



Massage Establishment OWNER/OPERATOR ANNUAL BACKGROUND CHECK

For owners or operators that are corporations, each of the officers and directors of the corporation and each stockholder owning more than five percent of the stock of the corporation must complete a Background Check form. For owners or operators that are partnerships, each of the partners, including limited partners, must complete a Background Check form.

Petaluma Municipal Code 8.38.070: *...operators who own five percent or more of the massage establishment and that do not have valid, unexpired and unrevoked CAMTC certificates must also provide the following background information...*

OWNER/OPERATOR	
Legal Name	
Residence Address	
All previous residential addresses for the five years immediately prior to the present address of owners or operators; attach additional sheets if necessary.	
Previous Address	Dates
Previous Address	Dates
Previous Address	Dates
IDENTIFICATION	
<input type="checkbox"/> A copy of a valid, current driver license or picture identification bearing a bona fide seal issued by a state, federal government agency or foreign government for each owner is attached.	
<input type="checkbox"/> Two portrait photographs at least two inches by two inches are attached.	
Height 	Weight Eye Color Hair Color Sex
EMPLOYMENT	
Business, occupation, or employment history for the preceding five years:	
Location 	Title Dates
Location 	Title Dates
Location 	Title Dates
I have previously operated a massage or similar business. <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, dates: 	
I have previously had a city or state massage permit revoked or suspended. <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, explain: 	
REAL PROPERTY	
Owner/Lessor Name	
Owner/Lessor Address	
<input type="checkbox"/> A copy of the lease/rental agreement for the property upon which the massage establishment will be operated is attached.	

CONVICTIONS

List each conviction and plea of guilty or nolo contendere for violation of any of the following sections of the California Penal Code: 366(i), 315, 316, 318, 647(a), 647(b).

List each conviction and plea of guilty or nolo contendere for felony offenses involving the sale of controlled substances specified in the following sections of the California Health and Safety Code: 11054, 11055, 11056, 11057, 11058.

List each conviction and plea of guilty or nolo contendere for misdemeanors or felonies offenses that relate directly to the practice of massage.

List each conviction and plea of guilty or nolo contendere for felonies which occurred on the premises of a massage or in the course of a massage.

List each conviction and plea of guilty or nolo contendere for any offenses involving the use of force and violence upon the person of another.

List each conviction and plea of guilty or nolo contendere for any offenses involving the theft of property.

List each conviction and plea of guilty or nolo contendere for attempt or conspiracy to commit any of the above offenses.

List each conviction and plea of guilty or nolo contendere for offenses committed in a jurisdiction outside of the state of California, which, if committed within the state of California, would fall within one of the above offenses.

I am required to register as a sex offender under provisions of section 290 of the California Penal Code. Yes No

I have been, or a former employer while so employed, or a building in which I was so employed, was subjected to an abatement proceeding under Sections 11225 through 11235 (Red Light Abatement Act) of the California Penal Code or any similar provisions of law in a jurisdiction outside the state of California. Yes No

I have had a permit to engage in the practice of massage as a massage professional or otherwise which has previously been denied or revoked. Yes No

If yes, explain: _____

I understand that I may be asked to provide such other identification and information necessary to discover the truth of the required background information, including fingerprints and additional photographs.

Signature: _____ Date: _____

Official Use Only

Background check completed by _____ Date _____ Approved Denied