

Application to Amend Massage Establishment Permit



Add/Remove/Renew Employee (Dublin Municipal Code 4.20.010 - 4.20.250)

The City of Dublin requires that owners of massage establishments register all their employees with Dublin Police Services and promptly report any employee changes. Please use the following form to report any new additions or removals among your employees, as compared to the list of employees provided in the Massage Establishment Permit Application. Additionally, owners should utilize this form when submitting a CAMTC renewal/recertification application for massage therapists.

For all employees, please include the following:

- ☐ Copy of Driver's License or State ID ☐ Two current 2" x 2" color portrait photographs

For massage therapists, please submit:

- ☐ CAMTC ID Card and CAMTC Certification ☐ Massage Therapist Registration form*
*Applies to new therapists

MESSAGE ESTABLISHMENT INFORMATION

Business Name: _____ Date: _____

Business Address: _____

Phone Number: _____ Email: _____

EMPLOYEE UPDATES

CHECK BOX <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Renew	Name:		Preferred Name/Alias:	
	Title/Position:		CAMTC # or N/A:	
	Home Address:			
CHECK BOX <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Renew	Name:		Preferred Name/Alias:	
	Title/Position:		CAMTC # or N/A:	
	Home Address:			
CHECK BOX <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Renew	Name:		Preferred Name/Alias:	
	Title/Position:		CAMTC # or N/A:	
	Home Address:			
CHECK BOX <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Renew	Name:		Preferred Name/Alias:	
	Title/Position:		CAMTC # or N/A:	
	Home Address:			

CHECK BOX <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Renew	Name:		Preferred Name/Alias:	
	Title/Position:		CAMTC # or N/A:	
	Home Address:			
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	Title/Position:		CAMTC # or N/A:	
	Home Address:			
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	Title/Position:		CAMTC # or N/A:	
	Home Address:			
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	Home Address:			
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	Title/Position:		CAMTC # or N/A:	
	Home Address:			
CHECK BOX <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Renew	Name:		Preferred Name/Alias:	
	Title/Position:		CAMTC # or N/A:	
	Home Address:			

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.

Owner Name (Please Print) _____

Owner Signature: _____

Date: _____