



2929 Tapo Canyon Road,
 Simi Valley, CA 93063
 (805) 583-6736
 www.simivalley.org

Massage Business Permit Application

Photo
 2" x 2"
 To be applied by
 City staff

Place date stamp
 received here

New Establishment

Off-premises

Corporation Name _____
 Business Name (DBA) _____
 Business Address _____
 Business Phone _____ Business E-mail _____
 Individual Owner Partnership Corporation

List all corporate officers or business partners:

OWNER/APPLICANT INFORMATION

Applicant/Primary Contact Full Name _____
 CAMTC Cert # _____ Other Names Used _____
 E-mail address _____
 Home Address _____ City _____ State _____ ZIP _____
 Home Phone _____ Driver's License No. _____
 Date of Birth _____ Social Security No. _____
 Height _____ Weight _____ Hair _____ Eye Color _____ Sex M F
 Visible marks, scars, tattoos _____

Prior Owner's Name and DBA _____
 Prior use in this suite _____

Applicant: _____

Business License or Permit History (please note any prior licenses in the last 10 years in any jurisdiction)

License or Permit and Jurisdiction	Date Issued	Revoked?	
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

If a license or permit has been revoked, suspended, or surrendered as a result of pending criminal charges, please indicate date and reason:

OWNERS ONLY – Background Check Required

NAME: _____

Home Addresses (for the ten (10) years immediately preceding the date of the application including out-of-state or out-of-country locations). Use additional sheet if necessary.

Address _____ Fr _____ To Present

Address _____ Fr _____ To _____

Address _____ Fr _____ To _____

Employment History for ten (10) years preceding the date of the application including out-of-state or out-of-country locations. Use additional sheet if necessary.

Employer _____ Fr _____ To _____

Address _____ Phone _____

Responsibilities _____

Employer _____ Fr _____ To _____

Address _____ Phone _____

Responsibilities _____

Employer _____ Fr _____ To _____

Address _____ Phone _____

Responsibilities _____

Employer _____ Fr _____ To _____

Address _____ Phone _____

Responsibilities _____

Applicant: _____

Have you done any of the following:

- | | | |
|-----|----|---|
| Yes | No | Plead guilty or nolo contendere to, or been convicted in a court of competent jurisdiction of a misdemeanor or felony crime involving sexual misconduct, including but not limited to (a) Chapter 1 of Title 9 of the Penal Code (Sections 261-269) relating to sexual crimes; (b) Chapter 8 of Title 9 of the Penal Code (Sections 314-318.6) relating to indecent exposure, obscenity, and disorderly establishments; or (c) Penal Code 647(a) or (b) relating to prostitution. |
| Yes | No | Plead guilty or nolo contendere to, or been convicted in a court of competent jurisdiction of any similar offenses under the criminal code or penal code of this state or any other states or countries. |
| Yes | No | Permitted, through an act or omission or commission, an employee or agent to engage in any type of moral turpitude or sexual misconduct offense listed in subsections (1) or (2) above. The conduct of the employee or agent, if such resulted in a conviction or a plea of guilty or nolo contendere will be considered imputed to the principal. |

If yes to any of the above, provide the date, place and description of the offense for each incident.

Criminal Convictions: Please list all criminal convictions within the last ten (10) years and the places of such convictions.

Yes No Are you 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 Penal Code), or are you required to register as a sex offender in another state?

MESSAGE BUSINESS RESPONSIBILITY ACKNOWLEDGEMENT

I, _____(print name) am applying for a Massage Permit with the City of Simi Valley and certify under penalty of perjury that:

- a. The information contained in this application is true and correct;
- b. That I have read and understand the provisions of Simi Valley Municipal Code Section 5-15 (Massage);
- c. That I am strictly liable and responsible for the conduct of all employees or independent contractors working on the premises or for the business;
- d. I will use CAMTC-licensed practitioners at all times;
- e. That a manager or owner must be present at all times;
- f. That failure to comply with Cal. Bus. & Prof. Code 4600, et seq, or the provisions of SVMC 5-15 (Massage) may result in the revocation of the City-issued Massage Permit; and,
- g. I hereby authorize the City of Simi Valley, its officers, agents, employees, and contractors to conduct an investigation into the truth of the statements set forth in the application and to ensure continual compliance with all applicable provisions of law.

Applicant Signature _____ Date _____

FOR OFFICE USE ONLY

- Picture I.D.
- Application (and practitioner registration if needed)
- Home Address Verification for each owner
- Two facial photographs for each owner: (2"x 2")
- CAMTC Certificate (Business Owner – if applicable) and copy of card
- Disclosure Statement
- Notarized Acknowledgment from Property Owner
- Employee List/Declaration
- \$1 Million Liability Insurance in address of bus., name of owner, DBA, and corp.
- Background check submission form (non-CAMTC owners)
- Live Scan submission form (non-CAMTC owners Evidence of liability insurance)
- Articles of Incorporation (incl. info for all officers/ stockholders with 5%+of corp. stock.)
- Certificate of Limited Partnership, if applicable
- Business Tax Certificate
- Occupancy Inspection
- Zoning Clearance
- Business Floor Plan

***** TYPE & PRINT FORM. ALL FORMS MUST BE SUBMITTED IN PERSON. *****

Reset form