ROSEVILLE POLICE DEPARTMENT
1051 Junction Boulevard, Roseville, CA 95678
(916) 746-1069

MASSAGE BUSINESS PERMIT APPLICATION (NEW)

Permit Number Issued: _____

All information requested on this application is required. Completed applications can take up to 45 days to process. Incomplete applications will be rejected, which may delay issuance of a Massage Business Permit. **Any Massage Business Permit application should be submitted at least 45 days before the Massage Business Permit is required**. It is unlawful for any person or business to provide massage services without first obtaining a Massage Business Permit. Massage Business Permits shall be issued for a term of **two** years from the date of issuance.

YOU ARE REQUIRED TO SUBMIT THE FOLLOWING DOCUMENTS WITH YOUR APPLICATION:

1.	Copy of applicant's and manager's Driver's License or other valid government-issued photo ID with proof that applicant and manager are over the age of eighteen (18) years.
2.	Current photo of the applicant (Taken by Permit Coordinator)
3.	**$165.00** Non-refundable application fee (Payable by check to "City of Roseville" or Credit/Debit card)
4.	LiveScan fingerprint service for any ***new*** applicant, or responsible persons, such as managers/supervisors **+ $32.00** Non-refundable DOJ fee **+ $20.00** Non-refundable LiveScan fingerprint fee **+ $17.00** Non-refundable FBI fee – Payable at the time of the LiveScan service. Please provide a completed copy of the LiveScan form with this application.
5.	Proof of liability insurance policy – Minimum coverage $1,000,000.00
6.	Current City of Roseville Business License (HDL Companies https://roseville.hdlgov.com 916-727-6868)
7.	Fictitious name filing with Placer County, Refer to California Business and Professions Code beginning with Section 17900 for more information. (530-886-5600) or (https://www.placer.ca.gov/1764/Fictitious-Business-Name-Statements) If LLC or Corporation- proof of filing, standing, Statement of Information
8.	If applicant is not the legal owner of the property upon which the business will be operated, then a copy of a lease agreement in applicant's name for business space (must include the name, address and phone number of the property owner and will have an acknowledgment that the property owner approves of a massage establishment at the proposed location).If the lease does not contain such language, then additional documentation demonstrating the property owner's knowledge and approval of the operation of a massage business upon the property must be submitted.
9.	Zoning approval from the Planning Department
10.	Certificate of Occupancy – Development Services Department, Building Division 311 Vernon St Roseville Ca 95678 916-774-5332
11.	Fire/Life Safety Inspection (Fire Department) 916-774-5800
12.	Proof of business entity status (W-9 Forms are available on the main IRS webpage): • If a sole proprietor, please provide your current Form W-9. • If a corporation, please provide your current Form W-9, date of incorporation, evidence corporation is in good standing under laws of California, the names and capacities of all officers and directors and name and address of registered agent for service of process. • If a limited liability corporation, please provide your current Form W-9, date of formation, evidence limited liability company is in good standing under laws of California, the names and capacities of all members, and name and address of registered agent for service of process. • If a partnership, please provide a copy of the partnership agreement the names and contact information for all partners, and a current Form W-9 for all partners.
13.	A complete list of the names and birthdates of all proposed massage professionals and any other employees and independent contractors who will be employed or retained by the massage business, AND documentation demonstrating whether each person is an employee or independent contractor. **If this

	information is not known at the time of submission of the application, it must be submitted no later than 10 calendar days prior to opening for business and the massage business permit may be contingent upon satisfactory submission of such information.**
14.	If the applicant will provide massage services at the proposed business, then either the applicant's original CAMTC certificate and original CAMTC photo identification card OR the applicant's exemption certificate. ****Refer to RMC Sections 9.10.030 and 9.10.170 for additional information.****
15.	If applicant is also an independent contractor, in addition to providing the information in Section 13 above, evidence of the independent contractor relationship must be provided. *Please note, review of independent contractor relationship is for application purposes only and is no representation, certification, or guarantee that applicant is in fact an independent contractor under the California Labor Code.

Review City Municipal Code, Title 9 Health and Safety, Chapter 9.10: Massage Services

MASSAGE BUSINESS INFORMATION

REQUIRED: Massage Business name and address in which the applicant will be working:
(Please note: massage business permits are non-transferable and unique to a specific business.)

Massage Establishment Name_____

Massage Establishment Address_____

Massage Establishment Telephone Number(s) _____

Massage Establishment Owner(s)_____

Massage Establishment Owner's Telephone(s)_____

Website Address _____

Maximum Occupancy_____

Location Square Footage (Include square footage of the room, as well as the full suite)
_____

Hours of Operation _____

OWNERSHIP OF MASSAGE ESTABLISHMENT

☐ Sole Proprietor ☐ Independent Contractor ☐ Corporation ☐ Limited Liability Corporation

☐ Partnership ☐Other_____

Applicant/Owner Name _____

Other Names Used (Nickname) _____

Date of Birth _____ Age _____

Male / Female Height_____ Weight_____ Hair_____Eyes_____

Scars, tattoos or other distinguishing marks_____

Driver's License # _____Social Security # _____

Residence Address _____

Home Phone _____Work Phone _____Cell Phone _____

E-mail address_____

List all previous residential addresses for Five (5) years immediately prior to current residential address- List most recent address first (Use an additional sheet if needed)

Previous Residential Address _____
Street Address City Zip
From _____ To_____
dd/mm/yyyy dd/mm/yyyy

Previous Residential Address _____
Street Address City Zip
From _____ To_____
dd/mm/yyyy dd/mm/yyyy

List employment history for the past five (5) years. Begin with the current or most recent; include the business name, address, and phone number. (Use an additional sheet if needed)

Business Name_____
Address_____
Street Address City Zip
Position Title _____ Phone Number _____
Dates Employed: From_____ To _____
dd/mm/yyyy dd/mm/yyyy

Business Name_____
Address_____
Street Address City Zip
Position Title _____ Phone Number _____
Dates Employed: From_____ To _____
dd/mm/yyyy dd/mm/yyyy

Do you now hold, or have you **ever** previously held, a permit for massage therapy or similar business?
☐ Yes ☐ No (Use an additional sheet if needed)
If "Yes", explain when and where:

Business Name_____
Address_____
Street Address City Zip
From_____ To _____
dd/mm/yyyy dd/mm/yyyy

Business Name_____
Address_____
Street Address City Zip
From_____ To _____
dd/mm/yyyy dd/mm/yyyy

Have you ever had a permit/license suspended or revoked (for any reason)? ☐ Yes ☐ No

If "Yes", provide explanation:
_____
_____
_____

Per RMC 9.10.050(c)(10), please disclose all criminal charges within the past (10) years, and all criminal convictions since the age of eighteen (18), except minor traffic violations:

Do you have charges or convictions to disclose? ☐ Yes ☐ No

If yes, state the date, nature of the offense(s), jurisdiction where offense occurred and disposition:
_____
_____
_____

Any violation(s) of Roseville Municipal Code Chapter 9.10 or any offense in any other local jurisdiction which is equivalent to a violation of Roseville Municipal Code Chapter 9.10 (Massage Services).
Do you have violations to disclose? ☐ Yes ☐ No

_____
Date Jurisdiction (City or County) Charge/Violation Disposition

_____
Date Jurisdiction (City or County) Charge/Violation Disposition

Have you ever been convicted of a misdemeanor involving moral turpitude? ☐ Yes ☐ No

What is "Moral Turpitude"? *Moral turpitude is a legal concept in the United States that refers to the gross violation of standards of moral conduct. Conviction of crimes of moral turpitude may disqualify someone from an employment opportunity. Some examples of crimes involving "moral turpitude" include: grand theft, perjury, vice crimes, bigamy, rape, arson, blackmail, embezzlement, fraud, robbery, prostitution, murder, voluntary manslaughter, narcotic sales and falsifying a crime report. Liquor law violations and disorderly conduct do not fall under this classification.*

If yes to the above concerning moral turpitude, provide details and jurisdiction where offense occurred.

_____

_____

_____

Are you presently or have you **EVER** been on informal/formal probation or parole in California or elsewhere? ☐ Yes ☐ No

If yes, provide all details, including probation/parole officer's name, office address and phone number.

_____

_____

_____

Provide three (3) character references other than immediate family members (name, address, & phone number)

_____

_____

_____

I give permission to allow a background investigation to verify the information provided.

☐ YES Initial:_____

ON-SITE RESPONSIBLE PERSONS
(Managers)

☐ Employee ☐Other_____

Manager Name(s) _____

Other Names Used (Nickname)_____

Date of Birth_____ Age_____ Driver's License Number _____State _____

Residence Address_____

Primary Phone_____ Alternate Contact Phone_____

Primary E-mail address_____

Please advise the On-Site Manager (responsible persons) there will be a background check and have them sign below acknowledging and providing permission for the background check. **This individual(s) will be required to complete a LiveScan fingerprint service.**

X_____ Date: _____

Are there additional On-Site Responsible Persons (Managers) ☐ Yes ☐ No

Note: If you have more than one manager please list their information on a separate page that includes the items mentioned in the "On-Site Responsible Persons" section along with their signature acknowledging there will be a background check. Please provide the separate page(s) along with the rest of the application.

PROPERTY OWNER INFORMATION

Please provide the name, address and contact number/email of the property owner/property management company.

Name _____

Address_____

Contact Number_____

Email Address_____

CHANGES OF ANY KIND TO THE ABOVE INFORMATION MUST BE REPORTED TO THE ROSEVILLE POLICE DEPARTMENT IN WRITING WITHIN 10 BUSINESS DAYS (RMC 9.10.250).

I certify under the penalty of perjury of the laws of the State of California, that all the information provided in this application is true and correct. My signature also authorizes the City of Roseville, its staff and agents to seek information and conduct investigations, including but not limited to a records check of prior convictions into the truth of the statements set forth in the application and my qualifications for the permit. I have read and understand the applicable sections of the Roseville Municipal Code as it applies to massage services and agree to abide by such ordinances.

APPLICANT: **Signature**	**Print Name**	**Date**
CITY REPRESENTATIVE: **Signature**	**Print Name**	**Date**

∇ FOR POLICE DEPARTMENT USE ONLY ∇

Notes: