



City of Placentia

Massage Technician Supplemental Business License Application

401 E. CHAPMAN AVENUE, PLACENTIA, CA 92870 – CODE COMPLIANCE (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 following SHALL be provided at the time of Business License application:

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#: _____

Name of Business Location: _____

Business Address: _____

Phone: _____ Fax: _____ Website: www: _____

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

Is the applicant a Full-Time Employee (FTE) or Independent Contractor (IC)? FTE IC

Are you a Certified Massage Practitioner (CMP) or Certified Massage Therapist? CMP CMT

Please designate you will report to at the place of business.

Designated Manager Name: _____

Phone: _____ Alt. Phone: _____ Email: _____

A COPY OF YOUR CALIFORNIA MASSAGE THERAPY CERTIFICATE SHALL BE INCLUDED WITH YOUR APPLICATION AND ALL APPLICABLE UPDATES SHALL BE SUBMITTED TO THE CITY.

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

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: _____

Applicant Signature

Applicant Date

PRINTED NAME

PLEASE MAKE SURE YOUR
CMT OR CMP CERTIFICATION
IS VALID AND PROVIDE A
COPY FOR THE CITY'S
RECORDS.

By signing the above, I declare under penalty of perjury that I am the applicant, am licensed by the State of California and I personally certify the above information is true and correct. I certify that I have been provided a copy of Placentia Municipal Code Chapter 8.44 and understand the regulations for which I am bound. I understand that violation of the regulations can result in the loss of my business license. I am aware that I must renew my license on an annual basis with the City and failure to pay applicable fees on a timely basis may be grounds for revocation.

FOR CITY USE ONLY

Date Received: _____ Accepted by: _____

CHECK LIST Application Signed: _____ CAMTC Copy: _____ PMC 8.44: _____

Reviewed & Approved by: _____ Date: _____

Notes: