



# ROCKLIN POLICE DEPARTMENT

4080 Rocklin Road – Rocklin, CA 95677

Phone: (916) 625-5400 [www.rocklinpd.com](http://www.rocklinpd.com)

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## 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 1<sup>st</sup>.**



# 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 \_\_\_\_\_ 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



