



Application for Massage Establishment Permit Instructions

Dublin Police Services requires that any business offering massage services, with some exceptions, must obtain a Massage Establishment Permit. The permit must be renewed every two years. The guidelines and process for obtaining a permit can be found in Dublin Municipal Code (DMC) Chapter 4.20. To begin the permitting process, please complete the Application for Massage Establishment Permit and return it to Dublin Police Services. All questions in the application must be answered, and owners must initial each page. Incomplete or inaccurate applications may result in a permit denial, so please type or print all responses.

To ensure a complete application, please include the following documents:

- Completed Application for Massage Establishment Permit with each page initialed
- Current City of Dublin Business license or receipt for business license application
- Detailed diagram showing the interior floorplan of the premises, including all interior rooms
- Copy of Driver's License or State ID
- Two current 2" x 2" color portrait photographs
- CAMTC ID Card and CAMTC Certification
- Application or Renewal fee
Fees may be paid via cash, credit card, or check
- Completed Livescan fingerprint form
- Proof of liability insurance coverage, with a minimum of \$2,000,000 per event, in the name of the establishment or the authorized massage therapists

Application for Massage Establishment Permit

(Dublin Municipal Code 4.20.010 - 4.20.250)

- NEW MESSAGE ESTABLISHMENT
- MESSAGE ESTABLISHMENT AMENDMENT
- MESSAGE ESTABLISHMENT RENEWAL

- EXISTING BUSINESS/CHANGE OF OWNERSHIP

Previous Establishment Name: _____

Proposed Establishment Information **CAMTC CERTIFIED OWNER YES NO**

Corporate/Business Name: _____ DBA Name: _____

Name of Business Owner(s): _____

Business Address: _____

Street Address *Apartment/Unit #*

City *State* *ZIP Code*

Business Phone: _____ Email: _____

Mobile: _____ Website URL: _____

Business Information

1. Please indicate which massage services will be administered.

- | | | |
|--|----------------------------------|--|
| <input type="checkbox"/> Deep Tissue | <input type="checkbox"/> Sports | <input type="checkbox"/> Reflexology |
| <input type="checkbox"/> Decompression | <input type="checkbox"/> Swedish | <input type="checkbox"/> Hand and Foot |
| <input type="checkbox"/> Prenatal | <input type="checkbox"/> Thai | <input type="checkbox"/> Scalp |
| <input type="checkbox"/> Hot Stone | <input type="checkbox"/> Shiatsu | |

Please use the space below to add any additional massage services you intend to provide.

2. List the establishment's hours of operation.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

DPS Office Use Only:	Fee Paid	Amount \$ _____	Date _____	Activity # _____
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Business Information Continued

3. Please attach a detailed diagram showing the interior floor plan and configuration of the premises, depicting all interior rooms (including restrooms, office space, storage areas, and public areas) and their dimensions. (NOTE: The diagram need not be professionally prepared but shall be drawn to a designated scale with marked dimensions of the interior of the premises to an accuracy of plus or minus six (6) inches.)

(a) How many treatment rooms (with massage beds) will you have? _____

(b) Is there a video-monitored security system in the premises? Yes No

If Yes, where is video monitor located? _____

Name all persons having access to the system: _____

Employee Information

List each employee of your business, regardless of the nature of employment; including owner, partner, manager, supervisor, worker, receptionist, massage therapist, etc. *If more space is needed, make a copy of this page and attach.* For each employee, attach a valid form of identification (DL or other photo ID). For CAMTC-certified employees, attach a copy of their current CAMTC ID and CAMTC Certificate.

LIST OF ALL EMPLOYEES OF THE BUSINESS				
1				
	First Name	Last Name	Preferred Name/Alias	Title/Position
	Address (Include City, State, Zip)			CAMTC #
2				
	First Name	Last Name	Preferred Name/Alias	Title/Position
	Address (Include City, State, Zip)			CAMTC #
3				
	First Name	Last Name	Preferred Name/Alias	Title/Position
	Address (Include City, State, Zip)			CAMTC #
4				
	First Name	Last Name	Preferred Name/Alias	Title/Position
	Address (Include City, State, Zip)			CAMTC #
5				
	First Name	Last Name	Preferred Name/Alias	Title/Position
	Address (Include City, State, Zip)			CAMTC #

Owner Information

Each owner of the business must complete #1 through #15 on a separate form.

NAME			
1			
	First Name	Middle Name	Last Name
Preferred Name/Alias			
CAMTC-CERTIFICATION			
2	Are you CAMTC-certified?		
	If you checked "yes," please provide a copy of your CAMTC certification and identification card.		
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Certification Number:		
CAMTC-CERTIFICATION DISCIPLINARY INFORMATION			
3	Have you ever had disciplinary action against, suspension, or revocation of a permit or certificate to practice massage from any agency, city, or organization?		
	If you checked "yes", attach copies of any related documents and complete the fields below		
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Agency		
	Date/ Reason		
	Agency		
	Date/ Reason		
FINGERPRINTS			
4	Have you been fingerprinted at Dublin Police Services?		
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
ADDRESS HISTORY			
5	Starting with the most current, list all addresses, telephone numbers, and periods of residency, where you have lived during the past five (5) years		
	Dates mm/yy to mm/yy	Address Include full street address, city, state, and zip code	Phone Number
PERSONAL DATA			
6	Date of Birth:	Eye Color:	
	Sex:	Hair Color:	
	Height:	Weight:	
	Driver's License/ID:	State Issued:	
	Social Security Number:	Other ID #: (Ex: Resident Alien)	

EMPLOYMENT HISTORY

7 Starting with the most current, list all jobs you have held during the past five years. *If more space is needed, attach additional pages.*

<input type="checkbox"/> Owner	<input type="checkbox"/> Full-Time Employee	<input type="checkbox"/> Part-Time Employee	<input type="checkbox"/> Volunteer	<input type="checkbox"/> Military	<input type="checkbox"/> Unemployed
Employment Dates:			Occupation:		
Employer:		Address:		Phone:	
<input type="checkbox"/> Owner	<input type="checkbox"/> Full-Time Employee	<input type="checkbox"/> Part-Time Employee	<input type="checkbox"/> Volunteer	<input type="checkbox"/> Military	<input type="checkbox"/> Unemployed
Employment Dates:			Occupation:		
Employer:		Address:		Phone:	
<input type="checkbox"/> Owner	<input type="checkbox"/> Full-Time Employee	<input type="checkbox"/> Part-Time Employee	<input type="checkbox"/> Volunteer	<input type="checkbox"/> Military	<input type="checkbox"/> Unemployed
Employment Dates:			Occupation:		
Employer:		Address:		Phone:	

PREVIOUS MESSAGE ESTABLISHMENT HISTORY

8 (a) Within five (5) years immediately preceding the date of filing of this application, have you received a license or permit from any jurisdiction to own or operate a MASSAGE ESTABLISHMENT or other type of business under the provisions of any ordinance or statute governing massage or somatic practice? Include businesses in any city or state, including this location.

Yes No

(b) Have you ever had such a license or permit suspended, revoked, withdrawn, or denied, [OR] were you ever notified of violations and penalties under the license or permit? Include all previous violations and penalties, including those related to this location.

Yes No

(c) If you responded "yes" to either 8(a) or 8(b) above, please provide the following information. If additional space is required, include an additional sheet. Ensure you attach copies of any relevant documentary materials pertaining to suspension, revocation, withdrawal, denial, violations, or penalties.

Issuing Authority	Date Issued	Date Expired
Name:		
Address:		
Establishment Name:	Permit #:	Check all that apply
Address:		<input type="checkbox"/> Suspended <input type="checkbox"/> Revoked <input type="checkbox"/> Denied <input type="checkbox"/> Violations/Penalties

9	Have you previously owned, operated, or been employed at any MASSAGE ESTABLISHMENT or similar business which has had their license suspended/revoked or been subjected to abatement proceedings under 11225 through 11235 of the California Penal Code?		
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
10	Have you ever been required to register as a sex offender under the provisions of Section 290 of the California Penal Code?		
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
11	Have you been convicted in any court of competent jurisdiction of any of the following offenses?		
	CA Penal Code	Crime Description	
	220 PC	<input type="checkbox"/> Yes <input type="checkbox"/> No	Assault with intent to commit sex crimes
	243.4 PC	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sexual battery
	261 PC	<input type="checkbox"/> Yes <input type="checkbox"/> No	Rape
	264.1 PC	<input type="checkbox"/> Yes <input type="checkbox"/> No	Conspiracy to sexually assault
	266 PC	<input type="checkbox"/> Yes <input type="checkbox"/> No	Enticing a minor female under 18 into prostitution
	266a PC	<input type="checkbox"/> Yes <input type="checkbox"/> No	Taking a person against their will
	266e PC	<input type="checkbox"/> Yes <input type="checkbox"/> No	Offering compensation for purposes of prostitution
	266f PC	<input type="checkbox"/> Yes <input type="checkbox"/> No	Selling or imprisoning a person for immoral purposes
	266g PC	<input type="checkbox"/> Yes <input type="checkbox"/> No	Placing or leaving wife in a house of prostitution
	266h PC	<input type="checkbox"/> Yes <input type="checkbox"/> No	Pimping
	266i PC	<input type="checkbox"/> Yes <input type="checkbox"/> No	Pandering
	266j PC	<input type="checkbox"/> Yes <input type="checkbox"/> No	Providing children under 16 for lewd acts (Sec 288)
	315 PC	<input type="checkbox"/> Yes <input type="checkbox"/> No	Keeping or residing in house of ill-fame
	316 PC	<input type="checkbox"/> Yes <input type="checkbox"/> No	Keeping or furnishing disorderly house which disturbs peace of neighborhood
	318 PC	<input type="checkbox"/> Yes <input type="checkbox"/> No	Prevailing upon person to visit place of gambling or prostitution
	647(b) PC	<input type="checkbox"/> Yes <input type="checkbox"/> No	Solicit, agrees to engage, engages in any act of prostitution
	653.22 PC	<input type="checkbox"/> Yes <input type="checkbox"/> No	Loitering in public with the intent to commit prostitution
	182 PC	<input type="checkbox"/> Yes <input type="checkbox"/> No	Conspiracy to commit any of the above listed violations
12	Have you ever been convicted in a court of competent jurisdiction of any felony offense involving the possession for sales, transportation, furnishing, giving away, or administering of any controlled substance specified in Sections 11054, 11055, 11056, 11057, or 11058 of the California Health and Safety (HS) Code, including but not limited to, drugs such as methamphetamine, cocaine, heroin, PCP, marijuana, MDMA, or anabolic steroids?		
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
13	Have you ever been convicted of any of the above-mentioned crimes (questions 9-12) in any other state?		
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
14	Have you ever been convicted in a court of competent jurisdiction of any criminal offense (misdemeanor or felony), which relates directly to the operation of a massage establishment?		
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

15	<p>Have you within the last five years, failed to comply with a final court order or administrative action of an investigatory agency finding a violation of applicable federal, state and local wage and hour laws, including but not limited to the Federal Fair Labor Standards Act, the California Labor Code, and any local Minimum Wage Ordinance or prevailing wage requirement?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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If you answered "YES" to questions #10 through #15, please provide the following details. Failure to report this information can be cause for denial of a massage establishment permit. Please use a separate sheet if needed for this response.

Date	Name of Agency/City/State	Case Number	Charges/Circumstances/Disposition

ACKNOWLEDGEMENTS

I have read and understand the provisions of Dublin Municipal Code Chapter 4.20 and will abide fully with those provisions, including but not limited to those listed below (please initial each item). I understand that failure to comply fully with the provisions of Dublin Municipal Code Chapter 4.20 could cause any license issued, based on information contained in this application, to be revoked or suspended.

_____ Message establishments within the city shall only employ CAMTC-certified massage therapists. Certification as a certified massage therapist must be conspicuously posted within the massage establishment.

_____ Each person employed or retained to perform massage in or on the premises shall display on his or her person a copy of the valid photograph-bearing identification card issued to that employee by the CAMTC.

_____ Every permittee shall keep a daily register, approved as to form by the Permit Administrator, of all patrons, with names, addresses and hours of arrival and the rooms or cubicles assigned, if any. The daily register shall at all times during business hours be subject to inspection by the Permit Administrator, and shall be kept on file for one (1) year.

_____ No permittee shall employ either as a massage therapist or other employee any person under the age of eighteen (18) years.

_____ Owners are responsible for ensuring that massage therapists are registered with Dublin Police Services and have a current CAMTC certification on file.

_____ Owners must submit an application amendment whenever information provided in the Massage Permit Establishment Application changes (hours, change in services, etc.).

_____ The massage establishment permit shall be renewed every two (2) years.

_____ Administration citations will be issued for violations outlined in DMC 4.20

CERTIFICATION

I hereby certify under penalty of perjury that the information furnished in this application is true and correct.

I further understand that any misstatement, false information, omission of requested information, or failure to meet the conditions established herein will subject this application to disapproval or subsequent revocation or suspension.

I do hereby authorize the City of Dublin, its agents and employees to seek information and conduct an investigation into the truth of the statements set forth in this application and my qualifications for the requested Massage Establishment Permit.

Owner Name (Please Print) _____

Signature: _____

Date: _____