## Massage Establishment Therapist/Practitioner Listing/Manager/Administrator

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