Pleasant Hill
Police Department

Massage Establishment Permit Application

Applicant,

Please submit the following items in addition to completing the Massage Permit Application form:

- Fingerprints: Submit a Livescan of your fingerprints at the time of your original application. There is an additional cost for this. Your fingerprints will be checked through the Department of Justice criminal history records. You will only need to complete this at the time of your original application. This may be done at a local UPS Store. NOTE: Only for owners who do not possess valid CAMTC certification.

- Photographs: You need to submit two (2) color photographs, taken within the last six (6) months that clearly show your face. Passport photographs, or similar, are recommended.

- A written description of the proposed massage establishment and how it will satisfy the requirements of PHMC Chapter 6.30.

- A copy of your lease agreement

- A copy of your driver's license (or passport), Social Security card, and any other document relating to your work status, if any.

- A completed application for your business license and use permit from City Hall after the approval of your Massage Establishment Permit.

- The registration of massage therapists and practitioners as required by PHMC § 6.30.050(A)(1). [See attached register]

- Fictitious business name (or "doing business as"/"DBA") filings in the county where you choose to do business help consumers find the true legal name of the business. PHMC § 6.30.040. To obtain your Fictitious business name visit Contra Costa County's Fictitious Business Name website at: https://www.contracostavote.gov/countyclerk/fictitious-business-name/

- Fees: Original Application - $323 Renewal Application - $145

Pleasant Hill Police Department
Massage Establishment Permit Application

(Pleasant Hill Municipal Code 6.30.040)

PHPD USE ONLY
☐ Original Application
☐ Renewal
Original # _____

Business Information		
Name:		
Business Address:		
City:	State:	ZIP Code:
Business License #:	Conditional Use Permit Obtained: ☐ Yes ☐ No ☐ Not Applicable	

Owner Information			
Legal Name:		Nickname(s):	
Date of birth:	CDL:		Phone:
Home address:	City:		
State:	Zip:	Email:	
Are you the sole owner of this business? ☐ Yes ☐ No	If No, all other owners must provide separate applications.		

Employment History (List all businesses, occupations and employment for the last 10 years)			
Employer:	From:	To:	
Address:			
City:	State:	Zip:	Phone:
Position:			
Supervisors Name:			
Employer:	From:	To:	
Address:			
City:	State	Zip:	Phone:
Position:			
Supervisors Name:			
Employer:	From:	To:	
Address:			
City:	State:	Zip:	Phone:
Position:			
Supervisors Name:			
Employer:	From:	To:	
Address:			
City:	State:	Zip:	Phone:
Position:			
Supervisors Name:			

Business History (List (1) any other business currently owned or operated in Pleasant Hill, and (2) any massage business or other like establishment owned or operated at any time		
Name of Business:	Type of Business:	
Address:		
City:	State:	Zip:
Date Owned From: To:		
If this is a massage business, was it ever the subject of disciplinary action, suspension or revocation?		☐Yes ☐No
If yes, explain:		
If this is a massage business, or other like establishment, list all co-owners or partners:		

Name of Business:	Type of Business:
Address:	
City:	State:
Date Owned From: To:	
If this is a massage business, was it ever the subject of disciplinary action, suspension or revocation?	☐Yes ☐No
If yes, explain:	
If this is a massage business, or other like establishment, list all co-owners or partners:	

Name of Business:	Type of Business:	
Address:		
City:	State:	Zip:
Date Owned From: To:		
If this is a massage business, was it ever the subject of disciplinary action, suspension or revocation?		☐Yes ☐No
If yes, explain:		
If this is a massage business, or other like establishment, list all co-owners or partners:		

Criminal History

Answer the following questions:

1.	Have you been convicted within the last five (5) years of a felony or misdemeanor crime?	☐Yes ☐No
2.	Do you currently have any warrants for your arrest?	☐Yes ☐No
3.	Do you have any pending criminal cases against you?	☐Yes ☐No
4.	Are you required to register as a sex offender in any state?	☐Yes ☐No
5.	Have you owned a massage business in the last five years that has been the focus of a criminal investigation resulting in an arrest?	☐Yes ☐No

If you answered "Yes" to any of the questions, please explain:

I understand that I must notify the police department immediately if I receive notice of disciplinary action taken by the CAMTC regarding my establishment or any therapist or practitioner working at my establishment. **Sign:**

Property Owner/Lessor

Owners Name:			
Address:			
City:		State:	Zip:
Phone:	Fax:	Email:	

Management Company:			
Agent:			
Address:			
City:		State:	Zip:
Phone:	Fax:	Email:	

I have reviewed this application. **Signature of Property Owner or Agent:**	**Date:**

Applicant Signature

I declare under penalty of perjury that the information contained herein is true and correct to the best of my knowledge. Further, I have read, understand, and will comply with the provisions of Pleasant Hill Municipal Code Chapter 6.30 relating to the operation of massage establishments. I understand that any false statement or omission of material information in connection with this application may be punished as provided by law, including civil and criminal sanctions, and may subject the applicant to denial of permit, or the suspension, limitation, or revocation of any permit granted hereunder.

Signature of Applicant:	**Date:**

Pleasant Hill Police Department Date: ____________

Massage Establishment Register of Therapists And Practitioners

[Pleasant Hill Municipal Code § 6.30.050(A)(1) - Establishment owner must submit an amended copy of massage therapists, massage practitioners, or exempt therapists within five days of the date of hiring, commencement of services, or termination of services by each massage therapist/practitioner at the establishment.]

Massage Therapists, Practitioners, and Independent Contractors			
Name:	CAMTC#:	Date of Hire:	
Address:	City:	State:	Zip:
Outcall Massage: ☐ Yes ☐ No	Independent Contractor ☐ Yes ☐ No	Business License Number:	
Manager: ☐ Yes ☐ No	If yes, phone number:		
Name:	CAMTC#:	Date of Hire:	
Address:	City:	State:	Zip:
Outcall Massage: ☐ Yes ☐ No	Independent Contractor ☐ Yes ☐ No	Business License Number:	
Manager: ☐ Yes ☐ No	If yes, phone number:		
Name:	CAMTC#:	Date of Hire:	
Address:	City:	State:	Zip:
Outcall Massage: ☐ Yes ☐ No	Independent Contractor ☐ Yes ☐ No	Business License Number:	
Manager: ☐ Yes ☐ No	If yes, phone number:		
Name:	CAMTC#:	Date of Hire:	
Address:	City:	State:	Zip:
Outcall Massage: ☐ Yes ☐ No	Independent Contractor ☐ Yes ☐ No	Business License Number:	
Manager: ☐ Yes ☐ No	If yes, phone number:		
Name:	CAMTC#:	Date of Hire:	
Address:	City:	State:	Zip:
Outcall Massage: ☐ Yes ☐ No	Independent Contractor ☐ Yes ☐ No	Business License Number:	
Manager: ☐ Yes ☐ No	If yes, phone number:		
Name:	CAMTC#:	Date of Hire:	
Address:	City:	State:	Zip:
Outcall Massage: ☐ Yes ☐ No	Independent Contractor ☐ Yes ☐ No	Business License Number:	
Manager: ☐ Yes ☐ No	If yes, phone number:		
Name:	CAMTC#:	Date of Hire:	
Address:	City:	State:	Zip:
Outcall Massage: ☐ Yes ☐ No	Independent Contractor ☐ Yes ☐ No	Business License Number:	
Manager: ☐ Yes ☐ No	If yes, phone number:		
Name:	CAMTC#:	Date of Hire:	
Address:	City:	State:	Zip:
Outcall Massage: ☐ Yes ☐ No	Independent Contractor ☐ Yes ☐ No	Business License Number:	
Manager: ☐ Yes ☐ No	If yes, phone number:		

Massage Establishment Owner Signature

I declare under penalty of perjury that the information contained herein is true and correct to the best of my knowledge. I understand that any false statement or omission of material information in connection with this document may be punished as provided by law, including civil and criminal sanctions, and may be grounds for suspension or revocation of the massage establishment permit .

Signature of Applicant:	Date: