

MESSAGE PRACTITIONER AND ESTABLISHMENT PERMIT APPLICATION

Section One: TYPE OF PERMIT	
<input type="checkbox"/> MESSAGE PRACTITIONER	<input type="checkbox"/> MESSAGE ESTABLISHMENT
<input type="checkbox"/> NEW	<input type="checkbox"/> RENEWAL
Section Two: APPLICANT INFORMATION	
APPLICANT FULL NAME	SACRAMENTO BUSINESS OPERATIONS TAX ACCOUNT (if applicable)
CAMTC CERTIFICATE NUMBER (if applicable)	
PHONE	EMAIL
MAILING ADDRESS	
ADDRESS WHERE MESSAGE SERVICES WILL BE PROVIDED	
DATE OF BIRTH	DRIVER'S LICENSE
HAVE YOU EVER HAD A PERMIT OR LICENSE REVOKED OR DENIED? IF YES, EXPLAIN	
DO YOU HAVE ANY PHYSICAL OR MENTAL CONDITIONS THAT WOULD INTERFERE WITH THE PERMITTED ACTIVITY? IF YES, EXPLAIN <i>(attach additional sheet, if needed)</i>	
HAVE YOU EVER BEEN CONVICTED OF A CRIME? If yes, give the date and location of each arrest <i>(attach additional sheet, if needed)</i>	

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Section Three: ESTABLISHMENT INFORMATION	
BUSINESS NAME	
OWNER FULL NAME	
BUSINESS ADDRESS	
IS THE BUSINESS ADDRESS USED AS A PERSONAL RESIDENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
PHONE	EMAIL
EXCLUDING APPLICANT, HOW MANY MESSAGE THERAPISTS ARE EMPLOYED BY THIS ESTABLISHMENT?	

Section Four: DOCUMENTS SUBMITTED BY APPLICANT
DRIVER'S LICENSE
SIGNED PROPERTY OWNER ACKNOWLEDGEMENT
TWO PASSPORT COLOR PHOTOS
ACTIVE CALIFORNIA MASSAGE THERAPY COUNCIL CERTIFICATE NUMBER(S)
PROOF OF EDUCATION *NEW Application: 250 Hours of classroom instruction - additional hours may be required if the base 250 hours was obtained 1 calendar year before applying *RENEWAL Application: 12 Hours in preceding calendar year

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Section Five: RULES AND REGULATIONS ACKNOWLEDGEMENT		
I am familiar with Sacramento City Code (5.124) and the laws of the State of California pertaining to this application.		
Applicant Initial		
Section Six: AGREEMENT AND SIGNATURE		
I hereby certify that the answers I have given are true and correct to the best of my knowledge and belief, and I understand and agree that any false or misleading answer will result in denial or revocation of any permit. Further, the City is hereby authorized to seek and verify information contained in this application. I understand verification of the accuracy of the application information is a matter of public record and may be made available to interested parties upon request.		
Applicant Signature		Date
Section Seven: CITY STAFF ONLY		
Received by	Date	Property Owner Ack
Practitioner Permit Number	BOT Number	Property Owner Lookup Date
Establishment Permit Number	BOT Number	CAMTC Number Verified Date
Establishment type/number of practitioners		
Out-call 1 2 3 4 5 _____		