



# SAN RAMON POLICE DEPARTMENT

2401 Crow Canyon Road  
San Ramon, CA 94583  
Phone: (925) 973-2700  
Fax: (925) 838-2925



## MESSAGE APPLICATION / REGISTRATION

**Massage Therapist**

**Establishment**

1. **Full Name of Applicant:** \_\_\_\_\_

**Alias:** \_\_\_\_\_

2. **Home Address of Applicant:** \_\_\_\_\_  
\_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

3. **Physical Description of Applicant:**

**Height:** \_\_\_\_\_ **Weight:** \_\_\_\_\_ **Eyes:** \_\_\_\_\_ **Hair:** \_\_\_\_\_ **Sex:** \_\_\_\_\_ **Race:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Place of Birth:** \_\_\_\_\_

**Driver's License #:** \_\_\_\_\_ **Social Security #:** \_\_\_\_\_

**CAMTC ID #:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

4. **Have you ever been arrested; convicted of a criminal offense; in violation of a municipal ordinance; or have criminal charges pending against you? (For Non-CAMTC Establishment Owners Only.)**  **Yes**  **No**

**If yes, please indicate the approximate date, location, charges, and disposition of each:**

Date	Location	Offense	Citation/Convicted/Pending
_____			
_____			

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5. Description of types of massage to be administered: \_\_\_\_\_

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6. State previous occupation and address for seven years immediately preceding date of application:

Occupation: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Business Name: \_\_\_\_\_ City: \_\_\_\_\_

Occupation: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Business Name: \_\_\_\_\_ City: \_\_\_\_\_

Occupation: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Business Name: \_\_\_\_\_ City: \_\_\_\_\_

Occupation: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Business Name: \_\_\_\_\_ City: \_\_\_\_\_

Occupation: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Business Name: \_\_\_\_\_ City: \_\_\_\_\_

Occupation: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Business Name: \_\_\_\_\_ City: \_\_\_\_\_

Occupation: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Business Name: \_\_\_\_\_ City: \_\_\_\_\_

7. List seven previous residential addresses immediately prior to present residential address:

\_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

\_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

\_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

\_\_\_\_\_ **From:** \_\_\_\_\_ **To:** \_\_\_\_\_  
\_\_\_\_\_ **From:** \_\_\_\_\_ **To:** \_\_\_\_\_  
\_\_\_\_\_ **From:** \_\_\_\_\_ **To:** \_\_\_\_\_  
\_\_\_\_\_ **From:** \_\_\_\_\_ **To:** \_\_\_\_\_

8. Have you ever had a license or permit to give massage or operate a Massage Establishment or business in any other area?

Yes      Where? \_\_\_\_\_  
 No

9. Have you ever been denied a license or permit?     Yes       No

If yes, where? \_\_\_\_\_

Please explain: \_\_\_\_\_

\_\_\_\_\_

10. Has your license or permit ever been revoked or suspended? If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

**Upon Permit Approval - Proposed Business Name or Employer:**

11. Name of the Establishment: \_\_\_\_\_

Business Telephone Number: \_\_\_\_\_

Physical location of business and description of facilities contained therein:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I give my written authorization to the City or its agents to seek information and conduct an investigation into the truth of the statements set forth in my application. \_\_\_\_\_ (initials)

I do not intend to personally provide massage services at the business. \_\_\_\_\_ (initials)

***I hereby certify that all statements made in this application are true and complete, and I understand that any misstatement of material facts will be grounds for denial or revocation of the permit. I further understand that this permit must be renewed on an annual basis and it is my obligation to renew this permit.***

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Signature of Applicant:

Date:

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**THE FOLLOWING MUST BE PROVIDED BY ALL APPLICANTS:**

- Written proof that applicant is a student of an accredited school approved by the California Department of Education in order to perform massage as part of a formal supervised internship or training program operated by the school, without compensation other than school credit, on the premises of a massage establishment duly authorized to operate (SRMC B7-183(F)). If performing massage for a fee, student must be under the direct supervision of a CAMTC certified massage therapist (SRMC B7-184).*
- Proof that applicant is over the age of 18 years and possess documentation that applicant has a lawful right to work in the United States.*
- Fingerprints of applicant. (If establishment owner is not a massage therapist.)*
- Proof of massage malpractice insurance of not less than one million dollars (\$1,000,000) per therapist.*
- Proof of Liability Insurance for establishment (\$2,000,000). (Establishment only.)*
- Copy of Business License application. (Establishment only.)*
- Copy of Worker's Compensation Insurance. (Establishment only.)*

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**FOR OFFICE USE ONLY:**

DMV \_\_\_\_\_ CII \_\_\_\_\_ SRPD \_\_\_\_\_ FEES PAID \_\_\_\_\_