



CITY OF TEMECULA

41000 Main Street 951-694-6400
Temecula, CA 92590 TemeculaCA.gov/massage

BUSINESS LICENSE & MESSAGE ESTABLISHMENT APPLICATION

Introduction:

This application must be used for any business that wishes to operate with massage services (except those exempt under Chapter 5.22 of the Temecula Municipal Code). No business may operate a business with massage without a valid business license and a valid massage establishment permit. Submittal of an application **does not** constitute a valid license or permit.

What are the steps to the process?

1. **Non-CAMTC applicants, managers, and operators** must complete a Livescan prior to the submission of this application. Non-CAMTC applicants, managers, and operators who have previously submitted a Livescan do not need to submit a new Livescan. Livescan forms and instructions are available at TemeculaCA.gov/massage.
2. **Prior to submitting the application**, applicants should verify that they have **all** of the required paperwork and completed all responses on the application forms. Failure to submit any portion of this application will result in a rejected application or delayed review.
3. **Business License** will review the Massage Establishment Permit (MEP) application upon submittal. Payment will be required.
4. **Planning** processes the MEP (or renewal) and reviews the MEP for completeness. Payment will be required before staff can begin review of the MEP.
5. **Police** will review the contents of the application to ensure the accuracy and integrity of the application.
6. **Planning** will continue to process a MEP, if approved by the Police Department/all requirements are met.
7. **Building & Safety/Fire** will require tenant improvement permits, or a Non-Construction Certificate of Occupancy for all new locations or changes in ownership. Renewals without any ownership or location changes will not be required to obtain a new occupancy certificate.
8. **Business License** will review the finalized application. A copy of the business license and MEP will be mailed within a few weeks.

Processing times will vary depending on Department of Justice (DOJ) timelines, caseloads, and the completeness/responsiveness of applicants. **NOTE: We cannot accept online or e-mail submissions of any Massage Permits. Complete applications must be mailed to:**

City of Temecula, Attn: Business License Division, 41000 Main Street, Temecula, CA 92590

SECTION A

BUSINESS LICENSE CHECKLIST

In addition to the items required in this packet, all of the following items **must be attached to this page** (when applicable). Failure to submit any portion of this application will result in a rejected application or delayed review.

PLEASE ATTACH THE FOLLOWING TO THIS PAGE (WHEN APPLICABLE)

- ☐ Any county, state, or federal licenses required for the business (health permits, etc.)
- ☐ Agent Letter if sending an authorized agent –notarized or with an Owner's ID if not notarized
- ☐ Articles of Incorporation / Organization / Formation as filed with the Secretary of State
- ☐ State License / Certification for Licensed Professions (other than massage professionals)
- ☐ Proof of Fictitious Name Filing for the Business Name/ dba (doing business as) with the Riverside County
- ☐ States Sales Tax ID/Sellers Permit (if selling tangible goods or rentals that require sales tax to be collected)



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BUSINESS LICENSE & MASSAGE ESTABLISHMENT APPLICATION

SECTION B

BUSINESS LICENSE

INFORMATION IN SECTION B IS SUBJECT TO PUBLIC RECORD(S) DISCLOSURE

What type of application is this?

☐ New Application ☐ Renewal ☐ Change of Owner (Corp. Only) ☐ Change of Name (with fictitious business name)

Precise Business Name

Corporate Name (if applicable)

Business Location (Cannot be a P.O. Box per State of California Business & Professions Code § 17538.5)

Unit/Suite #

Description of the Business

Hours (7 a.m. – 9 p.m. max.)

What is the ownership structure?

☐ Corporation ☐ Corp.-Limited Liability ☐ Partnership ☐ Sole Proprietor ☐ Trust

Phone

Sellers Permit #

State License #

State License Classification

Website URL

SECTION C

MAILING ADDRESS/EMAIL

Mailing Street Name & Number

Unit #

City

Zip

Email

SECTION D

EMERGENCY POINT OF CONTACT

Contact Name

Title

Phone

Street Number & Street Name

Unit #

City

Zip

SECTION E

PROPERTY OWNER INFORMATION

First Name (or Company Name)

Last Name

Middle Initial

Property Owner Street Number & Name

Unit #

City

Zip

Property Owner Email

Property Owner Phone

SECTION F

APPLICANT

First Name

Middle Initial

Last Name

Street Number & Street Name

Unit #

City

Zip

Applicant Email

Applicant Phone

FOR CITY STAFF					DEPT.	DATE REC'D	PERMIT/LIC. #	INITIAL	DATE
Date Rec'd.		Penalty #			Bus. Lic. (Start)				
Date Paid		Invoice #			Planning (Start)				
License Fee					Police				
☐ Cash ☐ AMX ☐ DC ☐ MC ☐ VISA					Planning (MEP)				
☐ heck #					Building/Fire				
					Bus. Lic. (End)				

CITY OF TEMECULA BUSINESS LICENSE AND MASSAGE ESTABLISHMENT APPLICATION

SECTION G

STATEMENT OF OPERATIONS

Instructions: Please describe your business operations. Please describe all services provided (deep tissue, hot stone, other non-massage services, etc.)

What are your hours of operation? (Must be between 7:00 a.m. to 9:00 p.m.)

If other uses are operated on the premises, what percentage (%) of the floor area will be dedicated to other uses?

☐ Not applicable ☐ % of other uses

Will any massage professionals perform outcall massage?

☐ Yes ☐ No

I certify under the penalty of perjury of the laws of the State of California that all of the information provided in this application is true and correct. I also understand that an incomplete or unsigned application may be denied.

Applicant/Manager/Operator (Circle one) Signature

Date

Applicant/Manager/Operator (Circle one) Printed Name

SECTION H1

PROPERTY OWNER ACKNOWLEDGMENT

**MESSAGE ESTABLISHMENT
PROPERTY OWNER ACKNOWLEDGMENT**

Applicant Name: _____

Message Establishment Name: _____

Message Establishment Address: _____

The above-named Applicant has applied for a new or renewed City of Temecula Message Establishment Permit to operate a message establishment at the above-referenced location. The City of Temecula requires a signed acknowledgment from the legal owner of the real property on which a message establishment will be located that a message establishment will be located on their property and that the message establishment shall be subject to all applicable regulations, rules and restrictions under Federal, State and local law, including, but not limited to Chapter 5.22 (Message and Message Establishments) of Title 5 (Business Licenses and Regulations) of the Temecula Municipal Code, as it may be amended from time to time.

If the Applicant is not the legal owner of the real property, please list all persons on the lease agreement for the above-referenced location, including any additional persons known by you to have responsibility for this lease:

- 1) _____
- 2) _____
- 3) _____

ACKNOWLEDGMENT

Property Owner: _____

Business Address: _____

Telephone Number: _____

I, the undersigned, acknowledge that a message establishment will be located at the address identified above and that I am the owner of record of the property or that I am an agent of the owner duly authorized to represent the owner in such matters. I further acknowledge and understand that the City of Temecula has experienced an increase in illicit activity occurring at message establishments and repeated violations of the Temecula Municipal Code at certain properties. I understand and acknowledge that the message establishment located at the address identified above shall be subject to all applicable regulations, rules and restrictions under Federal, State and local law, including, but not limited to Chapter 5.22 (Message and Message Establishments) of Title 5 (Business Licenses and Regulations) of the Temecula Municipal Code, as it may be amended from time to time, and that as a result of a violation of the regulations, rules or restrictions of Chapter 5.22 of the Temecula Municipal Code, the City may declare the message establishment a public nuisance (Temecula Municipal Code § 5.22.150(B)). I further acknowledge that all costs of abating the public nuisance, including incidental expenses, such as the City's costs in commencing abatement proceedings and any attorney fees expended in the abatement of the nuisance, may be assessed against the property pursuant to Chapter 8.12 (Nuisances) of Title 8 (Health and Safety) of the Temecula Municipal Code. I further acknowledge pursuant to the State of California Red Light Abatement Law (Penal Code §§ 11225 et seq.) ("the Law"), buildings and facilities maintained for the purposes of human trafficking, prostitution, lewdness, gambling, narcotics trafficking and other specified crimes constitute nuisances. The City is authorized under this Law to bring a civil action against any and all persons conducting, maintaining, or permitting the nuisance, either directly or indirectly, including, but not limited to, all property owners, property managers, business owners, and tenants associated with the nuisance. In addition to civil penalties of up to \$25,000 against each defendant, the court may award the City damages of up to the fair market value of one year's rent.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signed: _____

Printed Name: _____

Title: _____

Date: _____

CALIFORNIA NOTARY ACKNOWLEDGEMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of _____

On _____ (date), before me, _____, the undersigned, a notary public for the State, personally appeared _____ (name of subscribing witness), proved to me to be the person whose name is subscribed to the within instrument, as a witness thereto, on the oath of _____ (name of credible witness), a credible witness who is known to me and provided a satisfactory identifying document. _____ (name of subscribing witness), being by me duly sworn, said that he/she was present and saw/heard _____ (name[s] of principal[s]), the same person(s) described in and whose name(s) is/are subscribed to the within or attached instrument in his/her/their authorized capacity(ies) as (a) party(ies) thereto, execute or acknowledge executing the same, and that said affiant subscribed his/her name to the within or attached instrument as a witness at the request of _____ (name[s] of principal[s]).

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____ (Seal)

CITY OF TEMECULA BUSINESS LICENSE AND MASSAGE ESTABLISHMENT APPLICATION

SECTION I	BUSINESS OWNERSHIP
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Instructions: Please answer the following questions accurately.

What type of ownership is this business?

☐ Corporation ☐ Corp.-Limited Liability ☐ Partnership/Joint Venture ☐ Sole Proprietor ☐ Other

Is this a limited partnership?

☐ No ☐ Yes (if yes, please provide a copy of the Certificate of Limited Partnership filed with the State)

Is this a corporation or is one or more partners a corporation?

☐ No ☐ Yes

What is the name of the Corporation? (The name must be set forth exactly as shown in the articles of incorporation or charter)

State of Incorporation.	Date of Incorporation. (dd/mm/yyyy)	
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SECTION J	BUSINESS OWNERSHIP: RESIDENTIAL INFORMATION
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Instructions: For corporations or partnerships with corporations, all names and addresses of current Officers/Directors must be provided as well as any stockholder holding more than 5% of the stock of the corporation. If needed, use an additional copy of this sheet.

First Name	Middle Initial	Last Name	
Street Number & Street Name	Unit #	City	Zip
First Name	Middle Initial	Last Name	
Street Number & Street Name	Unit #	City	Zip
First Name	Middle Initial	Last Name	
Street Number & Street Name	Unit #	City	Zip
First Name	Middle Initial	Last Name	
Street Number & Street Name	Unit #	City	Zip
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First Name	Middle Initial	Last Name	
Street Number & Street Name	Unit #	City	Zip

CITY OF TEMECULA BUSINESS LICENSE AND MASSAGE ESTABLISHMENT APPLICATION

SECTION K**APPLICANTS/MANAGERS/OPERATOR(S) RESIDENTIAL HISTORY**

Instructions: Provide all previous residential addresses for eight (8) years prior to the current residential address for **ALL applicants, managers, and operators**. List the most recent addresses, first. Massage professionals who are not an operator, manager, and/or applicant do not need to fill-out this page. Use an additional copy of this sheet, if needed.

First Name	Middle Name	Last Name
All aliases	CAMTC Certificate? ☐ Yes ☐ No	CAMTC #

If you do not have a CAMTC Certificate, have you ever completed a Livescan for the City of Temecula?

☐ Yes ☐ No (you must complete **Section R**)

Street Number & Street Name	City	Zip	From (dd/mm/yyyy)	To (dd/mm/yyyy)
Street Number & Street Name	City	Zip	From (dd/mm/yyyy)	To (dd/mm/yyyy)
Street Number & Street Name	City	Zip	From (dd/mm/yyyy)	To (dd/mm/yyyy)
Street Number & Street Name	City	Zip	From (dd/mm/yyyy)	To (dd/mm/yyyy)

First Name	Middle Name	Last Name
All aliases	CAMTC Certificate? ☐ Yes ☐ No	CAMTC #

If you do not have a CAMTC Certificate, have you ever completed a Livescan for the City of Temecula?

☐ Yes ☐ No (you must complete **Section R**)

Street Number & Street Name	City	Zip	From (dd/mm/yyyy)	To (dd/mm/yyyy)
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Street Number & Street Name	City	Zip	From (dd/mm/yyyy)	To (dd/mm/yyyy)

First Name	Middle Name	Last Name
All aliases	CAMTC Certificate? ☐ Yes ☐ No	CAMTC #

If you do not have a CAMTC Certificate, have you ever completed a Livescan for the City of Temecula?

☐ Yes ☐ No (you must complete **Section R**)

Street Number & Street Name	City	Zip	From (dd/mm/yyyy)	To (dd/mm/yyyy)
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Street Number & Street Name	City	Zip	From (dd/mm/yyyy)	To (dd/mm/yyyy)

CITY OF TEMECULA BUSINESS LICENSE AND MESSAGE ESTABLISHMENT APPLICATION

SECTION L

STAFF LISTING

Instructions: Please list the names and residence addresses for **ALL** managers, operators, massage professionals, and employees of the massage establishment. A driver's license or other government-issued pictured identification card will be required for each person. Use an additional copy of this sheet, if needed.

CAMTC #	Employment Status ☐ 1099 ☐ W2	Title/Position (you may check multiple positions, if applicable) ☐ Operator ☐ Manager ☐ Massage Prof. ☐ Other (describe):		
First Name		Middle Initial	Last Name	
Street Number & Street Name		Unit	City	Zip

CAMTC #	Employment Status ☐ 1099 ☐ W2	Title/Position (you may check multiple positions, if applicable) ☐ Operator ☐ Manager ☐ Massage Prof. ☐ Other (describe):		
First Name		Middle Initial	Last Name	
Street Number & Street Name		Unit	City	Zip

CAMTC #	Employment Status ☐ 1099 ☐ W2	Title/Position (you may check multiple positions, if applicable) ☐ Operator ☐ Manager ☐ Massage Prof. ☐ Other (describe):		
First Name		Middle Initial	Last Name	
Street Number & Street Name		Unit	City	Zip

CAMTC #	Employment Status ☐ 1099 ☐ W2	Title/Position (you may check multiple positions, if applicable) ☐ Operator ☐ Manager ☐ Massage Prof. ☐ Other (describe):		
First Name		Middle Initial	Last Name	
Street Number & Street Name		Unit	City	Zip

CAMTC #	Employment Status ☐ 1099 ☐ W2	Title/Position (you may check multiple positions, if applicable) ☐ Operator ☐ Manager ☐ Massage Prof. ☐ Other (describe):		
First Name		Middle Initial	Last Name	
Street Number & Street Name		Unit	City	Zip

CAMTC #	Employment Status ☐ 1099 ☐ W2	Title/Position (you may check multiple positions, if applicable) ☐ Operator ☐ Manager ☐ Massage Prof. ☐ Other (describe):		
First Name		Middle Initial	Last Name	
Street Number & Street Name		Unit	City	Zip

CAMTC #	Employment Status ☐ 1099 ☐ W2	Title/Position (you may check multiple positions, if applicable) ☐ Operator ☐ Manager ☐ Massage Prof. ☐ Other (describe):		
First Name		Middle Initial	Last Name	
Street Number & Street Name		Unit	City	Zip

CAMTC #	Employment Status ☐ 1099 ☐ W2	Title/Position (you may check multiple positions, if applicable) ☐ Operator ☐ Manager ☐ Massage Prof. ☐ Other (describe):		
First Name		Middle Initial	Last Name	
Street Number & Street Name		Unit	City	Zip

CITY OF TEMECULA BUSINESS LICENSE AND MESSAGE ESTABLISHMENT APPLICATION

SECTION M**NON-CAMTC APPLICANTS/MANAGERS/OPERATORS EMPLOYMENT HISTORY**

Instructions: This section is for applicants/managers/operators that do not have a CAMTC Certificate. Employment history must be provided for eight years preceding this application. List the most recent employer first. Use an additional copy of this sheet, if needed.

Are all of the applicants, managers, and operators CAMTC certified?

☐ Yes (you may skip to **Section P**) ☐ No (you must complete this section for **all NON-CAMTC applicants, managers, & operators.**)

First Name

Last Name

What documents will you use as Qualifying Proof of Legal Residence? (Birth certificate, social security, etc.)

Are you at least 18 years of age?

☐ Yes ☐ No

Business Name

Type of Business

Position Title

Job Responsibilities

Street Number & Street Name

City

Zip

Start (dd/mm/yyyy)

End (dd/mm/yyyy)

Business Name

Type of Business

Position Title

Job Responsibilities

Street Number & Street Name

City

Zip

Start (dd/mm/yyyy)

End (dd/mm/yyyy)

Business Name

Type of Business

Position Title

Job Responsibilities

Street Number & Street Name

City

Zip

Start (dd/mm/yyyy)

End (dd/mm/yyyy)

SECTION N**NON-CAMTC OPEATOR PERMIT HISTORY**

Have you ever had any massage license and/or permit denied, revoked, and or suspended (including CAMTC Certificates)?

☐ No ☐ Yes (if yes, please list where the violation occurred):

Have you ever had any permit, license, or certification to conduct a massage business issued or denied by any governmental authority? ☐ No ☐ Yes

Was the permit or license denied, revoked, or suspended?

What was the reason for the denial, revocation or suspension of the massage business license or permit?

SECTION O**NON-CAMTC OPERATOR CRIMINAL HISTORY**

Instructions: Please list **all** criminal convictions and pending charges occurring in any state or country, including pleas of no contest, within the last ten (10) years, including those dismissed or expunged pursuant to Penal Code §1203.4, excluding traffic infractions or violations. Use additional sheets, if necessary.

Date of Conviction (dd/mm/yyyy)

Place of Conviction

Reason for Conviction

Date of Conviction (dd/mm/yyyy)

Place of Conviction

Reason for Conviction

CITY OF TEMECULA BUSINESS LICENSE AND MESSAGE ESTABLISHMENT APPLICATION

SECTION P

CERTIFICATION & ACKNOWLEDGEMENT

Instructions: Read this section and **all** referenced material thoroughly. All applicants, managers, operators, employees, independent contractors and staff are responsible for knowing the rules and regulations for message establishments within the City of Temecula. Use an additional copy of this sheet, if needed.

ALL APPLICANTS, MANAGERS & OPERATORS, must sign and initial a separate copy of this form.

I am a(n): ☐ Applicant ☐ Operator ☐ Manager (check all that apply)	Initial
I have reviewed Chapter 5.22 of the Temecula Municipal Code (available at TemeculaCA.gov/massage).	
I understand Chapter 5.22 of the Temecula Municipal Code and its contents.	
I understand the duties of a manager as required in Chapter 5.22 of the Temecula Municipal Code.	
I understand that I will <u>only employ or retain CAMTC certified massage professionals</u> for providing massage and failure to comply may result in the revocation of the massage establishment permit.	
I authorize the Chief of Police to investigate the truth of the information contained in the application, except that if the applicant is a CAMTC certified professional, the Chief of Police shall not perform a background check.	
I will be responsible for the conduct of all message establishment operators, employees, agents, independent contractors, other representatives while such person(s) are on the premises of the message establishment or providing outcall message services, and that failure to comply with the provisions of Chapter 5.22 of the Temecula Municipal Code and any federal, state, or local law may result in the revocation of the message establishment permit.	
I understand that during the term of a permit, the permit holder must notify the police department of any changes within 10 business days, in writing.	
I understand that I may not reapply for a period of 12 months if my application is denied, revoked, or suspended.	
I understand that false, misleading, or fraudulent statements or omission(s) may result in the application being denied.	
I understand that if I have not satisfied the requirements of this application in the time specified, the application may be denied.	
I understand that I must apply for my business license/message establishment permit renewal a minimum of 60 days prior to the expiration. I also understand that all business licenses and message establishment permits expire on January 31 of each year.	
I certify under the penalty of perjury of the laws of the State of California that all of the information provided in this application is true and correct. I also understand that an incomplete or unsigned application will be rejected.	
Applicant/Manager/Operator Signature	Date
Applicant/Manager/Operator Printed Name	

ALL APPLICANTS, MANAGERS & OPERATORS, must sign and initial a separate copy of this form.

MESSAGE ESTABLISHMENT FLOOR PLAN

Please draw a floor plan of the proposed massage establishment. Draw and label all interior areas, rooms, doors, bathrooms, plumbing, lobby areas, and exits.

A large grid of dotted lines for drawing a floor plan. The grid is composed of small squares, each approximately 1 inch by 1 inch, forming a large rectangular area for the drawing.

CITY OF TEMECULA BUSINESS LICENSE AND MASSAGE ESTABLISHMENT APPLICATION
COPY OF LEASE

After this page provide a copy of the lease.

CITY OF TEMECULA BUSINESS LICENSE AND MESSAGE ESTABLISHMENT APPLICATION

COPY OF INSURANCE

After this page, provide a copy of the certificate of liability insurance. The certificate must have the required coverage (\$1,000,000) as well as the required special provision and certificate holder information identified below (highlighted below).

CERTIFICATE OF LIABILITY INSURANCE								DATE (MM/DD/YYYY) 00/00/00															
THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).																							
PRODUCER Insurance Broker 1234 Main St Any Town, CA 91234					CONTACT NAME: John Doe PHONE (A/C, No, Ext): 951-123-4567 FAX (A/C, No): 951-456-7899 E-MAIL ADDRESS: Johndoe@broker.com																		
INSURED City Contractor 4321 State St. Our Town, CA 94321					<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> </thead> <tbody> <tr><td>INSURER A: Insurance Carrier</td><td>12345</td></tr> <tr><td>INSURER B:</td><td></td></tr> <tr><td>INSURER C:</td><td></td></tr> <tr><td>INSURER D:</td><td></td></tr> <tr><td>INSURER E:</td><td></td></tr> <tr><td>INSURER F:</td><td></td></tr> </tbody> </table>					INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Insurance Carrier	12345	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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INSURER D:																							
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INSURER F:																							
COVERAGES CERTIFICATE NUMBER: 123456 REVISION NUMBER: 654321																							
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.																							
INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS																
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	WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N OFFICER/MEMBER EXCLUDED? ☐ (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td></td> <td>WC STATUTORY LIMITS</td> <td>OTHER</td> </tr> <tr><td>E.L. EACH ACCIDENT</td><td></td><td>\$</td></tr> <tr><td>E.L. DISEASE - EA EMPLOYEE</td><td></td><td>\$</td></tr> <tr><td>E.L. DISEASE - POLICY LIMIT</td><td></td><td>\$</td></tr> </table>				WC STATUTORY LIMITS	OTHER	E.L. EACH ACCIDENT		\$	E.L. DISEASE - EA EMPLOYEE		\$	E.L. DISEASE - POLICY LIMIT		\$		
	WC STATUTORY LIMITS	OTHER																					
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E.L. DISEASE - EA EMPLOYEE		\$																					
E.L. DISEASE - POLICY LIMIT		\$																					
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS The City of Temecula, Successor Agency to the Temecula Redevelopment Agency, and the Temecula Community Services District, their officers, officials, employees and volunteers are named Additional Insured on General Policy.																							

CERTIFICATE HOLDER City of Temecula Attn: Finance Department 41000 Main Street Temecula, CA 92590	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Jonathan Doe
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CITY OF TEMECULA BUSINESS LICENSE AND MASSAGE ESTABLISHMENT APPLICATION

STAFF MEMBER IDENTIFICATION

After this page, please attach the following documentation for **each applicant, manager, operator, massage professional and employee (in the same order as listed in Section L).**

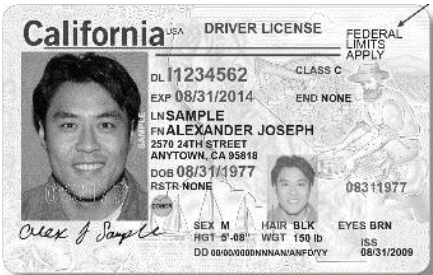
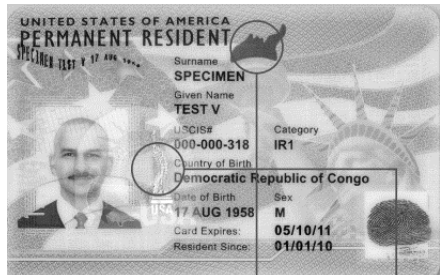
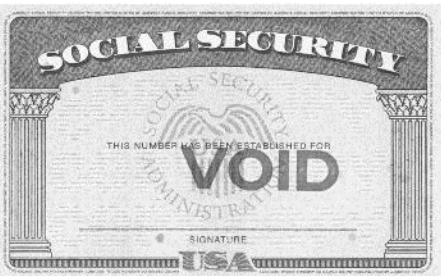
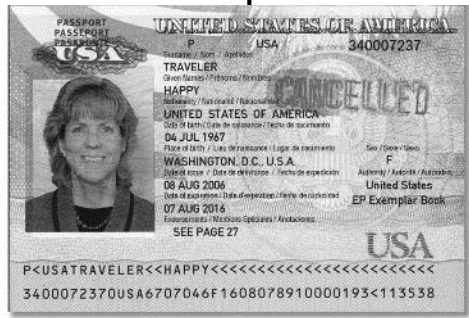
For CAMTC Professionals the following is required:

1. A clear color copy of a valid and current Identification Card (ID) or Driver License (DL) or passport
2. A clear color copy of a valid CAMTC ID (for massage professionals)
3. A clear and full page (8 ½" x 11") color copy of a valid CAMTC Certificate

For non-CAMTC staff the additional following information is required:

4. Proof of one of the following legal residency documents (birth certificate, immigration status, travel vista, etc.)
5. Proof of one of the following "ability to work in the U.S." documents (social security card, DHS employment authorization document, Green Card, etc.)

Sample Documentation

Driver License 	Green Card 
CAMTC ID 	Social Security Card 
CAMTC Certificate 	Passport 

CITY OF TEMECULA BUSINESS LICENSE AND MESSAGE ESTABLISHMENT APPLICATION
PASSPORT PHOTOS

- ☐ Attach two 2" x 2" passport style photos to this page for each owner, manager, and/or operator.
- ☐ Write the person's name behind the correct photo (print clearly).

SECTION R**NON-CAMTC OPERATOR BACKGROUND CHECK AND FINGERPRINTS**

Instructions: Applicants/owners/operators who do not have a CAMTC certificate will be required to undergo a background check. Please read the following instructions carefully.

A new Livescan is only required for Non-CAMTC operators who have never had a Livescan with the City of Temecula.

STEP 1:

- ☐ Complete your Livescan form (available at TemeculaCA.gov/massage)

STEP 2:

- ☐ Schedule a Livescan (fingerprinting) by contacting the City of Temecula Police Storefront at 951-506-5160
- ☐ Hours are as follows: Monday-Friday, 11:00 a.m. – 5:00 p.m. / Saturday – Sunday 11:30 a.m. - 5:00 p.m.
- ☐ Fees are \$32 + a \$10 rolling fee for each Livescan. Payment may be cash or check.

STEP 3:

- ☐ Provide a copy of the Livescan receipt and attach it to this page for any non-CAMTC applicants, owners, or operators.
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