Independent Contractor <input type="checkbox"/> Yes <input type="checkbox"/> No		Business License Number:			
Manager: <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, phone number:					
Name:		CAMTC#:		Date of Hire:			
Address:		City:		State:		Zip:	
Outcall Massage: <input type="checkbox"/> Yes <input type="checkbox"/> No		Independent Contractor <input type="checkbox"/> Yes <input type="checkbox"/> No		Business License Number:			
Manager: <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, phone number:					
Name:		CAMTC#:		Date of Hire:			
Address:		City:		State:		Zip:	
Outcall Massage: <input type="checkbox"/> Yes <input type="checkbox"/> No		Independent Contractor <input type="checkbox"/> Yes <input type="checkbox"/> No		Business License Number:			
Manager: <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, phone number:					
Name:		CAMTC#:		Date of Hire:			
Address:		City:		State:		Zip:	
Outcall Massage: <input type="checkbox"/> Yes <input type="checkbox"/> No		Independent Contractor <input type="checkbox"/> Yes <input type="checkbox"/> No		Business License Number:			
Manager: <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, phone number:					
Name:		CAMTC#:		Date of Hire:			
Address:		City:		State:		Zip:	
Outcall Massage: <input type="checkbox"/> Yes <input type="checkbox"/> No		Independent Contractor <input type="checkbox"/> Yes <input type="checkbox"/> No		Business License Number:			
Manager: <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, phone number:					
Name:		CAMTC#:		Date of Hire:			
Address:		City:		State:		Zip:	
Outcall Massage: <input type="checkbox"/> Yes <input type="checkbox"/> No		Independent Contractor <input type="checkbox"/> Yes <input type="checkbox"/> No		Business License Number:			
Manager: <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, phone number:					
Name:		CAMTC#:		Date of Hire:			
Address:		City:		State:		Zip:	
Outcall Massage: <input type="checkbox"/> Yes <input type="checkbox"/> No		Independent Contractor <input type="checkbox"/> Yes <input type="checkbox"/> No		Business License Number:			
Manager: <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, phone number:					
Name:		CAMTC#:		Date of Hire:			
Address:		City:		State:		Zip:	
Outcall Massage: <input type="checkbox"/> Yes <input type="checkbox"/> No		Independent Contractor <input type="checkbox"/> Yes <input type="checkbox"/> No		Business License Number:			
Manager: <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, phone number:					
<b>Massage Establishment Owner Signature</b>							
I declare under penalty of perjury that the information contained herein is true and correct to the best of my knowledge. I understand that any false statement or omission of material information in connection with this document may be punished as provided by law, including civil and criminal sanctions, and may be grounds for suspension or revocation of the massage establishment permit .							
<b>Signature of Applicant:</b>						<b>Date:</b>	