



# Massage Establishment Application

## Type of Application

### CAMTC State Certified Owners

New  Renewal

### Non-CAMTC State Certified Owners

New  Renewal

## Prior Planning Department Approval

Before submitting a Police Department Application for a new Massage Establishment, you **must first** obtain Planning Department approval. Contact the City of Campbell Planning Department at 408-866-2140 for further information.

## FOR CAMPBELL PLANNING DEPARTMENT INTERNAL USE ONLY

Zoning: \_\_\_\_\_ Massage Quadrant #: \_\_\_\_\_ # of MEPs in quadrant: \_\_\_\_\_  
CUP#/Date: \_\_\_\_\_ or reason N/A: \_\_\_\_\_  
Approved: Yes \_\_\_\_\_ No \_\_\_\_\_ Signature/Date: \_\_\_\_\_

## Business Ownership Information

<input type="checkbox"/> Sole Ownership	Partnership <input type="checkbox"/> General <input type="checkbox"/> Limited	<input type="checkbox"/> Corporation
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## Business Location Information

Business Name:
Business Physical Address:
Business Mailing Address:
<input type="checkbox"/> Same as above
Business Phone:

## Property Owner or Manager Information

<input type="checkbox"/> Owned by Applicant	<input type="checkbox"/> Leased	<input type="checkbox"/> Rented
Owner's/Manager's Name:		
Address:		
Phone Number:		

## Applicant Identifying Information

Last Name:	First Name:	MI:
Address (No P.O. Box):		
Date of Birth:	Social Security #:	
California Driver's License #:		

## Applicant Contact Information

Home Phone #:	Work Phone #:
Cell Phone #	Email Address:

**Applicant's Residence History – Past Five Years**

Current:	From (month/year):
	To (month/year):
Previous:	From (month/year):
	To (month/year):
Previous:	From (month/year):
	To (month/year):
Previous:	From (month/year):
	To (month/year):

**Applicant's Employment History – Past Five Years**

Current:	From (month/year):
	To (month/year):
Previous:	From (month/year):
	To (month/year):
Previous:	From (month/year):
	To (month/year):
Previous:	From (month/year):
	To (month/year):
Previous:	From (month/year):
	To (month/year):

**Additional Applicant Information**

Provide the business name, address and city of any and all businesses where you conducted any business providing massage, relaxation, hot tub, towel wraps, baths, health treatments or tanning services within 24 months preceding the application date.

	Type of Service:
	Type of Service:
	Type of Service:

**Business Partner Identifying Information**     NA

Last Name:	First Name:	MI:
Address (No P.O. Box):		
Date of Birth:	Social Security #:	
California Driver's License #:		

**Business Partner Contact Information**

Home Phone #:	Work Phone #:
Cell Phone #	Email Address:

**Business Partner Residence History – Past Five Years**

Current:	From (month/year):
	To (month/year):
Previous:	From (month/year):
	To (month/year):
Previous:	From (month/year):
	To (month/year):
Previous:	From (month/year):
	To (month/year):

**Business Partner Employment History – Past Five Years**

Current:	From (month/year):
	To (month/year):
Previous:	From (month/year):
	To (month/year):
Previous:	From (month/year):
	To (month/year):
Previous:	From (month/year):
	To (month/year):
Previous:	From (month/year):
	To (month/year):

**Corporation Information  NA**

Name of Corporation:
Date of Incorporation:
Name of the Registered Corporate Agent:
Address of the Registered Office for service of process:

**Names and Capacity of all Officers and Directors**

Name:	Capacity:

**Days and Hours of Operation**

**May not be before 7:00 a.m. or later than 10:00 p.m.**

Days of Operation:	Open:	Close:
Days of Operation:	Open:	Close:

**Massage Therapist Information (Use additional pages if necessary)**

Name	Nickname	DOB	Employee or Independent Contractor

**New Application Fingerprinting Information (not for Renewals)**

If you are a Massage Establishment applicant who is CAMTC State Certified, you do not get fingerprinted. Massage Establishment applicants who are NOT CAMTC State Certified must be fingerprinted. Read the “Request for Livescan Instruction Sheet.” Once you have completed your fingerprint appointment, notify the Permits office ( 08-866-2188) that you have completed your appointment so they can monitor the results from the Department of Justice.

**New Application Attachment Checklist (not for Renewals)**

- For Non-CAMTC State Certified applicants, two portrait photographs of the applicant, at least 2”x2” in size. If you are CAMTC State Certified, you do not need to bring in photographs.
- For CAMTC State Certified applicants, bring in your original CAMTC certificate and ID card.
- List and describe any criminal arrests, convictions and abatement actions (if applicable).
- Have you ever had an ownership interest in, operated or been employed by any business which has been the subject of any abatement proceeding under the California Red Light Abatement Act (California Penal Code Sections 11225-11325) or any other similar abatement laws in other jurisdictions?  
 Yes     No

If yes, on a separate sheet, provide the sate, name of the business, location and description of the action taken.

**Signature & Verification**

- I affirm that the information provided in this application, including in all attachments, is true, correct, complete and accurate.
- I understand that a material omission or misstatement of fact in this permit application is grounds for denial, suspension, or revocation of a Massage Establishment business permit.

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

**Turning in the New Application (not for Renewals)**

Contact the Permits office for an appointment at 408-866-2188. Bring with you the completed application and any attachments that apply to you. Once your application is processed, you will be contacted with the results.

Once your application is complete, the Police Department will need to conduct a site visit to ensure that you are operating under the City of Campbell Municipal Code Section 5.48.210 – Operating Requirements. Once that is completed and approved, you may obtain your business license.

**Massage Establishment Applications to the Police Department are accepted by  
Appointment Only  
408-866-2188**

**FOR CAMPBELL PD INTERNAL USE ONLY**

<b>Application Received</b>	<b>Fingerprints Cleared</b>	<b>Site Visit Completed</b>	<b>Application Granted</b>	<b>Application Denied</b>	<b>Permit Issued</b>
<b>Date</b>	<b>Date</b>	<b>Date</b>	<b>Date</b>	<b>Date</b>	<b>Date</b>
<b>Name</b>	<b>Name</b>	<b>Name</b>	<b>Name</b>	<b>Name</b>	<b>Name</b>