

CITY OF REDWOOD CITY - Massage Business Certificate of Registration Application

Check One: Initial Registration Renewal Registration

STATE CERTIFICATION VERIFICATION

Check which type of applicant: <input type="checkbox"/> Certified Sole Proprietorship <input type="checkbox"/> Certified Massage Business <input type="checkbox"/> Owner/Applicant not state certified but owns 5% or more of the business	Check which was presented: <input type="checkbox"/> Valid/current State Certification provided <input type="checkbox"/> Current CAMTC issues ID card presented
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NAME of Massage Business:	Phone: ()
	Email:

ADDRESS of Massage Business:

DAYS and HOURS of Operation for Massage Business:

NAME of Applicant / Owner / Proprietor	Phone: ()
	Email:

ADDRESS of Applicant / Owner	City	State	CAMTC ID Card #:
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Height:	Hair:	Eyes:	Sex:	Date of Birth:	Place of Birth:
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Birth Certificate: <input type="checkbox"/> Yes <input type="checkbox"/> No	Drivers License or State I.D. #:	Other Identification (i.e. Passport):	Social Security #:
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List All Other Names Used:

Owner has acceptable proof that Employees are at least eighteen (18) years of age. Yes No

Name of Employee	Proof of Age (i.e. DL#, CAMTC#)
1)	
2)	
3)	
4)	

List your two (2) previous residences:

Address	City / State / Zip Code
1)	
2)	

List all the Names and Addresses of your previous five years employment, including self employment:

<u>Name of Employer</u>	<u>Dates of Employment</u>
1)	
2)	
3)	
4)	
5)	

For Internal Use Only

ATI #:	Receipt #:	Fee Amount and Date Paid:
Redwood City Use-Permit #	Redwood City Establishment Certificate of Registration #	
Redwood City Permit #	Redwood City Business License #	

Notes:

List the Name and Address of any Massage Business or other similar business that you previously owned or operated. Include the history, if any, with any Agency, Board, City, County, Territory, or State; and dates of issuance, denial, restriction, revocation, or suspension (and the reason(s) therefore) of any individual or business permit.

GENERAL BUSINESS INFORMATION

NAME of Massage Business:

ADDRESS of Massage Business:

Provide a complete description of the massage services to be provided:

The name and address of any massage business or other like business owned or operated by any person whose name is required to be given pursuant to RCMC 18A.

Provide a description of any other business to be operated on the same premises, or adjoining premises, owned or controlled by applicant.

CERTIFICATE OF COMPLIANCE from the City of Redwood City Health Officer provided? Yes No

This certifies the massage premises meets all applicable codes and regulations and must be submitted prior to approval of this application.

Written Zoning Consistency Check from CDD provided? Yes No

CORPORATE INFORMATION Is the Applicant a Corporation? Yes No If Yes, complete the following:

Corporation Name exactly as shown in its articles of incorporation:	Incorporation Date:	Incorporation State:
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NAME of the Current Officer Director Stockholder holding more than 5% of the Corporation stock:

ADDRESS of the Current Officer Director Stockholder holding more than 5% of the Corporation stock:

PARTNERSHIP INFORMATION Is the Applicant a Partnership? Yes No If Yes, complete the following:

Partner Name:	Partner Name:
Partner Address:	Partner Address:
Limited Partner Name:	Limited Partner Name:
Limited Partner Address:	Limited Partner Address:
CAMTC License #:	CAMTC License #:

DESIGNATED MANAGING OFFICER/EMPLOYEE of the Applicant, Corporation or Partnership:

I declare under penalty of perjury, under the laws of the State of California, that all statements contained in this application and any accompanying documents are true and correct, with full knowledge that all statements made in this application are subject to investigation and that any false or dishonest answer to any question may be grounds for denial or subsequent revocation of any City issued Massage Business Certificate of Registration.

I agree and consent to the City of Redwood City performing periodic inspections of my business premises for compliance with RCMC Chapter 18A and health, safety, building fire, electrical, and plumbing regulations and standards.

Pursuant to RCMC 18A.5(A)(1)(b)(3), I certify and agree that if I am a Certified Massage Business I shall only employ Certified Massage Practitioners, and that I shall promptly provide the City with copies of valid and current State Certificates and CAMTC issued identification cards for all Massage Practitioners employed or who will be employed by my business.

I authorize the City of Redwood City, its agents and employees, to seek information and conduct an investigation into the truth of the statements set forth in this application and into my background.

I understand and agree that I am responsible for the conduct of all employees or independent contractors working on the premises of the business and that failure to comply with California Business & Professions Code 4600, and following, with any local, state or federal law, with the provisions of RCMC or with the City-issued Certificate of Registration may be grounds for subsequent revocation of any City issued Massage Business Certificate of Registration.

Signature of Applicant

Date