



MESSAGE ESTABLISHMENT PERMIT APPLICATION AND INSTRUCTIONS

(Pursuant to Section 9.07 of the
Anderson Municipal Code)



Development Services Department
1887 Howard Street, Anderson, CA 96007

New Application _____ Annual Renewal _____

Complete for all Business Owner(s):

Complete Legal Name(s)	All Previous Name(s)	Date of Birth	Home Address	Personal Phone Numbers

Business Name _____

Business Address _____

Business Phone Number _____

Type of Business (ex: sole proprietorship, corporation, LLC, etc.) _____

If a partnership, LLC, or corporation, list the legal name of all partners, members or shareholders with more than a 10% interest, along with their address and telephone number (use additional sheets if necessary):

Owner(s) of Real Property where Business is Located

Address of Real Property Owner _____

Description of Massage Establishment, including detailed description of types of treatment and hours or operation (attach additional pages if necessary):

List all Employees of the Massage Establishment:

Name	Job Title	Will they perform any off-premises massage therapy?

I, _____ (Print Name),

1. Represent to the City of Anderson that I will only retain California Massage Therapy Council (CAMTC) certified massage professionals and understand that a failure to comply may result in the suspension or revocation of my massage establishment permit.

2. Authorize the City of Anderson Police Department to investigate the truth of the information contained in this application.

3. Understand that, as the owner(s), I am responsible for the conduct of all massage establishment operators, employees, agents, independent contractors, or other representatives while such persons are on the premises of the massage establishment or providing out-call massage services, and that failure to comply with the provisions of the Anderson Municipal Code and any federal, state or local law may result in the suspension or revocation of the massage establishment permit.

I certify under penalty of perjury that the information contained in this application is true and correct (all owners shall sign).

Name _____ Signature _____ Date _____

Name _____ Signature _____ Date _____

Name _____ Signature _____ Date _____

Name _____ Signature _____ Date _____

Name _____ Signature _____ Date _____

Name _____ Signature _____ Date _____

Include with the application:

- Copy of a photographic government issued identification card for each owner.
- Copy of the lease or written, notarized, acknowledgment for the Real Property Owner that they have been advised that a Massage Establishment will be operated by applicant(s) upon the Real Property.
- Copy of the current certification from CAMTC and a copy of current CAMTC issued identification cards for all persons who will be providing massage therapy.
- For each owner who is not a CAMTC certified massage professional, provide the following:

Whether any license, certificate or permit has ever been issued to the owner(s) by any jurisdiction under the provisions of any ordinance or statute governing massage or somatic practice, and as to any such license, certificate or permit, the name and address of the issuing authority; the effective dates of such license, certificate or permit; whether such license certificate or permit was ever suspended, revoked, withdrawn, or denied; and copies of any documentary materials related to such suspension, revocation, withdrawal, or denial.

Whether the owner has had, or there is currently pending against the owner(s), a formal complaint alleging sexual misconduct, professional misconduct, or professional incompetence, including a lawsuit, an administrative citation, a government complaint or summons issued, or an informal complaint such as a complaint made to the owner directly or to such owner's business or place of employment.

Whether the owner(s), within the five years immediately preceding the date of application, has been convicted in any state of any felony or misdemeanor.

Whether the owner is currently required to register pursuant to the Sex Offender Registration Act (Chapter 5.5 commencing with Section 290 of Title 9 of Part 1 of the California Penal Code), or any similar law in any state or other jurisdiction.

All business locations where the owner has operated a massage establishment or provided massage therapy for compensation within the 10 years immediately preceding the date of the application, and the inclusive dates.

Each owner's fingerprints on a form provided by the Police Department. The applicant shall contact the Police Department for the associated instructions and form. Any fee for the fingerprints shall be paid by the applicant(s).

CITY USE

Received _____ Application Fee Paid _____ Zoning Review _____

Forwarded to Police Chief _____ Copy to Finance Department _____

Police Chief Review Completed _____ Business Lic Issued _____

Application Process Overview:

1. Complete application and all required attachments and submit to the Development Services Department, 2nd Floor.
2. Pay the application fee at the Finance Department, 1st Floor.
3. Development Services reviews for Zoning conformity.
4. Development Services routes the original application and all attachments to the Police Chief and provides an advance copy to the Finance Department.
5. Police Department conducts their review and investigation.
6. Applicant works interactively with Police Department as necessary to assist with the Department's investigation and review.
7. Police Department either denies the permit or issues a conditional permit and provides copies to the Development Services Department and the Finance Department.
8. Applicant completes business license application and pays associated fees and taxes to the City of Anderson. The application and payments are made at the Finance Department, 1st floor.