CITY OF LARKSPUR

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APPLICATION FOR CHANGE TO CERTIFIED MASSAGE PRACTITIONERS (CMP) FOR REGISTERED MASSAGE ESTABLISHMENTS

(Larkspur Municipal Code Section 5.49, Regulation of Massage Businesses)

All certified Massage Establishments or Operator Permits must identify all employees in their business. All employees must be Certified Massage Practitioners certified by the California Massage Therapy Council (CAMTC).

Application Date: _____ **Current MIP #** _____

EXISTING ESTABLISHMENT:

Massage Establishment Owner Information

Business Name: _____

Business Address: _____

Name(s) of Business Owner: _____

Email Address: _____

Mailing Address: _____

Business Phone #: _____

CHANGE TO PRACTITIONER(s):

Certifications and Identification For All Employees

For each person that the massage establishment proposes to ADD or Delete as Employees or to retain to perform massage therapy for compensation, a clear and legible *color* copy of that person's current certification from the California Massage Therapy Council (CAMTC) as a certified massage practitioner or as a certified massage therapist and a copy of that person's California Massage Therapy Council-issued identification card.

Add	Delete	Name of CMP
___	___	_____
___	___	_____
___	___	_____
___	___	_____

OPERATIONAL CHECKLIST FOR MASSAGE BUSINESSES

(To be filled out by Applicant; Staff Confirmation)

Circle the appropriate answer as it applies to the proposed massage business questions below:

				Staff Check
1. Are you a certified massage practitioner?	Yes	No	N/A	___
2. Are you a massage business operator?	Yes	No	N/A	___
3. Are you a massage business owner?	Yes	No	N/A	___
4. Are you providing massage services out of your home?	Yes	No	N/A	___
5. Is there a wash basin with hot and cold running water?	Yes	No	N/A	___
6. Are there sanitary towels provided at each wash basin?	Yes	No	N/A	___
7. Are there clean sanitary towels, coverings, and linens?	Yes	No	N/A	___
8. Are there separate receptacles for soiled towels, coverings, and linens?	Yes	No	N/A	___

Staff Comments: _____

_____