



Massage Business Permit Off-premises RENEWAL Application

Individual Owner Business Corporation

Place date stamp
received here

Corporation Name (if any) _____

Your Name _____

Business Address (or home address if none) _____

Business Phone _____ Business e-mail _____

DBA: _____

List all other owners, corporate officers or business partners:

Note: Corporations may be required to provide up-to-date proof of corporate officers.

PLEASE ATTACH THE FOLLOWING DOCUMENTS TO THIS RENEWAL APPLICATION:

- Home Address Verification for each owner
- Facial photographs for each owner: (2"x 2")
- CAMTC Certificate (Business Owner – if applicable) and copy of CAMTC card
- Updated \$1 Million Liability Insurance in name of owner and business
- Updated Employee List/Declaration
- CAMTC Certificates of all declared employees who are practitioners

Note: For additional owners, all owners must complete the pages 2-4 of this renewal application. Practitioner Registration Renewals require a separate application.

Applicant Name: _____

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. _____

Mailing Address: _____ City _____ State _____ ZIP _____

Date of Birth _____ Social Security No. _____

Height _____ Weight _____ Hair _____ Eye Color _____ Sex M F

Visible marks, scars, tattoos _____

In the last two years, all Business Licenses or Permits Held (all jurisdictions, i.e., CAMTC, other City)

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

If a license or permit has been revoked, suspended, or surrendered as a result of pending criminal charges, please indicate date and reason:

Employment History Update for 2 years preceding the date of the application including current business and all other jobs and out-of-state or out-of-country locations. Use additional sheet if necessary. (Do not disclose massage-related work where you work less than 5% of the time)

Employer _____ Fr _____ To _____

Address _____ Phone _____

Responsibilities _____

Employer _____ Fr _____ To _____

Address _____ Phone _____

Responsibilities _____

Applicant Name: _____

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 two (2) 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?

Applicant Name: _____

MESSAGE BUSINESS RESPONSIBILITY ACKNOWLEDGEMENT

I, _____ (print name) am applying for a Massage Permit Renewal 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, and agree to comply with 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 State-licensed practitioners at all times;
- e. That a manager or owner must be present at all times if working in a Massage Establishment;
- 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 _____

***** TYPE & PRINT FORM. ALL FORMS MUST BE SUBMITTED IN PERSON AT LEAST 60 DAYS PRIOR TO EXPIRATION OF CURRENT PERMIT. *****

FOR OFFICE USE ONLY _____

- Picture I.D.
- Renewal Application (and practitioner registration if needed)
- Home Address Verification for each owner
- Facial photographs for each owner: (2"x 2")
- CAMTC Certificate (Business Owner – if applicable) and copy of card
- \$1 Million Liability Insurance in name of owner and business
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- CAMTC Certificates of all declared employees who are practitioners

[Reset form](#)