

CITY OF CARLSBAD - Massage Business Certificate of Registration Application

Check One: Initial Registration Renewal Registration

STATE CERTIFICATION VERIFICATION						
<i>Check which type of applicant:</i> <input type="checkbox"/> Certified Sole Proprietorship <input type="checkbox"/> Certified Massage Business <input type="checkbox"/> Owner/Applicant not state certified but owns 5% or more of the business				<i>Check which was presented:</i> <input type="checkbox"/> Valid/current State Certification provided <input type="checkbox"/> Current CAMTC issued ID card presented		
NAME of Massage Business:				Phone: ()		
				Email:		
ADDRESS of Massage Business:						
DAYS and HOURS of Operation for Massage Business:						
NAME of Applicant / Owner / Proprietor:				Phone: ()		
				Email:		
ADDRESS of Applicant / Owner		City		State		CAMTC ID Card #
Height:	Hair:	Eyes:	Sex:	Date of Birth:	Place of Birth:	
Birth Certificate: <input type="checkbox"/> Yes <input type="checkbox"/> No	Drivers License or State I.D.#:	Other Identification (i.e. Passport):				Social Security #:
List All Other Names Used:						
Owner has acceptable proof that Employees are at least eighteen (18) years of age. <input type="checkbox"/> Yes <input type="checkbox"/> No						
1) Name of Employee			Proof of Age (i.e. DL#, CAMTC #)			
2)						
3)						
4)						
List your two (2) previous residences:						
<u>Address</u>				<u>City / State / Zip Code</u>		
1)						
2)						
List all the names and addresses of your previous five years of employment, including self-employment:						
<u>Name of Employer</u>				<u>Dates of Employment</u>		
1)						
2)						
3)						
4)						
5)						
For Internal Use Only						
ATI#		Receipt #:			Fee Amount and Date Paid:	
Carlsbad Use Permit#		Carlsbad Establishment Certificate of Registration #				
Carlsbad Permit #		Carlsbad Business License #				
Notes:						

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List the name and address of any massage business or other similar business that you previously owned or operated. Include the history, if any, with any Agency, Board, City, County, Territory, or State, and dates of issuance, denial, restriction, revocation, or suspension (the reason(s) therefore) of any individual or business permit.

GENERAL BUSINESS INFORMATION

Name of Massage Business:

ADDRESS of Massage Business:

Provide a complete description of the massage services to be provided:

The name and address of any massage business or other like business owned or operated by any person whose name is required to be given pursuant to CMC 5.16.

Provide a description of any other business to be operated on the same premises or adjoining premises, owned or controlled by applicant.

CORPORATE INFORMATION Is the applicant a corporation? Yes No If Yes, complete the following:

CERTIFICATE OF COMPLIANCE from the City of Carlsbad Health Officer provided? Yes No
 This certifies the massage premises meets all applicable codes and regulations and must be submitted prior to approval of this application.

Written Zoning Consistency Check from CDD provided? Yes No

Corporation Name exactly as shown in its articles of incorporation:	Incorporation Date:	Incorporation State:
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NAME of the current Officer Director Stockholder holding more than 5% of the Corporation stock:

PARTNERSHIP INFORMATION Is the applicant a partnership? Yes No If Yes, complete the following:

Partner Name:	Partner Name:
Partner Address:	Partner Address:
Limited Partner Name:	Limited Partner Name:
Limited Partner Address:	Limited Partner Address:
CAMTC License #:	CAMTC License #:

DESIGNATED MANAGING OFFICER/EMPLOYEE of the Applicant, Corporation, or Partnership:

I declare under penalty of perjury, under the laws of the State of California, that all statements contained in this application and any accompanying documents are true and correct, with full knowledge that all statements made in this application are subject to investigation and that any false or dishonest answer to any question may be grounds for denial or subsequent revocation of any City issued Massage Business Certificate of Registration.

I agree and consent to the City of Carlsbad performing periodic inspections of my business premises for compliance with CMC Chapter 5.16 and health, safety, building fire, electrical, and plumbing regulations and standards. Pursuant to CMC 5.16.060(B) I certify and agree that if I am a Certified Massage Business I shall only employ Certified Massage Practitioners, and that I shall promptly provide the City with copies of valid and current State Certificates and CAMTC issued identification cards for all Massage Practitioners employed or who will be employed by my business.

I authorize the City of Carlsbad, its agents and employees, to seek information and conduct an investigation into the truth of the statements set forth in this application and into my background.

I understand and agree that I am responsible for the conduct of all employees or independent contractors working on the premises of the business and that failure to comply with California Business & Professions Code 4600, and following, with any local, state or federal law, with the provisions of RCMC or with the City-issued Certificate of Registration may be grounds for subsequent revocation of any City issued Massage Business Certificate of Registration.

Signature of Applicant

Date