

Massage Therapist Registration

(Dublin Municipal Code 4.20.010 - 4.20.250)



The City of Dublin requires that massage therapists practicing in the City are registered with Dublin Police Services. Massage therapists must have an active certification on file with Dublin Police Services at all times.

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

- Completed Massage Therapist Registration form
- Two current 2" x 2" color portrait photographs
- Copy of Driver's License or State ID
- CAMTC ID Card and CAMTC Certification

Submitter Information

Name: _____ Title: _____
Phone Number: _____ Email: _____

Therapist Information

Name: _____ Preferred Name/Alias: _____

Address: _____
Street Address *Apartment/Unit #*

City *State* *ZIP Code*

Phone Number: _____ Email: _____

Social Security Number: _____ Driver's License /State ID: _____

Date of Birth: _____ Age: _____

Race: _____ Languages Spoken: _____

Eye Color: _____ Hair Color: _____

Visible scars, marks or tattoos: _____



Employment History

Starting with the most current, list all jobs held during the past five years: (if more space is needed, attach additional pages)

Current Employer: _____	Employment Dates: (mm/yyyy) – (mm/yyyy) _____
Address: _____	Phone Number: _____
Previous Employer: _____	Employment Dates: (mm/yyyy) – (mm/yyyy) _____
Address: _____	Phone Number: _____
Previous Employer: _____	Employment Dates: (mm/yyyy) – (mm/yyyy) _____
Address: _____	Phone Number: _____
Previous Employer: _____	Employment Dates: (mm/yyyy) – (mm/yyyy) _____
Address: _____	Phone Number: _____

CAMTC Information

CAMTC License #: _____	Date Approved: _____
School Attended: _____	Date Graduated: _____

Please attach a copy of your CAMTC ID Card and CAMTC Certification

Residency History

Starting with the most current, list all addresses, telephone numbers, and periods of residency, where you have lived during the past five (5) years (if more space is needed, attach additional pages)

Dates mm/yyyy to mm/yyyy	Address Include full street address, city, state, and zip code	Phone Number

Criminal Information

Have you had a massage or similar business license revoked or suspended in this or any other City, County, or State? If yes, please list location(s) below.

Yes

No

Have you ever had criminal convictions (excluding minor traffic incidents)? If "yes", please list each including date, location, charge, case number and court disposition.

Yes

No

ACKNOWLEDGEMENTS

I have read and understand the provisions of Dublin Municipal Code Chapter 4.20 and will abide fully by 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.

_____ Massage therapists must complete all registration forms provided to him/her by the Permit Administrator. Massage therapists shall ensure that they have an active certification on file with Dublin Police Services.

_____ 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 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 qualifications for the requested Massage Therapist Registration.

Applicant Name (Please Print) _____

Signature: _____

Date: _____