



Antioch Police Department
300 L Street
Antioch CA 94509
Phone (925) 778-2441

**APPLICATION FOR
MESSAGE ESTABLISHMENT REGISTRATION (Owner with CAMTC certification)**

SECTION 1: TO BE COMPLETED FOR MESSAGE ESTABLISHMENT REGISTRATION

Application Date: _____	Permit #: _____ (To be assigned by City of Antioch)
New Permit? <input type="checkbox"/> Yes <input type="checkbox"/> No	Renewal? <input type="checkbox"/> Yes <input type="checkbox"/> No
Existing City of Antioch Business License # _____	

Business Information
Business Name: _____ _____
Business Address: _____ _____
Business Phone: _____

Message Establishment Owner Information
Name: _____
Residence Address: _____ _____
Home Phone: _____
Business Address (If Different): _____
Business Phone (If Different): _____
*Attach name and residence of all members/owners. * Attach a valid and current driver license and/or identification issued by a state or federal government agency or other photographic identification bearing a bona fide seal by foreign government.

Type of Business (Check One)
<input type="checkbox"/> Corporation <input type="checkbox"/> Limited Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Individual Owner(s)

For Official Use

Fees Paid- Initial Reg. \$250 / Renewal \$175 / Per Employee \$25 x _____ Total Fees Paid =

Receipt #

Certifications and Identification for All Employees

For each person that the massage establishment currently or proposes to employ or retain to perform massage therapy for compensation, a clear and legible color copies of that person's current certification from the California Massage Therapy Council (CAMTC) as a certified massage practitioner or as a certified massage therapist and a copy of that person's California Massage Therapy Council-issued identification card, and valid and current driver license and/or identification issued by a state or federal government agency or other photographic identification bearing a bona fide seal by foreign government.

Name of CMP/CMT

American Name

CAMTC ID #

SECTION 2: APPLICANT ACKNOWLEDGEMENT AND SIGNATURE - TO BE COMPLETED FOR ALL APPLICATIONS - CERTIFIED MESSAGE ESTABLISHMENT CERTIFICATE

I understand and acknowledge that I have read, reviewed and understand the City of Antioch Massage Therapy Ordinance (ATMC 5-19) and that I acknowledge that all massage establishments must comply with ATMC 5-19 (Massage Establishments). I understand that owners of the business shall be responsible for the conduct of the business's employees or independent contractors providing massage services; and acknowledging that failure to comply with the California Business and Professions Code Sections 4600 et seq., and local, state, or federal law, or the provisions of this chapter may result in revocation of the massage establishment's registration. I declare under penalty of perjury that the information contained in this application and attached or associated materials is true and correct to the best of my knowledge.

Applicant Name (Printed)

Applicant Signature

Date:

Police Department:

Date:



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