CITY OF SIMI VALLEY

Massage Business Applicant Acknowledgement and Disclosure

2929 Tapo Canyon Road, Simi Valley, CA 93065
Customer Service: (805) 583-6736 - Planning: (805) 583-6769

All applicants/owners/permittees for proposed Massage Establishments and Off-premises Massage Businesses must sign and submit this Massage Business Applicant Acknowledgement and Disclosure at time of application

I/We are the proposed owner(s) of a/an ☐ existing or ☐ proposed (check one) ☐ Massage Establishment or ☐ Off-premises Massage Business (check one) known as (or proposed to be known as) _____ located at _____. I/We acknowledge, understand and agree to the following:

(Initial all below)

____ I/We are seeking to become the owner(s) of an existing Massage Establishment or Off-Premises Massage Business and we understand that any application for a new owner for a business that is in any stage of revocation or appeal will be held in abeyance until a final decision is existing owners permit. If the existing owners permit is ultimately revoked, my/our application will be returned to me as Unqualified for Processing and my application fees will NOT be refunded.

____ I/We have read, acknowledge, and understand the rules and requirements of Simi Valley Municipal Code Section 5-15 (Massage) [as amended from time to time by the City] for owners, operators, employees, and practitioners. I/We understand we are strictly liable for all activities at and for the business, even when not present at the business.

____ I/We acknowledge and understand we are responsible for maintaining a current list of all employees, practitioners, managers and contractors associated with the business at all times and must update any changes in employment status (hiring, termination, and separation) and contact information within 10 days of any change.

____ I/we understand that all independent contractor practitioners are independent business owners who must have an Off-premises Massage Business permit to work at/for the massage business. All traditional employees must register with the City and obtain an ID card. I/we must use CAMTC-licensed personnel at all times. I/we acknowledge and accept that we are responsible for, and as equally liable for, any/all actions and activities of contractor(s) and/or employee(s) performed within our establishment or for our business.

_____	_____	_____
Printed Name(s)	Signature	Date