

**MESSAGE PRACTITIONER AND ESTABLISHMENT PERMIT APPLICATION**

<b>Section One: TYPE OF PERMIT</b>	
<input type="checkbox"/> MESSAGE PRACTITIONER	<input type="checkbox"/> MESSAGE ESTABLISHMENT
<input type="checkbox"/> NEW	<input type="checkbox"/> RENEWAL
<b>Section Two: APPLICANT INFORMATION</b>	
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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<b>Section Three: ESTABLISHMENT INFORMATION</b>	
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?	

<b>Section Four: DOCUMENTS SUBMITTED BY APPLICANT</b>
DRIVER'S LICENSE (*NEW APPLICATIONS ONLY)
SIGNED PROPERTY OWNER ACKNOWLEDGEMENT (*NEW APPLICATIONS ONLY)
TWO PASSPORT COLOR PHOTOS
ACTIVE CALIFORNIA MASSAGE THERAPY COUNCIL CERTIFICATE NUMBER
PROOF OF EDUCATION *NEW Application: 250 Hours of classroom instruction *RENEWAL Application: 12 Hours in preceding calendar year

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<b>Section Five: RULES AND REGULATIONS ACKNOWLEDGEMENT</b>		
I am familiar with Sacramento City Code (5.124) and the laws of the State of California pertaining to this application.		
<b>Applicant Initial</b>		
<b>Section Six: AGREEMENT AND SIGNATURE</b>		
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.		
<b>Applicant Signature</b>		<b>Date</b>
<b>Section Seven: CITY STAFF ONLY</b>		
<b>Received by</b>	<b>Date</b>	<b>Property Owner Ack</b>
<b>Practitioner Permit Number</b>	<b>BOT Number</b>	<b>Property Owner Lookup Date</b>
<b>Establishment Permit Number</b>	<b>BOT Number</b>	<b>CAMTC Number Verified Date</b>
<b>Establishment type/number of practitioners</b>		
<b>Out-call</b> 1    2    3    4    5    _____		