



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

**APPLICATION FOR  
MESSAGE ESTABLISHMENT REGISTRATION (Owner without 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 # _____	

<b>Business Information</b>
Business Name: _____ _____
Business Address: _____
Business Phone: _____

<b>Message Establishment Owner Information</b>
Name: _____
Residence Address: _____
Home Phone: _____
Business Address (If Different): _____
Business Phone (If Different): _____
*Attach name and residence of all 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.

<b>Type of Business (Check One)</b>
<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. \$350 / Renewal \$275 / 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 #**

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**SECTION 2: BACKGROUND CHECK**

**Employment History**

Provide a written and signed document of the applicant's business, occupation, and employment history for five (5) years preceding the date of application, and the inclusive dates of such employment history.

**Statement of Prior Massage Business or Similar Business Owned or Operated by Applicant**

Provide a signed written statement identifying any massage business or similar business owned or operated by the individual whether inside or outside the County of Contra Costa and its incorporated cities.

**Fingerprints**

One (1) set of fingerprints for each applicant in a form satisfactory to the permit authority. The fingerprints shall be taken at a place designated by the permit authority, and any required fee for such fingerprinting shall be paid by the applicant.

**Authorization to Release Information**

When applying for a certified massage establishment certification, I am required to furnish information for the use of determining my qualification. In this connection, I authorize release of any and all information that you may have concerning me or my business, including but not limited to, information of a confidential or privileged nature, or any data or materials which have been sealed or agreed to be withheld pursuant to any prior agreement or court proceeding involving disciplinary matters. I understand that I will not receive and am not entitled to know the contents of confidential reports received, and I further understand that these reports are privileged. I hereby release, discharge, exonerate you as the custodial of such records your agents and representatives and any person furnishing information from any and all liability of every nature and kind arising out of the furnishing and inspection of such documents, records and other information, and this release shall be binding upon my legal representatives, heirs and assigns.

\_\_\_\_\_  
Applicant Name (Printed)

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date:

**SECTION 3: APPLICANT ACKNOWLEDGEMENT AND SIGNATURE - TO BE COMPLETED FOR ALL APPLICATIONS - CERTIFIED MASSAGE 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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(To be assigned by City of Antioch)  
New Permit?  Yes  No Renewal?  Yes  No  
Existing City of Antioch Business License # \_\_\_\_\_

**Business Information**

Business Name: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
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**Message Establishment Owner Information**

Name: \_\_\_\_\_  
Residence Address: \_\_\_\_\_  
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Business Address (If Different): \_\_\_\_\_  
Business Phone (If Different): \_\_\_\_\_

\*Attach name and residence of all 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)**

Corporation  Limited Partnership  LLC  Individual Owner(s)

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Applicant Name (Printed)

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Applicant Signature

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Date:

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Applicant Name (Printed)

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Applicant Signature

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Police Department:

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Date: