

**CITY OF PASO ROBLES
 MASSAGE LICENSE
 APPLICATION**

NOTE: ACCURACY IS IMPORTANT - PLEASE TYPE OR PRINT IN INK

To Applicant: Check all your answers for accuracy. False or incomplete answers or omissions may result in non-acceptance, denial or subsequent revocation of a license. If questions are not applicable to you or your business, enter "N/A" as a response.

SECTION 1 (Check one) This application is for a:

- New License
- Renewal of Existing License
- Location Transfer
- Name Change Only
- Information Update

SECTION 2 (Check one) Type of ownership:

- Individual
- General Partnership or Limited Partnership
- Corporation or Limited Liability Company
- Other _____

SECTION 3

1. Applicant: _____
 Last First Middle
2. Business Name: _____
3. All Business Phone(s): _____ Residence Phone: _____
4. Complete Business Address: _____
5. Complete Mailing Address: _____
6. Is the applicant an individual who will be providing massage services? Yes No

If yes, a copy of his or her certification issued by the California Massage Therapy Council (CAMTC) must be submitted with this application.

SECTION 4 List all persons who will be providing massage services at the massage business or establishment, and provide a copy of each person's CAMTC certification (attach additional sheets if necessary).

Last Name, First Name, MI	Residence Complete Address	Phone Number(s)

SECTION 5 List all local agents and/or onsite managers of the massage business or establishment (attach additional sheets if necessary). Persons listed below who are not certified by the CAMTC are required to complete the Massage Facility Supplemental Questionnaire and are subject to all associated applications, background investigations, fingerprinting, and fees. If a person listed below is certified by the CAMTC, a copy of his or her CAMTC certification must be submitted with this application.

1. Name of Local Agent/Contact _____ Phone: _____
2. Complete Address of Local Agent: _____
3. Is the Local Agent a legal resident of the State of California? Yes No

4. List all local on-site manager(s) (attach additional sheets if necessary):

Last Name, First Name, MI	Residence Complete Address	Phone Number(s)	CAMTC Certified Y/N

SECTION 6 Individual, General Partnership, or Limited Partnership (*Circle One*). List each owner, partner or member; attach additional sheets as necessary.

1. Each person listed below who is not certified by the CAMTC, and who owns 5% or more of the massage business or establishment, must complete the Massage Facility Supplemental Questionnaire and is subject to all associated applications, background investigations, fingerprinting, and fees.

Title/Position	Last Name, First Name, MI	% Owned	Residence Complete Address

2. Is any person, other than those persons listed in Section 6, Number 1, going to share in the profits/losses of the business? Yes No (*Circle One*) If Yes, List below:

Title/Position	Last Name, First Name, MI	% Owned	Residence Complete Address

3. Name of Business Entity (Exactly as it appears on Articles of Incorporation or Organization):

4. Date of Incorporation/Organization:

5. State where Incorporated/Organized:

6. CA L.L.C. File No: _____

7. Date authorized to do business in California: _____

8. Is Corp./L.L.C./Other a non-profit? Yes No

If yes, give IRS tax exempt number: _____

9. List each officer, member, controlling person or other positions held in the corporation, LLC. If necessary, attach additional sheets of paper. Each person listed below who is not certified by the CAMTC, and who owns 5% or more of the massage business or establishment, must complete the Massage Facility Supplemental Questionnaire and is subject to all associated applications, background investigations, fingerprinting, and fees.

Title/Position	Last Name, First Name, MI	% Owned	Residence Complete Address

12. Provide your residence addresses for the last **5 years**. Attach an additional sheet if necessary.

From (MO/YR)	To (MO/YR)	Residence Complete Address	Owned / Rented

13. List your employment and type of business for the previous **5 years**. List most recent first (attach an additional sheet if required). Account for all time. **Do not leave any gaps**. If unemployed or a student during a period of time, please indicate.

From (MO/YR)	To (MO/YR)	Name of Business or Employer's Name (Complete Business Address and Phone #)	Position (Title)

14. Have you voluntarily surrendered a license to administer Massage Therapy or a Massage Facility license as a result of, or while under investigation for any reason? Yes No

<i>Date License Surrendered</i>	<i>Jurisdiction where license was surrendered</i>	<i>License #</i>	<i>License Period</i>

15. Have you had a license for a Massage Facility, to administer Massage Therapy, or a similar license denied or revoked in the State of CA or any other United State jurisdiction? Yes No

<i>Date Denied or Revoked</i>	<i>Jurisdiction where denial or revocation occurred</i>	<i>Grounds for denial or revocation</i>

16. Have you or any entity in which you have held ownership, been an officer, member, director, manager or controlling person ever had a business, professional, or Massage Facility application or license rejected, denied, revoked, suspended or fined in this or any other state? Yes No

If yes, provide specific information below.

<i>Date Rejected, Fined, Denied, Revoked or Suspended</i>	<i>Jurisdiction where this was rejected, fined, denied, revoked or suspended</i>	<i>Grounds for Rejection, Fines, Denial, Revocation or Suspension</i>

17. Are you now or have you ever operated or held ownership, been an officer, member, director, manager, or a controlling person of a Massage Facility licensed in this or any other state? Yes No

<i>City and State</i>	<i>License Number</i>	<i>Business Name</i>

18. Have you been convicted of a felony; or a misdemeanor involving fraud, theft, dishonesty, assaultive conduct, moral turpitude within 5 years preceding the date of this application? Yes No

If yes, provide specific information below.

<i>Date of Offense</i>	<i>Date of Conviction</i>	<i>Offense</i>	<i>Where Offense Occurred</i>	<i>Court(s) Entered Into</i>

19. Have you ever been detained, cited, arrested, indicted or summoned into court for a violation of any law or ordinance (regardless of the disposition even if dismissed)? For traffic violations include only those that were alcohol and/or drug related. Yes No

<i>Date of Offense</i>	<i>Date of Conviction</i>	<i>Offense</i>	<i>Where Offense Occurred</i>	<i>Court(s) Entered Into</i>

20. Have you ever been convicted, fined, posted bond, been ordered to deposit bond, imprisoned, had sentence suspended, placed on probation or parole for violation of any law or ordinance (regardless of the disposition even if dismissed or expunged)? Yes No

<i>Date of Offense</i>	<i>Date of Conviction</i>	<i>Offense</i>	<i>Where Offense Occurred</i>	<i>Court(s) Entered Into</i>

21. Are there any administrative law citations, compliance actions or consents, criminal arrests, indictments or summonses pending against you or any entity in which you are now involved? Yes No

<i>Date of Offense</i>	<i>Date of Conviction</i>	<i>Offense</i>	<i>Where Offense Occurred</i>	<i>Court(s) Entered Into</i>

22. Has anyone ever filed suit or obtained a judgment against you in a civil action, the subject of which involved fraud or misrepresentation of a business, professional or Massage Facility license? Yes No

<i>Date of Offense</i>	<i>Date of Conviction</i>	<i>Offense</i>	<i>Where Offense Occurred</i>	<i>Court(s) Entered Into</i>

23. Are you a registered Sex Offender or required by law to register as a Sex Offender? Yes No

<i>Date of Offense</i>	<i>Date of Conviction</i>	<i>Offense</i>	<i>Where Offense Occurred</i>	<i>Court(s) Entered Into</i>