Cloverdale Police Department
Sean Jones, Chief of Police
112 Broad Street • Cloverdale, CA 95425 • Phone: (707) 894-2150 • Fax: (707) 894-5203

MASSAGE THERAPIST PERMIT APPLICATION OVERVIEW

To obtain a Massage Therapist Permit, you must complete the following steps:

1. Complete the attached form for a Massage Therapist Permit Application. NOTE: *Do not leave any blanks*. If a section or question does not apply to you, enter "not applicable" or "none". You must have a Notary Public notarize your signature when you sign the application.
2. You will need to be fingerprinted, which is available at the Cloverdale Police Department. Contact the police department Monday through Thursday 7:00am to 5:00pm to make an appointment to be fingerprinted with our Community Service Officer.
3. Bring the following documents to the police department when you are ready to file for a Massage Therapist Permit:
    a. Completed application with a notarized signature
    b. A copy of each Certificate of Completion from each state-approved school of massage or a copy of transcripts showing your completed training.
    c. A non-refundable fee of $425.00 (cash must be exact or a check payable to City of Cloverdale). This fee covers the expense of a background check, fingerprinting services and the Department of Justice fingerprinting processing fee.

You will need to renew your massage permit every two years. The cost for a Message Permit Renewal is $135.00.

IF YOU CHANGE YOUR PLACE OF BUSINESS, OR ADDRESS, YOU MUST NOTIFTY THE CLOVERDALE POLICE DEPARTMENT

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MASSAGE THERAPIST
City of Cloverdale Municipal Code

PERMIT REQUIRED - *Municipal Code Section 5.24.020 states:*

It is unlawful for any person to engage in, conduct or carry on, or to permit to be engaged in, conducted or carried on, in or upon any premises in the city, the operation of a massage establishment or an outcall massage service, without first having obtained a permit from the police department issued pursuant to the provisions of this chapter.

PERMIT PROCESS - *Municipal Code Section 5.24.020 states:*

A. The application for a permit to operate a massage establishment or an outcall massage service shall set forth the exact nature of massage to be administered, the proposed place of business and facilities therefore, and the name and address of each applicant.
B. In addition to the foregoing, any applicant for a permit shall furnish the following information:
    1. The two previous business and residential addresses prior to the present or proposed business address of the applicant;
    2. Written proof that the applicant is over the age of eighteen years (copy of birth certificate);
    3. Applicant's height, weight, color of eyes and hair, sex, and date of birth;
    4. Two portrait photographs at least two inches by two inches;
    5. Business, occupation or employments of the applicant for the three years immediately preceding the date of the application;
    6. The massage or similar business license history of the applicant; whether such person in previously operating in this or another city or state under license, has had such license revoked or suspended, the reason therefore, and the business activity or occupation of the applicant subsequent to such action or suspension or revocation;
    7. All criminal convictions and the reasons therefore;
    8. The applicant must furnish a diploma or certificate of graduation from a state-approved school wherein the method, profession and work of massage is taught. The term "state-approved school" means and includes any school or institution of learning which has been certified by the State Department of Education, Bureau of School Approvals. The Chief of Police shall have a right to confirm the fact that the applicant has actually attended classes in a state-approved school;
    9. Such other identification and information necessary to discover the truth of the mattes hereinbefore specified and required to be set forth in the application;
    10. Nothing contained herein shall be construed to deny the Chief of Police the right to *take the fingerprints* and additional photographs *of the applicant*, nor shall anything contained herein be construed to deny the right of the Chief of Police to confirm the height and weight of the applicant.

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MASSAGE THERAPIST APPLICATION

PERSONAL INFORMATION

Print Full Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

List all names used, including dates:

Name (aka): _____ Dates: _____

Name (aka): _____ Dates: _____

Phone (Home): _____ (Work): _____ (Cell): _____

Email Address: _____

Date of Birth: _____ Place of Birth: _____ Birth Certificate Attached: ☐ Yes ☐ No

Are you a U.S. Citizen? ☐ Yes ☐ No Social Security #: _____ DL #: _____

Gender : ☐ Male ☐ Female Weight _____ Height _____ Hair Color _____ Eye Color _____

RESIDENCE HISTORY

List ALL residences during the last seven years. Do not use P.O. Boxes. Use the back of this page if more room is needed.

From/To	Address	City/State/Zip	Own/Rent
___/___ to ___/___			
___/___ to ___/___			
___/___ to ___/___			

EMPLOYMENT HISTORY

List ALL employers during the last three years. Use the back of this page if more room is needed.

Current Employer's Name: _____

Address: _____ City: _____ Zip Code: _____

Position: _____ Start Date: _____ End Date: _____

Previous Employer's Name: _____

Address: _____ City: _____ Zip Code: _____

Position: _____ Start Date: _____ End Date: _____

Previous Employer's Name: _____

Address: _____ City: _____ Zip Code: _____

Position: _____ Start Date: _____ End Date: _____

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MASSAGE THERAPIST APPLICATION (cont'd)

CRIMINAL HISTORY

Have you ever been detained, questioned, held on suspicion, fingerprinted or taken into custody, by any law enforcement agency, for any reason other than minor traffic tickets? ☐ Yes ☐ No

List all convictions regardless of the sentence (jail time, community service, probation, et cetera) and any conviction that has been set aside or dismissed: _____

_____

_____

_____

MASSAGE ESTABLISHMENT HISTORY

List ALL massage establishments and/or out-call massage services by which you have been employed in any capacity, or which you have owned, managed or operated. Use the back of this page if more room is needed.

Company Name: _____

Address: _____ City: _____ Zip Code: _____

Company Name: _____

Address: _____ City: _____ Zip Code: _____

Company Name: _____

Address: _____ City: _____ Zip Code: _____

MASSAGE EDUCATION

List the name and address of each massage school attended. If the massage school is not a school approved by the State of California, attach a transcript of studies. You must attach a copy of each diploma or certificate issued.

School Name: _____

Address: _____ City: _____ Zip Code: _____

School Name: _____

Address: _____ City: _____ Zip Code: _____

Permits are issued to a specific business name and location. List the name and location of the business where you will be working as a Massage Therapist if the permit is issued.

_____ _____

Business Name and Street Address City Phone

I declare that the foregoing is true and correct, that I have omitted no information requested, have included a full and correct answer to each question asked. I understand that any intentional misrepresentation of a material fat shall be grounds to deny or revoke the permit sought by this application.

_____ _____

Signature of Applicant (*must be Notarized*) Date