



ROCKLIN POLICE DEPARTMENT

4080 Rocklin Road – Rocklin, CA 95677

Phone: (916) 625-5400 www.rocklinpd.com

APPLICATION FOR MESSAGE BUSINESS PERMIT

[Section 5.20 of the Rocklin Municipal Code](#) requires any person(s) desiring a permit to operate a massage establishment to submit to the Chief of Police an application. An applicant for a permit shall submit, as part of the application process, the following information.

The following checklist is provided to help the applicant in providing a completed application. If any required information is missing or incomplete, the application will be returned to the applicant. A notice will be attached defining the information missing or incomplete.

1. Completed Application Form;
2. Live Scan (new business owners only);
3. Proof of a valid CAMTC (California Massage Therapy Council) issued massage practitioner permit for each massage professional employed at or intended to be employed at the establishment;
4. Copy of each massage practitioner's government issued photo ID;
5. Proof of current general liability insurance policy for the business providing minimum coverage of \$1,000,000;
6. Copy of lease agreement for business space (must include the name and address of the property owner, and will have an acknowledgment that the property owner approves of a massage establishment at the proposed location).
7. Fee:
 - New: \$771
 - Renewal: \$384

Permit valid per fiscal year. New fiscal year starts July 1st.



Message Business Permit

Rocklin Police Department
4080 Rocklin Rd,
Rocklin, CA 95677
(916) 625-5400

New Application Renewal

Message Establishment Information

The applicant corporation or partnership shall designate one of its officers or general partners to act as its responsible managing officer. Such designated person shall complete and sign all application forms for this establishment.

Message Establishment Name _____
(Precise name under which business is to be conducted)

Complete Address of Message Establishment _____
Street Address City Zip

Establishment Telephone Number(s) () _____ () _____ () _____

Ownership of Message Establishment/Business

Complete business ownership information is required. Each person involved in the management of the message establishment (designated manager) is required to complete a Supplemental Questionnaire. Please provide the following information:

Indicate type of business ownership (check one): Sole Proprietor Partnership Corporation Other: _____
(Please completely fill in the section below appropriate to the ownership of your business)

SOLE PROPRIETOR:

Owner Name _____

Residence Address _____
Street Address City Zip

Owner Telephone Number(s) () _____ () _____ () _____
Home Work Cell

PARTNERSHIP OR JOINT VENTURE: This form must be signed by one general partner or by a participant if a joint venture

Is this a limited partnership? YES _____ NO _____ Is one or more partner a corporation? YES _____ NO _____
(If yes, provide copy of Certificate of Limited Partnership filed with the State) (If yes, also fill out the corporation section for all applicable Officers of corporation)

Name(s) and residence addresses of each current partner including limited partners (Use another sheet if needed)

Name _____ Title _____

Residence Address _____
Street Address City Zip

Name _____ Title _____

Residence Address _____
Street Address City Zip

Name _____ Title _____

Residence Address _____
Street Address City Zip

CORPORATION: This form must be signed by one officer or one director designated to act as a responsible managing officer

Name of Corporation _____ State of Incorp. _____ Date of Incorp. _____
(Name must be set forth exactly as shown in articles of incorporation or charter) (mm/dd/yyyy)

Name(s) and residence addresses of each current Officer and Director and of each stockholder holding more than 5% of the stock of the Corporation (Use another sheet if needed)

Name _____ Title _____

Residence Address _____
Street Address City Zip

Name _____ Title _____

Residence Address _____
Street Address City Zip

Name _____ Title _____

Residence Address _____
Street Address City Zip

Description of any other business operated on the same premises or within the City of Rocklin or the State of California that is owned or operated by the Applicant

Property Owner Information

Please enter the name and address of the owner and lessor of the real property upon or in which the business is to be conducted. In the event the applicant is not the legal owner of the property, the application must be accompanied by a copy of the lease and a notarized acknowledgment from the property owner that a massage establishment will be located on the owner's property

Property Owner _____
Last First MI

Owner Address _____
Street Address City Zip

Phone Number () _____ **E-mail** _____

Submittal Requirements

1. The applicant, if a corporation or partnership, shall designate one or more of its officers or partners to act as manager during business hours. If the applicant is an individual, then that individual or designee shall act as manager. Each person who will serve as manager will complete and sign a Supplemental Questionnaire.
2. If during the term of a permit, the permit holder has any change in information submitted on the original or renewal application, the permit holder shall notify the Police Department of such change, within fourteen (14) business days thereafter, in writing.

Business Owner/ Operator/ Manager Information

Applicant Name _____
(Full, complete and true name) Last First MI

All Other Names Used _____
(Aliases or Maiden names)

Applicant Residential Address _____
Street Address City Zip

Applicant Mailing Address _____
(If different from Residential Address) Street Address City Zip

Home Phone No. () _____ **Work Phone No.** () _____ **Cell Phone No.** () _____
(Include all that apply)

Are You At Least 18 Years of Age? YES _____ NO _____ I am a _____ **Business Owner** _____ **Operator/Manager**

Qualifying Proof of Legal Residency _____
(And/or the ability to legally work in the United States – examples include birth certificate, immigration status, social security card, travel visa, etc.)

Gender _____ **Height** _____ **Weight** _____ **Hair Color** _____ **Eye Color** _____
(Feet/inches) (Lbs.)

Please Enter 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

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

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

Please Enter Employment History For Five (5) Years Preceding This Application – List Most Recent Employer First (Use an additional sheet if necessary)

Business Name _____ Type of Business _____

Position Title and Job Responsibilities _____

Dates Employed: From _____ To _____
dd/mm/yyyy dd/mm/yyyy

Address _____
Street Address City Zip

Business Name _____ Type of Business _____

Position Title and Job Responsibilities _____

Dates Employed: From _____ To _____
dd/mm/yyyy dd/mm/yyyy

Address _____
Street Address City Zip

Business Name _____ Type of Business _____

Position Title and Job Responsibilities _____

Dates Employed: From _____ To _____
dd/mm/yyyy dd/mm/yyyy

Address _____
Street Address City Zip

Business Name _____ Type of Business _____

Position Title and Job Responsibilities _____

Dates Employed: From _____ To _____
dd/mm/yyyy dd/mm/yyyy

Address _____
Street Address City Zip

Please List All Criminal Convictions Occurring in Any State or Country Including Any Plea of Nolo Contendere, Including Those Dismissed or Expunged Pursuant to Penal Code §1203.4, but Excluding Traffic Infractions or Violations.

Date of Conviction _____ Place of Conviction _____ Reason _____
dd/mm/yyyy

Date of Conviction _____ Place of Conviction _____ Reason _____
dd/mm/yyyy

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 Rocklin, 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 also certify under the penalty of perjury of the laws of the State of California that I have received a copy of City of Rocklin Ordinance chapter §5.20.060 and understand its contents as well as the duties of a massage establishment manager/applicant as provided in the chapter. I further understand that an incomplete or unsigned application will not be processed.

Applicant's Signature: _____ Date: _____

Printed Name: _____

Massage Establishment Therapist/Practitioner Listing/Manager/Administrator

Therapist/Practitioner Name (First, Last)	Nickname/Alias/ AKA	Residence Address	Telephone Number	Independent Contractor (1099) <small>(Check if applicable)</small>	Employee (W-2) <small>(Check if applicable)</small>	Manager/ Administrator <small>(Check if applicable)</small>	Business Tax Account

Business Owner-please complete this form and provide the original current certification from the CAMTC as certified massage therapist or as a certified massage practitioner and the original CAMTC-issued identification card for each employee (W-2 or 1099), owner or manager performing massage for the City of Rocklin to make copies. If manager or administrator is not providing massage services, please provide a copy of State issued Identification such as Driver’s License or Identification card.

Massage Establishment Name: _____ Business Tax #: _____

Submitted by: _____ Date: _____ Contact Number: _____

Massage establishment permits. (d) Requirement to Amend Massage Establishment Permit Application. Whenever the information provided in the application for massage establishment permit on file with the city changes, for example by a change in employees, the operator shall, within 10 business days after such change, file an amendment to the massage establishment permit application with the Rocklin Police Department to reflect such change. (RMC 5.20)