



Massage Establishment ANNUAL REGISTRATION

- NEW
- RENEWAL
- UPDATE

MESSAGE ESTABLISHMENT

Legal Business Name _____

Form of Business (ie: sole proprietorship, corporation, general partnership) _____

Business Address _____

Primary Phone Number _____ Alternate Phone Number _____

Other business to be operated on the same premises _____

Name and address of owner/lessor of the real property _____

OWNER/PARTNER/RESPONSIBLE MANAGING OFFICERS

If the business is a partnership, list each of the partners below; additional space provided on back. If the business is a corporation, its responsible managing officer shall complete this application.

1. Legal Name _____ CAMTC Number _____

Residence Address _____

Primary Phone Number _____ Alternate Phone Number _____

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 is attached.

A copy of the valid, unexpired and unrevoked CAMTC certificate is attached. If not CAMTC certified, a completed Background Check form is attached (PMC 8.38.070).

MESSAGE PRACTITIONERS

All persons practicing massage therapy at this establishment must possess current CAMTC certification or have a valid massage professional permit with the City of Petaluma (PMC 8.38.050). List all practitioners below and submit copies of all CAMTC certificates or City of Petaluma permits (PMC 8.38.070); additional space provided on back:

Name	CAMTC/Permit Number
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

I have submitted true and correct information, and am responsible for the conduct of all employees or independent contractors working on the premises of the business. I understand that failure to comply with City of Petaluma Municipal Code Chapter 8.38, California Business and Professions Code 4600 and following, or any local, state, or federal law, may result in the revocation of the City registration certification. I hereby authorize the City of Petaluma, its agents and employees, to seek information and conduct an investigation into the truth of the statements set forth in the application and into the background of the applicant.

Signature: _____ Date: _____

OWNER/PARTNER/RESPONSIBLE MANAGING OFFICERS

2. Legal Name _____ CAMTC Number _____

Residence Address _____

Primary Phone Number _____ Alternate Phone Number _____

- 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 is attached.
- A copy of the valid, unexpired and unrevoked CAMTC certificate is attached. If not CAMTC certified, a completed Background Check form is attached (PMC 8.38.070).

3. Legal Name _____ CAMTC Number _____

Residence Address _____

Primary Phone Number _____ Alternate Phone Number _____

- 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 is attached.
- A copy of the valid, unexpired and unrevoked CAMTC certificate is attached. If not CAMTC certified, a completed Background Check form is attached (PMC 8.38.070).

MESSAGE PRACTITIONERS

Name	CAMTC/Permit Number
6. _____	
7. _____	
8. _____	
9. _____	
10. _____	
11. _____	
12. _____	
13. _____	
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