



Massage Permit Application Agent

I hereby authorize the following named to act as an agent for me assisting in the process of submitting a Massage Establishment Permit Application, for the following Establishment.

Name of Establishment _____

Address _____

I understand that I may be required to submit to an interview to truthfully answer any and all questions about the application. An interpreter will be made available by the Police Department.

Name of Agent: _____

Address of Agent _____

Cell Phone of Agent _____

Email Address of Agent _____

My Relationship to Agent _____

Applicant Name _____

Signed

Print Name

Date

Return to the CRCP Division (Attn: Theresa Sanchez) before or with the Application packet. Email to: tsanchez@sanramon.ca.gov