



ROCKLIN POLICE DEPARTMENT

4080 Rocklin Road – Rocklin, CA 95677
Phone: (916) 625-5400 www.rocklinpd.com

APPLICATION FOR MASSAGE 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. Proof that the applicant is at least eighteen (18) years of age (US Government issued ID with photo);
2. State and Federal fingerprints (Live Scan);
3. A complete list of the names and valid US Government issued identification for all proposed massage professionals and other employees or independent contractors who are or will be employed or retained at the massage establishment;
4. 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;
5. Copies of other identification and or information requested by the Police to aid in verifying the information provided on the application;
6. If a corporation: names of all agents, complete corporation name, date of incorporation, evidence that the corporation is in good standing under the laws of California, names and capacities of all officers and directors, and the name of the registered corporate agent and the address of the registered agent for service of process;
7. If a partnership: complete name of the partnership, address and names of all partners, whether the partnership is general or limited, and a copy of the partnership agreement, if any. In addition, the application must designate the person who will provide all information required;
8. True and full name under which the massage business is to be conducted, as well as any and all names under which the massage business is to be advertised;
9. A separately signed waiver and release authorizing the City of Rocklin, its agents, and employees to seek information and to conduct an investigation into the truth of the statements made on the application and the qualifications and record of the applicant;
10. Current residential address and telephone number of the owner, as well as the manager (if a different person) who will be principally in charge of the operation of the business, and the previous residential addresses and business addresses within the previous five (5) years;
11. Certificate of occupancy provided by the Building Division;
12. Copy of current City of Rocklin Business License;

13. A current and valid policy of insurance issued by an insurance company authorized to do business in the State of California evidencing that the applicant is insured under a liability insurance policy providing minimum coverage of \$1,000,000 for injury or death to any one person arising out of the operation of any massage business and the administration of a massage;
14. The name and address of the owner of the real property upon or in which the proposed massage business is to be conducted and, if applicable, the lessor, copy of the property lease (if applicable) acknowledging that the property owner approves of a massage establishment at the proposed location.
15. During the term of a permit, if the permittee has any change in the information submitted on the original or any renewal application, the permittee shall notify the chief of police in writing of any such change within fourteen calendar days of the change.
16. In the event that the chief of police requires further information, or deems the application incomplete, the applicant shall be notified in writing of the required information within twenty calendar days of submitting the application. Additional information shall be provided within fifteen calendar days of the date of the request, after which time the application shall be deemed incomplete. Incomplete applications shall be deemed denied.



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MESSAGE ESTABLISHMENT PERMIT APPLICATION

Please print or type - Incomplete Applications Cannot be Accepted

Date Stamp: _____

Planning App. # _____

New Application

Renewal Application

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.

Responsible Managing Officer _____
Last First Middle

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

Please Enter names and residence addresses of all proposed Massage Technicians, Managers, Operators, and employees of the massage establishment (use an additional sheet if needed)

Please provide a copy of a driver's license or other government-issued picture identification card for each person.

Name _____ **Title** _____
Residence Address _____
Street Address _____ City _____ Zip _____

Name _____ **Title** _____
Residence Address _____
Street Address _____ City _____ Zip _____

Name _____ **Title** _____
Residence Address _____
Street Address _____ City _____ Zip _____

Name _____ **Title** _____
Residence Address _____
Street Address _____ City _____ Zip _____

Name _____ **Title** _____
Residence Address _____
Street Address _____ City _____ Zip _____

Name _____ **Title** _____
Residence Address _____
Street Address _____ City _____ Zip _____

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 acknowledgement 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.

Certifications

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 authorizes the Rocklin Police Department, 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 that I have received a copy of the City of Rocklin Municipal Code Chapter §5.20.060, understand its contents and understand the duties of a manager.

Responsible Managing Officer Signature: _____ **Date:** _____
Printed Name: _____



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MESSAGE ESTABLISHMENT PERMIT SUPPLEMENTAL QUESTIONNAIRE

Date Stamp: _____

Planning App. # _____

New Application

Renewal Application

Please Type Or Print. Incomplete Applications Cannot Be Accepted

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 All Licenses or Permits Issued By Any Agency, Board, City or Other Jurisdiction (Use an additional sheet if needed)

Permit/License # _____ **Specialty** _____ **Jurisdiction** _____

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Permit/License # _____ **Specialty** _____ **Jurisdiction** _____

Permit/License # _____ **Specialty** _____ **Jurisdiction** _____

Permit/License # _____ **Specialty** _____ **Jurisdiction** _____

Has the applicant had any license or permit denied, revoked or suspended? Yes _____ No _____

If yes, what jurisdiction(s)? _____ Reason(s) _____

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 Pleas 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 For Conviction** _____
dd/mm/yyyy

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

Additional Requirements

1. Fingerprinting for identification purposes. Fingerprinting is done by appointment with the Police Department once this application is submitted to the City and permit fees are paid.
2. If the applicant intends to practice massage, a separate Massage Technician Permit must be obtained and additional fees paid per the requirements for a Rocklin licensed massage technician.

Certifications

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: _____