

Addendum 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 licenses-permits@morganhill.ca.gov.

- This form must only be used to update information for a current and valid permit

Current Massage Establishment Permit# _____ Business License# _____

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:			

Use this space to write a brief description of all changes for which you are notifying the City of Morgan Hill. Employee updates may be completed on the next page, additional information may require a new application to be completed at the request of the City.

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EMPLOYEE INFORMATION – ADD or REMOVE employees using this form.

LIST ALL EMPLOYEES OF THE BUSINESS		OTHER NAMES USED OR N/A	TITLE/POSITION	ADD OR REMOVE
1.	First Name _____ Last Name _____	Other Names _____	Title/Position _____	Add <input type="checkbox"/> Remove <input type="checkbox"/>
	RESIDENCE ADDRESS (INCLUDE CITY/STATE/ZIP) _____		CAMTC # _____	Start Date: _____ End Date: _____
2.	First Name _____ Last Name _____	Other Names _____	Title/Position _____	Add <input type="checkbox"/> Remove <input type="checkbox"/>
	RESIDENCE ADDRESS (INCLUDE CITY/STATE/ZIP) _____		CAMTC # _____	Start Date: _____ End Date: _____
3.	First Name _____ Last Name _____	Other Names _____	Title/Position _____	Add <input type="checkbox"/> Remove <input type="checkbox"/>
	RESIDENCE ADDRESS (INCLUDE CITY/STATE/ZIP) _____		CAMTC # _____	Start Date: _____ End Date: _____
4.	First Name _____ Last Name _____	Other Names _____	Title/Position _____	Add <input type="checkbox"/> Remove <input type="checkbox"/>
	RESIDENCE ADDRESS (INCLUDE CITY/STATE/ZIP) _____		CAMTC # _____	Start Date: _____ End Date: _____

I hereby certify under penalty of perjury that the information furnished in this addendum is true and correct.

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

Owner Name (Please Print): _____

Signature: _____ Date: _____