



City of Placentia

Massage Establishment Supplemental Business License Application

401 E. CHAPMAN AVENUE, PLACENTIA, CA 92870 – PLANNING DIVISION (714) 993-8124 - FAX (714) 961-0283

A Business License will NOT be processed until all information has been determined to be adequate and complete per Placentia Municipal Code § 8.44.050. The City reserves the right to make unannounced inspection of facilities to determine compliance with PMC Chapter 8.44. The following SHALL be provided at the time of Business License application:

Full Name of Business: _____

Business Address: _____

Phone: _____ Fax: _____ Website: www: _____

Applicant Name: _____

Applicant Address: _____

City: _____ State: _____ Zip: _____ Email: _____

Phone: _____ Fax: _____ Alt. Phone: _____

Applicant Name(s) used in last five (5) years: _____

Date of Birth: ___/___/_____ CDL or other ID#: _____

If Applicant is a Corporation, list State and Date of Incorporation: _____

If a Corporation, Per PMC § 8.44.050 (5) please provide a separate sheet of paper listing the names and residence addresses and telephone numbers of each of its current officers and directors, and of each stockholder holding more than five (5) percent of the stock of that corporation.

If the applicant is a partnership, the application shall set forth the name, residence address and telephone numbers of each of the partners, including each of the limited partners. If the applicant is a limited partnership, it shall furnish a copy of its certificate of limited partnership. If one or more of the partners is a corporation, the provisions of this section pertaining to corporate applicants shall apply

Please provide a complete description of all services to be provided at the massage establishment:

Please provide the names and addresses of each massage practitioner and massage therapist providing massage therapy at or on behalf of the business or establishment, including whether they are a full-time employee or an independent contractor, and proof that each such practitioner or therapist has a valid CAMTC certificate. (FTE = Full Time Employee. IC= Independent Contractor)

FTE Name: _____ CAMTC Certificate No.: _____
IC Address: _____
Phone: _____ Email: _____

FTE Name: _____ CAMTC Certificate No.: _____
IC Address: _____
Phone: _____ Email: _____

FTE Name: _____ CAMTC Certificate No.: _____
IC Address: _____
Phone: _____ Email: _____

FTE Name: _____ CAMTC Certificate No.: _____
IC Address: _____
Phone: _____ Email: _____

(Please fill out last page for additional names if required to complete the above list)

Designated Manager Name: _____

Phone: _____ Alt. Phone: _____ Email: _____

Will there be any other businesses operating at the same location or adjacent location and owned/controlled by the applicant? No Yes Describe: _____

Name of Property Owner/Lessor : _____

Mailing Address: _____

Phone: _____ Fax: _____ Alt. Phone: _____

Per PMC §8.44.050 (11) in the event the applicant is not the legal owner of the property, this application must be accompanied by a copy of the lease and a notarized acknowledgment from the owner of the property that a massage establishment will be located on his/her property.

Business History and Business License History - Applicant

Please list three years of business, occupation or employment history for the applicant:

Please list three years of business license and permit history of the applicant, to include type of business and what city provided the license: Check here if you have no business license history.

Questions for Applicant (or primary Applicant if corporation)

Have you been convicted of any criminal offense? No Yes Please list: _____

Have you ever permitted to occur a criminal offense? No Yes Please list: _____

Signatures of both the Applicant and the Property Owner are required for submission.

Applicant and Property Owner are same.

By signing this application, I declare under penalty of perjury that I am the applicant for the business listed above and I personally certify the above information is true and correct. I further declare that I have received a copy of PMC Chapter 8.44 and understand the regulations contained within. By signing this application I will adhere to, and require all employees or contractors to adhere to, all regulations contained with PMC Chapter 8.44 and State Law.

Applicant _____ Date _____

Property Owner _____ Date _____

PRINTED NAME

PRINTED NAME

Note: A copy of the owner's driver's license, form notarization, or other verification acceptable to the agency is required to be presented when the application is submitted to verify the property owner's signature.

FOR CITY USE ONLY

Date Received: _____ Accepted by: _____

CHECK LIST
Application Signed: _____
Property Owner Sig: _____
Chapter 8.44 Provided: _____
Letter of Authorization: _____
Copy of Lease: _____
Notarized Acknowledgement: _____
CAMTC Copies: _____

Reviewed & Approved by: _____ Date: _____

Notes:

Massage Establishment Supplemental Business License Application

Additional Massage Therapists/Practitioner List

Applicant Name: _____ Business Name: _____

FTE Name: _____ CAMTC Certificate No.: _____
IC Address: _____
Phone: _____ Email: _____

FTE Name: _____ CAMTC Certificate No.: _____
IC Address: _____
Phone: _____ Email: _____

FTE Name: _____ CAMTC Certificate No.: _____
IC Address: _____
Phone: _____ Email: _____

FTE Name: _____ CAMTC Certificate No.: _____
IC Address: _____
Phone: _____ Email: _____

FTE Name: _____ CAMTC Certificate No.: _____
IC Address: _____
Phone: _____ Email: _____

FTE Name: _____ CAMTC Certificate No.: _____
IC Address: _____
Phone: _____ Email: _____

FTE Name: _____ CAMTC Certificate No.: _____
IC Address: _____
Phone: _____ Email: _____

FTE Name: _____ CAMTC Certificate No.: _____
IC Address: _____
Phone: _____ Email: _____

FTE Name: _____ CAMTC Certificate No.: _____
IC Address: _____
Phone: _____ Email: _____

