

# Application for Massage Establishment Permit

## MASSAGE ESTABLISHMENT (5.32.010 - 5.32.110 MHMC)



**Instructions:** Complete this application, sign, date and return to Morgan Hill Police Department, 16200 Vineyard Boulevard, Morgan Hill CA 95037. Contact Licenses and Permits at [license-permits@morganhill.ca.gov](mailto:license-permits@morganhill.ca.gov).

All questions in this application must be answered. Owners must initial each page. If you submit an incomplete application, your permit may be denied. Type or print all responses.

An invoice will be emailed to you upon receipt of this application. Please include a copy of the following documents:

- Current Morgan Hill Business License or Business License application
- All business documents (fictitious name, corporate name statement, etc.).
- Current signed lease agreement with notarized property owner/homeowner association approval if applicable
- Detailed diagram showing the interior floorplan of the premises depicting all interior rooms. Diagram must be easy to read at a glance and not contractor/building renderings.
- Color copies of all photo identification (driver's license/passport)
- Color copies of CAMTC ID card and CAMTC certification

NEW MASSAGE BUSINESS \$1223  EXISTING BUSINESS \$709  Business License# \_\_\_\_\_

PROPOSED ESTABLISHMENT INFORMATION		CAMTC Certified Owner Yes <input type="checkbox"/> No <input type="checkbox"/>	
BUSINESS NAME*:			
NAME OF BUSINESS OWNER(S):			
BUSINESS ADDRESS:			
BUSINESS PHONE NUMBER		BUSINESS MOBILE:	
BUSINESS EMAIL:			
WEBSITE URL:			

\*If the business name is different from the owner's name, a fictitious name statement must be attached

Type of Business: Sole Owner  Partnership  Corporation  LLC

Full legal name of the Corporation or LLC \_\_\_\_\_

IF THE BUSINESS IS A CORPORATION OR LLC, PLEASE PROVIDE THE FOLLOWING ON A SEPARATE SHEET.

- Current registration with the California Secretary of State
- Articles of Incorporation or LLC Articles of Organization
- Names and Residence Addresses of each of the officers, directors, and each member or stockholder holding more than five (5) percent of the stock or ownership, along with the amount of stock held by each person.

DPS Office Use only: Fee Paid Amount \$\_\_\_\_\_ date\_\_\_\_\_ Check #\_\_\_\_\_  
(Attach copy of check)

Morgan Hill Police Department  
16200 Vineyard Boulevard, Morgan Hill, CA 95037  
[license-permits@morganhill.ca.gov](mailto:license-permits@morganhill.ca.gov)

Applicant Initials \_\_\_\_\_  
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### SECTION 1: BUSINESS INFORMATION

1. Give a narrative description of services that will be provided in the proposed business, including but not limited to, exact nature of the massage, relaxation, tanning, sauna, hot towel wraps, baths, or other health treatments to be administered:

2. List the establishment's hours of operation (All massage services **MUST** terminate at 10 pm pursuant to MHMC 5.32.040(L).)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

3.

Property Owner (Legal Name)	Address	Phone:
		Email:

4. You must attach a detailed diagram showing the interior floor plan and configuration of the premises, depicting all interior rooms (including restrooms, office space, storage areas, and public areas) and their dimensions.

(NOTE: The diagram should not be professionally prepared but shall be drawn to a designated scale with marked dimensions of the interior of the premises to an accuracy of plus or minus six (6) inches. It must be easy to review at a glance)

(a) How many treatment rooms (with massage beds) will you have? \_\_\_\_\_

(b) Does your establishment have a security alarm? Yes  No

(c) Is there a video-monitored security system in the premises? Yes  No

Detail location of all cameras: \_\_\_\_\_

Detail location of all monitors: \_\_\_\_\_

Name all persons having access to the system:

\_\_\_\_\_

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### SECTION 2: EMPLOYEE INFORMATION

List each employee of your business, *regardless of the nature of employment*; including owner, partner, manager, supervisor, worker, receptionist, massage therapist, massage therapist trainee, etc. (If more space is needed, make a copy of this page and attach.)

For each employee, attach a valid form of identification (DL or other photo ID). For CAMTC certified employees, attach a copy of their current CAMTC ID and CAMTC Certificate.

LIST ALL EMPLOYEES OF THE BUSINESS		DATE OF BIRTH	OTHER NAMES USED OR N/A	TITLE/POSITION
1.	First Name	Last Name	D.O.B.	Other Names Title/Position
	RESIDENCE ADDRESS (INCLUDE CITY/STATE/ZIP)			CAMTC #
2.	First Name	Last Name	D.O.B.	Other Names Title/Position
	RESIDENCE ADDRESS (INCLUDE CITY/STATE/ZIP)			CAMTC #
3.	First Name	Last Name	D.O.B.	Other Names Title/Position
	RESIDENCE ADDRESS (INCLUDE CITY/STATE/ZIP)			CAMTC #
4.	First Name	Last Name	D.O.B.	Other Names Title/Position
	RESIDENCE ADDRESS (INCLUDE CITY/STATE/ZIP)			CAMTC #
5.	First Name	Last Name	D.O.B.	Other Names Title/Position
	RESIDENCE ADDRESS (INCLUDE CITY/STATE/ZIP)			CAMTC #
6.	First Name	Last Name	D.O.B.	Other Names Title/Position
	RESIDENCE ADDRESS (INCLUDE CITY/STATE/ZIP)			CAMTC #
7.	First Name	Last Name	D.O.B.	Other Names Title/Position
	RESIDENCE ADDRESS (INCLUDE CITY/STATE/ZIP)			CAMTC #
8.	First Name	Last Name	D.O.B.	Other Names Title/Position
	RESIDENCE ADDRESS (INCLUDE CITY/STATE/ZIP)			CAMTC #

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<b>9.</b>	First Name	Last Name	D.O.B.	Other Names	Title/Position
	RESIDENCE ADDRESS (INCLUDE CITY/STATE/ZIP)				CAMTC #
<b>10.</b>	First Name	Last Name	D.O.B.	Other Names	Title/Position
	RESIDENCE ADDRESS (INCLUDE CITY/STATE/ZIP)				CAMTC #
<b>11.</b>	First Name	Last Name	D.O.B.	Other Names	Title/Position
	RESIDENCE ADDRESS (INCLUDE CITY/STATE/ZIP)				CAMTC #
<b>12.</b>	First Name	Last Name	D.O.B.	Other Names	Title/Position
	RESIDENCE ADDRESS (INCLUDE CITY/STATE/ZIP)				CAMTC #
<b>13.</b>	First Name	Last Name	D.O.B.	Other Names	Title/Position
	RESIDENCE ADDRESS (INCLUDE CITY/STATE/ZIP)				CAMTC #
<b>14.</b>	First Name	Last Name	D.O.B.	Other Names	Title/Position
	RESIDENCE ADDRESS (INCLUDE CITY/STATE/ZIP)				CAMTC #
<b>15.</b>	First Name	Last Name	D.O.B.	Other Names	Title/Position
	RESIDENCE ADDRESS (INCLUDE CITY/STATE/ZIP)				CAMTC #
<b>16.</b>	First Name	Last Name	D.O.B.	Other Names	Title/Position
	RESIDENCE ADDRESS (INCLUDE CITY/STATE/ZIP)				CAMTC #
<b>17.</b>	First Name	Last Name	D.O.B.	Other Names	Title/Position
	RESIDENCE ADDRESS (INCLUDE CITY/STATE/ZIP)				CAMTC #
<b>18.</b>	First Name	Last Name	D.O.B.	Other Names	Title/Position
	RESIDENCE ADDRESS (INCLUDE CITY/STATE/ZIP)				CAMTC #

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### SECTION 3: OWNER INFORMATION

(Each owner of the business as defined in MHMC must complete #1 through #16 on a separate application form)

1.	NAME: (True Legal Name)	FIRST	MIDDLE	LAST
2.	LIST ALL ALIASES OR <u>OTHER NAMES</u> YOU HAVE PREVIOUSLY USED			
3.	CAMTC CERTIFIED?	Yes <input type="checkbox"/>	Certification Number: _____	Copy of CAMTC certification AND Copy of CAMTC identification card must be attached No <input type="checkbox"/>
4.	CERTIFICATION:	Have you ever had disciplinary action against, suspension, or revocation of a permit or certificate to practice massage from CAMTC or any agency, city, or organization? No <input type="checkbox"/> Yes <input type="checkbox"/> If "Yes", attach copies of any related documents or notices.		
	AGENCY:	Date/Reason:		
	AGENCY:	Date/Reason:		
5.	HAVE YOU BEEN FINGERPRINTED AT MORGAN HILL POLICE DEPARTMENT?		Yes <input type="checkbox"/> Date: _____	No <input type="checkbox"/>
6.	STARTING WITH THE MOST CURRENT, LIST ALL ADDRESSES, TELEPHONE NUMBERS, AND PERIODS OF RESIDENCY, WHERE YOU HAVE LIVED DURING THE PAST FIVE (5) YEARS:			
Dates mm/yy to mm/yy		Residence Address (include full street address, city, state, and zip code)	Phone#	
CURRENT				

### 7. PERSONAL DATA

Date of Birth:		Eye Color:	
Sex:		Hair Color:	
Height		Weight:	
Driver's License #		State Issued:	
Social Security #		Other ID # (Ex: Resident )	

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

Owner  Full Time Employee  Part Time Employee  Volunteer  Military  Unemployed

Employment Dates:	Occupation:	
Employer:	Address:	Phone:

Owner  Full Time Employee  Part Time Employee  Volunteer  Military  Unemployed

Employment Dates:	Occupation:	
Employer:	Address:	Phone:

Owner  Full Time Employee  Part Time Employee  Volunteer  Military  Unemployed

Employment Dates:	Occupation:	
Employer:	Address:	Phone:

Owner  Full Time Employee  Part Time Employee  Volunteer  Military  Unemployed

Employment Dates:	Occupation:	
Employer:	Address:	Phone:

**9.(a) Have you ever received a license or permit from any jurisdiction to own or operate a MASSAGE ESTABLISHMENT or other type of business under the provisions of any ordinance or statute governing massage or somatic practice?**

Along with Morgan Hill, CA, this includes businesses in any city or state.

Yes  No

If yes, please complete the table below (Q. 9(c)).

**9.(b) Have you ever had any such license or permit suspended, revoked, withdrawn, or denied, [OR] were you ever notified of violations and penalties under the license or permit? INCLUDE ALL PREVIOUS VIOLATIONS AND PENALTIES, INCLUDING THOSE RELATED TO THIS LOCATION.**

Yes  No

If yes, please complete the table below (Q. 9(c)) and **attach copies of any documentary materials** relating to such suspension, revocation, withdrawal, denial, or violations/penalties from other agencies (documentation from Morgan Hill is not required – please provide a list of Morgan Hill violations).

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### 9.(c) List the following if you answered "yes" to either 9(a) or 9(b) above.

(If additional room is needed, please attach a separate sheet. You must attach copies of any documentary materials relating to such suspension, revocation, withdrawal, denial, or violations/penalties from other agencies.)

Issuing Authority Name and Address:		Date Issued:	Date Expired:
Establishment Name:	Address:	Check all that apply	
Permit Number:		<input type="checkbox"/> Suspended <input type="checkbox"/> Revoked <input type="checkbox"/> Denied <input type="checkbox"/> Violations/Penalties	

Issuing Authority Name and Address:		Date Issued:	Date Expired:
Establishment Name:	Address:	Check all that apply	
Permit Number:		<input type="checkbox"/> Suspended <input type="checkbox"/> Revoked <input type="checkbox"/> Denied <input type="checkbox"/> Violations/Penalties	

10. Have you previously owned, operated, or been employed at any MASSAGE ESTABLISHMENT or similar business which has had their license suspended / revoked or been subjected to abatement proceedings under 11225 through 11235 of the California Penal Code? Yes  No
11. Have you ever been required to register as a sex offender under the provisions of Section 290 of the California Penal Code? Yes  No
12. Have you been arrested or convicted in any court of competent jurisdiction of any of the following offenses?

CA Penal Code			Crime Description:
220 PC	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Assault with intent to commit sex crimes
243.4 PC	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Sexual battery
261 PC	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Rape
264.1 PC	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Conspiracy to sexually assault
266 PC	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Enticing a minor female under 18 into prostitution
266a PC	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Taking a person against their will
266e PC	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Offering compensation for purposes of prostitution
266f PC	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Selling or imprisoning a person for immoral purposes
266g PC	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Placing or leaving wife in a house of prostitution
266h PC	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Pimping
266i PC	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Pandering
266j PC	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Providing children under 16 for lewd acts (Sec 288)
315 PC	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Keeping or residing in house of ill-fame
316 PC	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Keeping or furnishing disorderly house which disturbs peace of neighborhood
318 PC	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Prevailing upon person to visit place of gambling or prostitution
647(b) PC	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Solicit, agrees to engage, engages in any act of prostitution
653.22 PC	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Loitering in public with the intent to commit prostitution
182 PC	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Conspiracy to commit any crime

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13. Have you ever been convicted in a court of competent jurisdiction of any felony offense involving the possession for sales, sales, transportation, furnishing, giving away, or administering of any controlled substance specified in Sections 11054, 11055, 11056, 11057, or 11058 of the California Health and Safety (HS) Code, including but not limited to, drugs such as methamphetamine, cocaine, heroin, PCP, marijuana, MDMA, or anabolic steroids?

Yes  No

14. Have you ever been convicted of any of the above-mentioned crimes (questions 10-13) in any other state? Yes  No

15. Have you ever been convicted in a court of competent jurisdiction of any criminal offense (misdemeanor or felony), which relates directly to the operation of a massage establishment?

Yes  No

16. Have you within the last five years, failed to comply with a final court order or administrative action of an investigatory agency finding a violation of applicable federal, state and local wage and hour laws, including but not limited to the Federal Fair Labor Standards Act, the California Labor Code, and any local Minimum Wage Ordinance or prevailing wage requirement?

Yes  No

If you answered "YES" to any of the above questions (#10 through #16), please provide the following details. Failure to report this information can be cause for denial of a massage establishment permit.

Please use a separate sheet if needed for this response.

<u>Date</u>	<u>Name of Agency/City/State</u>	<u>Case Number</u>	<u>Charges / Circumstances / Disposition</u>

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I have read and understand the provisions of Morgan Hill Municipal Code Chapter 5.32, Massage Establishments and Massage Therapists and will abide fully with 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 Morgan Hill Municipal Code Chapter 5.32 could cause any license issued, based on information contained in this application, to be revoked or suspended.

CAMTC (California Massage Therapy Council) Certification is required for all individuals who practice massage therapy in the City of Morgan Hill.

Massage therapists must always wear a valid and current CAMTC identification badge while performing massage services.

A current list of all owners, managers, massage therapists, and employees (including full names, addresses, phone numbers), shall always be on the premises.

I must apply for a new permit annually. The permit process can take 60 or more days.

I must apply for an amended permit whenever the information contained in the original permit application changes, including addition or removal of employees.

As a Massage Establishment Owner, I am responsible for the conduct of all massage establishment employees, agents, and other representatives when such persons are on the premises of the massage establishment or providing outcall massage services on behalf of the establishment.

### \*\*\*\*\* CERTIFICATION

I hereby certify under penalty of perjury that the information furnished in this application is true and correct. I have placed my initials on the bottom of each page as indicated.

I further understand that any misstatement, false information, omission of requested information, or failure to meet the conditions established herein will subject this application to disapproval or subsequent revocation or suspension.

I do hereby authorize the City of Morgan Hill, its agents and employees to seek information and conduct an investigation into the truth of the statements set forth in this application and my qualifications for the requested Massage Establishment Permit.

Owner Name (Please Print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

If this form was completed by any person other than the owner, please provide details below:

Name (Please Print): \_\_\_\_\_

Signature: \_\_\_\_\_

State ID#: \_\_\_\_\_

Reason: \_\_\_\_\_