



Application for Massage Establishment Permit

MASSAGE ESTABLISHMENT (4.20.010-4.20.110)

Instructions: Complete this application, sign, date and return to: Records Unit, Tracy Police Department, 1000 Civic Center Drive, Tracy, CA 95376.

All questions in this application must be answered. Owners must initial each page. If you submit an incomplete application, your permit may be denied. Type or print all responses.

Attach the required fee and a copy of the following documents:

- Current Tracy Business License or business license application
- All business documents (fictitious name, corporate name statement, etc.).
- Current signed lease agreement with property owner or homeowner association approval if applicable.
- Detailed diagram showing the interior floor plan of the premises depicting all interior rooms.
- Color copies of all photo identification (driver's license/passport).
- Color copies of CAMTC ID card and CAMTC certification.

NEW MESSAGE BUSINESS ☐

EXISTING BUSINESS ☐ Previous Permit No. _____

PROPOSED ESTABLISHMENT INFORMATION		CAMTC Certified Owner Yes <input type="checkbox"/> No <input type="checkbox"/>	
BUSINESS NAME*:			
NAME OF BUSINESS OWNER(S):			
ADDRESS:			
PHONE NUMBER (BUSINESS)		MOBILE:	
EMAIL:			
WEBSITE URL:			

*If the business name is different from the owner's name, a fictitious name statement must be attached

Type of Business: Sole Owner ☐ Partnership ☐ Corporation ☐ LLC ☐

Full legal name of the Corporation or LLC _____

IF THE BUSINESS IS A CORPORATION OR LLC, PLEASE PROVIDE THE FOLLOWING ON A SEPARATE SHEET.

- Current registration with the California Secretary of State
- Articles of Incorporation or LLC Articles of Organization
- Names and Residence Addresses of each of the officers, directors, and each member or stockholder holding more than five (5) percent of the stock or ownership, along with the amount of stock held by each person.

Office Use only: Fee Paid Amount \$ _____ date _____ Check # _____
(Attach copy of check)

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SECTION 1: BUSINESS INFORMATION

1. Give a narrative description of services that will be provided in the proposed business, including but not limited to, exact nature of the massage, relaxation, tanning, sauna, hot towel wraps, baths, or other health treatments to be administered:

2. List the establishment's hours of operation (All massage services MUST terminate at 10:00 pm pursuant to TMC Section 4.20.080.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

3.

Property Owner (Legal Name)	Address	Phone:
		Email:

4. If this is a new business, or if you have done any building alterations since your previous permit was issued, you must attach a detailed diagram showing the interior floor plan and configuration of the premises, depicting all interior rooms (including restrooms, office space, storage areas, kitchen/break room, and public areas) and their dimensions.

(NOTE: The diagram need not be professionally prepared but shall be drawn to a designated scale with marked dimensions of the interior of the premises to an accuracy of plus or minus six (6) inches.)

(a) How many treatment rooms (with massage beds) will you have? _____

(b) Does your establishment have a security alarm? Yes ☐ No ☐

(c) Is there a video-monitored security system on the premises? Yes ☐ No ☐

☐

If Yes, where is video monitor located? _____ Provide

Provide contact information of all individuals who have access to the systems:

TRACY POLICE DEPARTMENT

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SECTION 2: EMPLOYEE INFORMATION

List each employee of your business, *regardless of the nature of employment*; including owner, partner, manager, supervisor, worker, receptionist, massage therapist, massage therapist trainee, etc. (If more space is needed, make a copy of this page and attach.)

For each employee, attach a valid form of identification (DL or other photo ID). For CAMTC certified employees, attach a copy of their current CAMTC ID and CAMTC Certificate.

LIST ALL EMPLOYEES OF THE BUSINESS		OTHER NAMES USED OR N/A	TITLE/POSITION
1.	First Name Last Name	Other Names	Title/Position
	RESIDENCE ADDRESS (INCLUDE CITY/STATE/ZIP)		CAMTC #
2.	First Name Last Name	Other Names	Title/Position
	RESIDENCE ADDRESS (INCLUDE CITY/STATE/ZIP)		CAMTC #
3.	First Name Last Name	Other Names	Title/Position
	RESIDENCE ADDRESS (INCLUDE CITY/STATE/ZIP)		CAMTC #
4.	First Name Last Name	Other Names	Title/Position
	RESIDENCE ADDRESS (INCLUDE CITY/STATE/ZIP)		CAMTC #
5.	First Name Last Name	Other Names	Title/Position
	RESIDENCE ADDRESS (INCLUDE CITY/STATE/ZIP)		CAMTC #
6.	First Name Last Name	Other Names	Title/Position
	RESIDENCE ADDRESS (INCLUDE CITY/STATE/ZIP)		CAMTC #
7.	First Name Last Name	Other Names	Title/Position
	RESIDENCE ADDRESS (INCLUDE CITY/STATE/ZIP)		CAMTC #
8.	First Name Last Name	Other Names	Title/Position
	RESIDENCE ADDRESS (INCLUDE CITY/STATE/ZIP)		CAMTC #

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9.	First Name	Last Name	Other Names	Title/Position
	RESIDENCE ADDRESS (INCLUDE CITY/STATE/ZIP)			CAMTC #
10.	First Name	Last Name	Other Names	Title/Position
	RESIDENCE ADDRESS (INCLUDE CITY/STATE/ZIP)			CAMTC #
11.	First Name	Last Name	Other Names	Title/Position
	RESIDENCE ADDRESS (INCLUDE CITY/STATE/ZIP)			CAMTC #
12.	First Name	Last Name	Other Names	Title/Position
	RESIDENCE ADDRESS (INCLUDE CITY/STATE/ZIP)			CAMTC #
13.	First Name	Last Name	Other Names	Title/Position
	RESIDENCE ADDRESS (INCLUDE CITY/STATE/ZIP)			CAMTC #
14.	First Name	Last Name	Other Names	Title/Position
	RESIDENCE ADDRESS (INCLUDE CITY/STATE/ZIP)			CAMTC #
15.	First Name	Last Name	Other Names	Title/Position
	RESIDENCE ADDRESS (INCLUDE CITY/STATE/ZIP)			CAMTC #
16.	First Name	Last Name	Other Names	Title/Position
	RESIDENCE ADDRESS (INCLUDE CITY/STATE/ZIP)			CAMTC #
17.	First Name	Last Name	Other Names	Title/Position
	RESIDENCE ADDRESS (INCLUDE CITY/STATE/ZIP)			CAMTC #
18.	First Name	Last Name	Other Names	Title/Position
	RESIDENCE ADDRESS (INCLUDE CITY/STATE/ZIP)			CAMTC #

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SECTION 3: OWNER INFORMATION

(Each owner of the business as defined in TMC must complete #1 through #16 on a separate application form)

1.	NAME: (True Legal Name)	FIRST	MIDDLE	LAST
2.	LIST ALL ALIASES OR OTHER NAMES YOU HAVE PREVIOUSLY USED			
3.	CAMTC CERTIFIED?	Yes <input type="checkbox"/> Certification Number: _____ <i>Copy of CAMTC certification AND Copy of CAMTC identification card must be attached</i> No <input type="checkbox"/>		
4.	CERTIFICATION:	Have you ever had disciplinary action against, suspension, or revocation of a permit or certificate to practice massage from CAMTC or any agency, city, or organization? No <input type="checkbox"/> Yes <input type="checkbox"/> If "Yes", attach copies of any related documents or notices.		
	AGENCY:	Date/Reason:		
	AGENCY:	Date/Reason:		
5.	HAVE YOU BEEN FINGERPRINTED AT TRACY POLICE DEPARTMENT OF PUBLIC SAFETY? Yes <input type="checkbox"/> Date: _____ No <input type="checkbox"/>			
6.	STARTING WITH THE MOST CURRENT, LIST ALL ADDRESSES, TELEPHONE NUMBERS, AND PERIODS OF RESIDENCY, WHERE YOU HAVE LIVED DURING THE PAST FIVE (5) YEARS:			
	Dates mm/yy to mm/yy	Residence Address (include full street address, city, state, and zip code)		Phone#

7. PERSONAL DATA

Date of Birth:		Eye Color:	
Sex:		Hair Color:	
Height		Weight:	
Driver's License #		State Issued:	
Social Security #		Other ID # (Ex: Resident Alien)	

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8. Starting with the most current, list all jobs you have held during the past five years: (if more space is needed, attach additional pages)

Owner ☐ Full Time Employee ☐ Part Time Employee ☐ Volunteer ☐ Military ☐ Unemployed ☐

Employment Dates:		Occupation:	
Employer:	Address:	Phone:	

Owner ☐ Full Time Employee ☐ Part Time Employee ☐ Volunteer ☐ Military ☐ Unemployed ☐

Employment Dates:		Occupation:	
Employer:	Address:	Phone:	

Owner ☐ Full Time Employee ☐ Part Time Employee ☐ Volunteer ☐ Military ☐ Unemployed ☐

Employment Dates:		Occupation:	
Employer:	Address:	Phone:	

Owner ☐ Full Time Employee ☐ Part Time Employee ☐ Volunteer ☐ Military ☐ Unemployed ☐

Employment Dates:		Occupation:	
Employer:	Address:	Phone:	

9.(a) Within five (5) years immediately preceding the date of filing of this application, have you received a license or permit from any jurisdiction to own or operate a MASSAGE ESTABLISHMENT or other type of business under the provisions of any ordinance or statute governing massage or somatic practice?

Include businesses in any city or state, including this location.

Yes ☐ No ☐

If yes, please complete the table below.

9.(b) Have you ever had such a license or permit suspended, revoked, withdrawn, or denied, [OR] were you ever notified of violations and penalties under the license or permit? INCLUDE ALL PREVIOUS VIOLATIONS AND PENALTIES, INCLUDING THOSE RELATED TO THIS LOCATION. Yes ☐ No ☐

If yes, please complete the table below and **attach copies of any documentary materials** relating to such suspension, revocation, withdrawal, denial, or violations/penalties from other agencies (documentation from Tracy is not required – please provide a list of Tracy violations).

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9.(c) List the following if you answered "yes" to either 9(a) or 9(b) above.

(If additional room is needed, please attach a separate sheet. You must attach copies of any documentary materials relating to such suspension, revocation, withdrawal, denial, or violations/penalties from other agencies.)

Issuing Authority Name and Address:		Date Issued:	Date Expired:
Establishment Name:	Address:	Check all that apply <input type="checkbox"/> Suspended <input type="checkbox"/> Revoked <input type="checkbox"/> Denied <input type="checkbox"/> Violations/Penalties	
Permit Number:			

Issuing Authority Name and Address:		Date Issued:	Date Expired:
Establishment Name:	Address:	Check all that apply <input type="checkbox"/> Suspended <input type="checkbox"/> Revoked <input type="checkbox"/> Denied <input type="checkbox"/> Violations/Penalties	
Permit Number:			

10. Have you previously owned, operated, or been employed at any **MASSAGE ESTABLISHMENT** or similar business which has had their license suspended / revoked or been subjected to abatement proceedings under 11225 through 11235 of the California Penal Code? Yes ☐ No ☐
11. Have you ever been required to register as a sex offender under the provisions of Section 290 of the California Penal Code? Yes ☐ No ☐
12. Have you been convicted in any court of competent jurisdiction of any of the following offenses?

CA Penal Code			Crime Description:
220 PC	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Assault with intent to commit sex crimes
243.4 PC	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Sexual battery
261 PC	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Rape
264.1 PC	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Conspiracy to sexually assault
266 PC	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Enticing a minor female under 18 into prostitution
266a PC	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Taking a person against their will
266e PC	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Offering compensation for purposes of prostitution
266f PC	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Selling or imprisoning a person for immoral purposes
266g PC	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Placing or leaving wife in a house of prostitution
266h PC	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Pimping
266i PC	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Pandering
266j PC	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Providing children under 16 for lewd acts (Sec 288)
315 PC	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Keeping or residing in house of ill-fame
316 PC	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Keeping or furnishing disorderly house which disturbs peace of neighborhood
318 PC	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Prevailing upon person to visit place of gambling or prostitution
647(b) PC	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Solicit, agrees to engage, engages in any act of prostitution
653.22 PC	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Loitering in public with the intent to commit prostitution
182 PC	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Conspiracy to commit any of the above listed violations

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13. Have you ever been convicted in a court of competent jurisdiction of any felony offense involving the possession for sales, sales, transportation, furnishing, giving away, or administering of any controlled substance specified in Sections 11054, 11055, 11056, 11057, or 11058 of the California Health and Safety (HS) Code, including but not limited to, drugs such as methamphetamine, cocaine, heroin, PCP, marijuana, MDMA, or anabolic steroids?
Yes ☐ No ☐
14. Have you ever been convicted of any of the above-mentioned crimes (questions 10-13) in any other state? Yes ☐ No ☐
15. Have you ever been convicted in a court of competent jurisdiction of any criminal offense (misdemeanor or felony), which relates directly to the operation of a massage establishment?
Yes ☐ No ☐
16. Have you within the last five years, failed to comply with a final court order or administrative action of an investigatory agency finding a violation of applicable federal, state and local wage and hour laws, including but not limited to the Federal Fair Labor Standards Act, the California Labor Code, and any local Minimum Wage Ordinance or prevailing wage requirement?
Yes ☐ No ☐

If you answered "YES" to any of the above questions (#10 through #16), please provide the following details.
Failure to report this information can be cause for denial of a massage establishment permit.

Please use a separate sheet if needed for this response.

<u>Date</u>	<u>Name of Agency/City/State</u>	<u>Case Number</u>	<u>Charges / Circumstances / Disposition</u>

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I have read and understand the provisions of Tracy Municipal Code Chapter 4.20, Massage Establishments and Massage Therapists and will abide fully with those provisions, including but not limited to those listed below (Please initial each item).

I understand that failure to comply fully with the provisions of Tracy Municipal Code Chapter 4.20 could cause any license issued, based on information contained in this application, to be revoked or suspended.

- _____ CAMTC (California Massage Therapy Council) Certification is required for all individuals who practice massage therapy in the City of Tracy.
- _____ Massage therapists must always wear a valid and current CAMTC identification badge while performing massage services.
- _____ A current list of all owners, managers, massage therapists, and employees (including full names, addresses, phone numbers), shall always be on the premises.
- _____ I must apply for a new permit annually. The permit process can take 60 or more days.
- _____ I must apply for an amended permit whenever the information contained in the original permit application changes, including addition or removal of employees.
- _____ As a Massage Establishment Owner, I am responsible for the conduct of all massage establishment employees, agents, and other representatives when such persons are on the premises of the massage establishment or providing outcall massage services on behalf of the establishment.



CERTIFICATION

I hereby certify under penalty of perjury that the information furnished in this application is true and correct.

I further understand that any misstatement, false information, omission of requested information, or failure to meet the conditions established herein will subject this application to disapproval or subsequent revocation or suspension.

I do hereby authorize the Tracy Police Department, its agents and employees to seek information and conduct an investigation into the truth of the statements set forth in this application and my qualifications for the requested Massage Establishment Permit.

Owner Name (Please Print): _____

Signature: _____

Date: _____

