

MESSAGE PERMIT APPLICATION

(BUSINESS, OWNER / CO-OWNER, MANAGER)



**MANTECA POLICE DEPARTMENT
SERVICES DIVISION
1001 W. Center Street
Manteca, CA 95337
(209) 456-8108**

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**APPLICATION PACKET FOR MASSAGE PERMITS
(BUSINESS, OWNER / CO-OWNER, MANAGER)**

9.28 of the City of Manteca Municipal Code regulates massage for businesses, owners, managers, therapists and practitioners. Massage businesses must comply with the provisions set forth in MMC 9.28. A massage business cannot operate in the City of Manteca without obtaining and maintaining a permit for the City of Manteca, unless the owner, co-owner and manager is CAMTC Certified.

❖ *This Massage Permit Application is used for both the Massage Permit and as part of the issuance of a Business License pursuant to 9.28.070(A)(c).*

- Applicant must complete, sign and submit an application to the Records Unit and pay all required fees. (Fees will *not* be refunded if application is denied.)
- For questions, please call our office at (209) 456-8108 and ask for the officer Lt. Schluer
- Submit completed application, required documents and/or notifications *in person*:

**MANTECA POLICE DEPARTMENT
SERVICES DIVISION
1001 W. Center Street
Manteca, CA 95337**



**MANTECA POLICE DEPARTMENT
RECORDS UNIT
(209) 456-8108**

MESSAGE PERMIT APPLICATION (cont.)

APPLICANT INFORMATION

Applicant Title:

Application Type:

Circle one: NEW RENEWAL

Message Business Name

Message Business Address (Street #, Street, City, State, Zip Code):

Message Business Phone:

Message Business Web Address:

Applicant Name (First, Middle, Last):

Applicant Residential Address – No P.O. Box (Street #, Street, City, State, Zip Code):

Applicant Mailing Address (Street #, Street, City, State, Zip Code):

Date of Residence:

From: / / To: / /

Home Phone:

Cell Phone:

Applicant Email Address:

Valid Government Photo ID:

Government Photo ID Expiration:

Date of Birth:

Male/Female:

Height:

Weight:

Hair Color:

Eye Color:

APPLICANT RESIDENTIAL HISTORY

Previous Residential Address (Street #, Street, City, State, Zip Code):

Date of Residence:

From: / / To: / /

Previous Residential Address (Street #, Street, City, State, Zip Code):

Date of Residence:

From: / / To: / /

Previous Residential Address (Street #, Street, City, State, Zip Code):

Date of Residence:

From: / / To: / /

Previous Residential Address (Street #, Street, City, State, Zip Code):

Date of Residence:

From: / / To: / /



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MESSAGE PERMIT APPLICATION (cont.)

APPLICANT EMPLOYMENT HISTORY

Employer Name:	Date of Employment: From: / / To: / /
Employer Address (Street #, Street, City, State, Zip Code):	
Job Title / Duties:	Employer Phone:
Employer Name:	Date of Employment: From: / / To: / /
Employer Address (Street #, Street, City, State, Zip Code):	
Job Title / Duties:	Employer Phone:
Employer Name:	Date of Employment: From: / / To: / /
Employer Address (Street #, Street, City, State, Zip Code):	
Job Title / Duties:	Employer Phone:
Employer Name:	Date of Employment: From: / / To: / /
Employer Address (Street #, Street, City, State, Zip Code):	
Job Title / Duties:	Employer Phone:
Employer Name:	Date of Employment: From: / / To: / /
Employer Address (Street #, Street, City, State, Zip Code):	
Job Title / Duties:	Employer Phone:



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MESSAGE PERMIT APPLICATION (cont.)

INFORMATION OF PARTNERS OR CORPORATE OFFICERS

Partner/Corporate Officer Name (First, Middle, Last):		Partner/Corporate Officer Title:
Partner/Corporate Officer Residential Address – No P.O. Box (Street #, Street, City, State, Zip Code):		
Valid Government Photo ID:	Date of Birth:	Partner/Corporate Officer Phone:
Partner/Corporate Officer Name (First, Middle, Last):		Partner/Corporate Officer Title:
Partner/Corporate Officer Residential Address – No P.O. Box (Street #, Street, City, State, Zip Code):		
Valid Government Photo ID:	Date of Birth:	Partner/Corporate Officer Phone:
Partner/Corporate Officer Name (First, Middle, Last):		Partner/Corporate Officer Title:
Partner/Corporate Officer Residential Address – No P.O. Box (Street #, Street, City, State, Zip Code):		
Valid Government Photo ID:	Date of Birth:	Partner/Corporate Officer Phone:

**PARTNER OR CORPORATE INFORMATION
(LIST ALL CURRENT BUSINESSES YOU HOLD AN INTEREST IN)**

Business Name:	Business Phone:
Business Address (Street #, Street, City, State, Zip Code):	
Business Name:	Business Phone:
Business Address (Street #, Street, City, State, Zip Code):	
Business Name:	Business Phone:
Business Address (Street #, Street, City, State, Zip Code):	



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MESSAGE PERMIT APPLICATION (cont.)

PERSONAL INFORMATION

Have you **EVER** been **ARRESTED OR CONVICTED** of **ANY** crime? **YES** **NO**

**IF YES, LIST ALL ARRESTS/CONVICTIONS INCLUDING DATES, LOCATIONS AND CHARGES
USE ADDITIONAL PAPER IF NECESSARY**

Date of Arrest / Conviction:

Location of Arrest / Conviction:

Explanation:

Date of Arrest / Conviction:

Location of Arrest / Conviction:

Explanation:

Date of Arrest / Conviction:

Location of Arrest / Conviction:

Explanation:

Date of Arrest / Conviction:

Location of Arrest / Conviction:

Explanation:



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MESSAGE PERMIT APPLICATION (cont.)

PERSONAL INFORMATION (cont.)

Do you have ANY cases pending against you in any administrative, civil or criminal court? YES NO

**IF YES, LIST ALL CASES PENDING. INCLUDE DATES, LOCATIONS AND EXPLANATIONS
USE ADDITIONAL PAPER IF NECESSARY**

Location of pending case (City, State):

Explanation:

Location of pending case (City, State):

Explanation:

Have you ever applied for or received a massage permit anywhere in the U.S.A.? YES NO

**IF YES, LIST BUSINESS INFORMATION AND PLEASE EXPLAIN
USE ADDITIONAL PAPER IF NECESSARY**

Business Name:	Business Phone:
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Business Address (Street #, Street, City, State, Zip Code):	Date of Employment: From: / / To: / /
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Explanation:

Business Name:	Business Phone:
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Business Address (Street #, Street, City, State, Zip Code):	Date of Employment: From: / / To: / /
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Explanation:



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MESSAGE PERMIT APPLICATION (cont.)

PERSONAL INFORMATION (cont.)

Have you ever been denied a massage permit of any kind anywhere in the U.S.A.? YES NO

**IF YES, LIST BUSINESS INFORMATION AND PLEASE EXPLAIN
USE ADDITIONAL PAPER IF NECESSARY**

Business Name:

Business Phone:

Business Address (Street #, Street, City, State, Zip Code):

Explanation:

Business Name:

Business Phone:

Business Address (Street #, Street, City, State, Zip Code):

Explanation:

Have you ever practiced massage in a business that was unlicensed? YES NO

**IF YES, LIST BUSINESS INFORMATION AND PLEASE EXPLAIN
USE ADDITIONAL PAPER IF NECESSARY**

Business Name:

Business Phone:

Business Address (Street #, Street, City, State, Zip Code):

Explanation:

Business Name:

Business Phone:

Business Address (Street #, Street, City, State, Zip Code):

Explanation:



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MESSAGE PERMIT APPLICATION (cont.)

LIST OF MESSAGE THERAPISTS (1 OF 4)

1) Message Therapist Name (First, Middle, Last):		Date of Hire: / /
Message Therapist Residential Address – No P.O. Box (Street #, Street, City, State, Zip Code):		
Date of Birth: / /	Home Phone:	Cell Phone:
Valid Government Photo ID:	CAMTC Certificate #:	CAMTC Expiration: / /
Name and Address of Massage School Attended:		
Name and Address of Massage School Attended:		
2) Message Therapist Name (First, Middle, Last):		Date of Hire: / /
Message Therapist Residential Address – No P.O. Box (Street #, Street, City, State, Zip Code):		
Date of Birth: / /	Home Phone:	Cell Phone:
Valid Government Photo ID:	CAMTC Certificate #:	CAMTC Expiration: / /
Name and Address of Massage School Attended:		
Name and Address of Massage School Attended:		
3) Message Therapist Name (First, Middle, Last):		Date of Hire: / /
Message Therapist Residential Address – No P.O. Box (Street #, Street, City, State, Zip Code):		
Date of Birth: / /	Home Phone:	Cell Phone:
Valid Government Photo ID:	CAMTC Certificate #:	CAMTC Expiration: / /
Name and Address of Massage School Attended:		
Name and Address of Massage School Attended:		



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MESSAGE PERMIT APPLICATION (cont.)

LIST OF MESSAGE THERAPISTS (2 OF 4)

4) Message Therapist Name (First, Middle, Last):		Date of Hire: / /
Message Therapist Residential Address – No P.O. Box (Street #, Street, City, State, Zip Code):		
Date of Birth: / /	Home Phone:	Cell Phone:
Valid Government Photo ID:	CAMTC Certificate #:	CAMTC Expiration: / /
Name and Address of Massage School Attended:		
Name and Address of Massage School Attended:		
5) Message Therapist Name (First, Middle, Last):		Date of Hire: / /
Message Therapist Residential Address – No P.O. Box (Street #, Street, City, State, Zip Code):		
Date of Birth: / /	Home Phone:	Cell Phone:
Valid Government Photo ID:	CAMTC Certificate #:	CAMTC Expiration: / /
Name and Address of Massage School Attended:		
Name and Address of Massage School Attended:		
6) Message Therapist Name (First, Middle, Last):		Date of Hire: / /
Message Therapist Residential Address – No P.O. Box (Street #, Street, City, State, Zip Code):		
Date of Birth: / /	Home Phone:	Cell Phone:
Valid Government Photo ID:	CAMTC Certificate #:	CAMTC Expiration: / /
Name and Address of Massage School Attended:		
Name and Address of Massage School Attended:		



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MESSAGE PERMIT APPLICATION (cont.)

LIST OF MESSAGE THERAPISTS (3 OF 4)

7) Message Therapist Name (First, Middle, Last):		Date of Hire: / /
Message Therapist Residential Address – No P.O. Box (Street #, Street, City, State, Zip Code):		
Date of Birth: / /	Home Phone:	Cell Phone:
Valid Government Photo ID:	CAMTC Certificate #:	CAMTC Expiration: / /
Name and Address of Massage School Attended:		
Name and Address of Massage School Attended:		
8) Message Therapist Name (First, Middle, Last):		Date of Hire: / /
Message Therapist Residential Address – No P.O. Box (Street #, Street, City, State, Zip Code):		
Date of Birth: / /	Home Phone:	Cell Phone:
Valid Government Photo ID:	CAMTC Certificate #:	CAMTC Expiration: / /
Name and Address of Massage School Attended:		
Name and Address of Massage School Attended:		
9) Message Therapist Name (First, Middle, Last):		Date of Hire: / /
Message Therapist Residential Address – No P.O. Box (Street #, Street, City, State, Zip Code):		
Date of Birth: / /	Home Phone:	Cell Phone:
Valid Government Photo ID:	CAMTC Certificate #:	CAMTC Expiration: / /
Name and Address of Massage School Attended:		
Name and Address of Massage School Attended:		



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MESSAGE PERMIT APPLICATION (cont.)

LIST OF MESSAGE THERAPISTS (4 OF 4)

10) Massage Therapist Name (First, Middle, Last):		Date of Hire: / /
Massage Therapist Residential Address – No P.O. Box (Street #, Street, City, State, Zip Code):		
Date of Birth: / /	Home Phone:	Cell Phone:
Valid Government Photo ID:	CAMTC Certificate #:	CAMTC Expiration: / /
Name and Address of Massage School Attended:		
Name and Address of Massage School Attended:		
11) Massage Therapist Name (First, Middle, Last):		Date of Hire: / /
Massage Therapist Residential Address – No P.O. Box (Street #, Street, City, State, Zip Code):		
Date of Birth: / /	Home Phone:	Cell Phone:
Valid Government Photo ID:	CAMTC Certificate #:	CAMTC Expiration: / /
Name and Address of Massage School Attended:		
Name and Address of Massage School Attended:		
12) Massage Therapist Name (First, Middle, Last):		Date of Hire: / /
Massage Therapist Residential Address – No P.O. Box (Street #, Street, City, State, Zip Code):		
Date of Birth: / /	Home Phone:	Cell Phone:
Valid Government Photo ID:	CAMTC Certificate #:	CAMTC Expiration: / /
Name and Address of Massage School Attended:		
Name and Address of Massage School Attended:		



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MESSAGE PERMIT APPLICATION (cont.)

**LIST OF EMPLOYEES
NOT PROVIDING MESSAGE SERVICES (1 OF 2)**

1) Employee Name (First, Middle, Last):		Date of Hire: / /
Employee Residential Address – No P.O. Box (Street #, Street, City, State, Zip Code):		
Date of Birth: / /	Home Phone:	Cell Phone:
Valid Government Photo ID:	Job Duties:	
2) Employee Name (First, Middle, Last):		Date of Hire: / /
Employee Residential Address – No P.O. Box (Street #, Street, City, State, Zip Code):		
Date of Birth: / /	Home Phone:	Cell Phone:
Valid Government Photo ID:	Job Duties:	
3) Employee Name (First, Middle, Last):		Date of Hire: / /
Employee Residential Address – No P.O. Box (Street #, Street, City, State, Zip Code):		
Date of Birth: / /	Home Phone:	Cell Phone:
Valid Government Photo ID:	Job Duties:	
4) Employee Name (First, Middle, Last):		Date of Hire: / /
Employee Residential Address – No P.O. Box (Street #, Street, City, State, Zip Code):		
Date of Birth: / /	Home Phone:	Cell Phone:
Valid Government Photo ID:	Job Duties:	



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MESSAGE PERMIT APPLICATION (cont.)

**LIST OF EMPLOYEES
NOT PROVIDING MESSAGE SERVICES (2 OF 2)**

5) Employee Name (First, Middle, Last):		Date of Hire: / /
Employee Residential Address – No P.O. Box (Street #, Street, City, State, Zip Code):		
Date of Birth: / /	Home Phone:	Cell Phone:
Valid Government Photo ID:	Job Duties:	
6) Employee Name (First, Middle, Last):		Date of Hire: / /
Employee Residential Address – No P.O. Box (Street #, Street, City, State, Zip Code):		
Date of Birth: / /	Home Phone:	Cell Phone:
Valid Government Photo ID:	Job Duties:	
7) Employee Name (First, Middle, Last):		Date of Hire: / /
Employee Residential Address – No P.O. Box (Street #, Street, City, State, Zip Code):		
Date of Birth: / /	Home Phone:	Cell Phone:
Valid Government Photo ID:	Job Duties:	
8) Employee Name (First, Middle, Last):		Date of Hire: / /
Employee Residential Address – No P.O. Box (Street #, Street, City, State, Zip Code):		
Date of Birth: / /	Home Phone:	Cell Phone:
Valid Government Photo ID:	Job Duties:	



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MESSAGE PERMIT APPLICATION (cont.)

All permits or licenses are NON-TRANSFERABLE. Application fees are NON-REFUNDABLE.

I CERTIFY UNDER PENALTY OF PERJURY THAT THE STATEMENTS I HAVE MADE ON THIS FORM ARE TRUE AND CORRECT. I AUTHORIZE THE CITY OF MANTECA, ITS AGENTS AND EMPLOYEES TO SEEK INFORMATION AND CONDUCT AN INVESTIGATION INTO THE TRUTH OF THE STATEMENTS SET FORTH IN THIS APPLICATION AND MY QUALIFICATIONS FOR THE LICENSE. *I FURTHER UNDERSTAND THAT ANY OMMISSIONS, FALSIFICATIONS OR MISREPRESENTATIONS, WILL BE GROUNDS FOR THE LICENSE DENIAL OR FUTURE REVOCATION. IT IS MY RESPONSIBILITY TO NOTIFY THE CHIEF OF POLICE OF ARRESTS OF ANY OWNERS, MANAGERS, EMPLOYEES, OR MASSAGE THERAPISTS FOR OFFENSES LISTED IN SECTION 9.28.090(D)(b). IT IS ALSO MY RESPONSIBILITY TO NOTIFY THE CHIEF OF POLICE OF ANY RESIGNATIONS, TERMINATIONS, HIRING OR TRANSFERS OF MASSAGE THERAPISTS, OWNERS OR MANAGERS.* I HAVE READ AND UNDERSTAND THE MANTECA MUNICIPAL CODE CHAPTER 9.28 WHICH REGULATES MASSAGE FOR BUSINESSES, OWNERS, MANAGERS, THERAPISTS AND PRACTITIONERS.

Print Name (First, Middle, Last)

Signature

Date

OFFICE USE ONLY

DO NOT WRITE BELOW THIS LINE

BUSINESS	\$ _____	_____	PERMIT	_____	EXP DATE	_____
OWNR/MGR	\$ _____	_____				
OWNER/MGR ID	\$ _____	_____	PHOTO	_____	EXP DATE	_____
TOTAL	\$ _____					

GOVERNMENT ID LIST OF MESSAGE THERAPISTS

LIST OF EMPLOYEES

MESSAGE THERAPISTS CAMTC CERTIFICATION AND ID'S

Section 1 – Reviewer Approval

COMPLETE INCOMPLETE

NOTES: _____

Reviewer	Badge #	Date
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Section 2 – Code Enforcement Approval

APPROVED DENIED

NOTES: _____

Code Enforcement Officer	Badge #	Date
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Section 3 – Services Unit Approval

APPROVED DENIED

NOTES: _____

Authorizing Command Staff	Badge #	Date
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