

CITY OF DEL MAR

1050 CAMINO DEL MAR

DEL MAR, CA 92014

PHONE: (858) 755-9313 www.delmar.ca.us

APPLICATION FOR OPERATIONS PERMIT: MASSAGE ESTABLISHMENT

ALL INFORMATION REQUESTED ON THIS APPLICATION IS REQUIRED. INCOMPLETE APPLICATIONS WILL BE RETURNED DENIED, THUS DELAYING THE ISSUANCE OF ESTABLISHMENT PERMIT. **IT IS UNLAWFUL FOR ANY NEW APPLICANT TO BEGIN BUSINESS WITHOUT FIRST PROCURING AN OPERATOR'S PERMIT FOR THE ESTABLISHMENT.** COMPLETED APPLICATIONS REQUIRE (30) THIRTY DAYS TO PROCESS.

NEW _____ RENEWAL _____ FEE _____ PERMIT # _____ DATE _____

YOU MUST SUBMIT THE FOLLOWING WITH YOUR APPLICATION:

- _____ 1. CURRENT PHOTO IDENTIFICATION, WRITTEN PROOF SATISFACTORY TO THE SHERIFF THAT APPLICANT IS OVER THE AGE OF 18 (I.E. CALIFORNIA DRIVER'S LICENSE, I.D. CARD, OR OTHER APPROVED I.D.).
- _____ 2. (2) PASSPORT QUALITY 2"X2" PHOTO'S (NOT BOOTH PHOTOS).
- _____ 3. CORRECT PERMIT FEE (\$440.00 NEW APPLICANT/\$375 RENEWAL or \$245.00 FOR OFF-PREMISE MASSAGE).
- _____ 4. ONLY FINGERPRINTS SUBMITTED VIA LIVE SCAN ARE ACCEPTABLE. ATTACHED IS A LISTING OF LIVE SCAN SITES IN THE SAN DIEGO COUNTY. **(If you decide to apply, you must request form from City of Del Mar, Finance Department).** PLEASE FILL OUT AND TAKE THE FORM "REQUEST FOR LIVE SCAN SERVICE" TO ONE OF THESE SITES. FEE IS \$32. (Required of Owner if CAMTC Certification is not submitted)
- _____ 5. COPY OF BUSINESS LICENSE CERTIFICATE FOR DEL MAR (**form attached**)
- _____ 6. LETTER FROM THE PROPERTY OWNER WITH WRITTEN PERMISSION TO USE PROPERTY AS A MASSAGE ESTABLISHMENT, INCLUDING PARCEL NUMBER.
- _____ 7. FICTITIOUS NAME REGISTRATION IF APPLICANT IS USING A DBA.
- _____ 8. OTHER

BUSINESS/CORPORATE NAME _____ BUSINESS PHONE _____

BUSINESS ADDRESS (SITE) _____
(Number) (Street) (City) (Zip)

BUSINESS ADDRESS (MAILING) _____

CORPORATION ___ PARTNERSHIP ___ INDIVIDUAL ___ DBA _____

LIST APPLICANT/OFFICERS/PARTNERS

NAME	TITLE	STREET	CITY	ZIP	PHONE
1 _____	_____	_____	_____	_____	_____
2 _____	_____	_____	_____	_____	_____

(Continue on reverse if necessary)

HOURS OF OPERATION: FROM _____ TO _____

NAME/ADDRESS/PHONE OF PROPERTY OWNER OF BUSINESS SITE _____

EXACT NATURE/TECHNIQUE OF MASSAGE TO BE ADMINISTERED _____

APPLICANT NAME _____

AKA'S USED _____

DATE OF BIRTH _____ PLACE OF BIRTH _____ HEIGHT _____ WEIGHT _____ SEX _____

HAIR _____ EYES _____ DRIVER'S LIC. # _____ SOCIAL SECURITY # _____

RESIDENCE ADDRESS _____

RESIDENCE PHONE _____ (Number) (Street) _____ (City) _____ (Zip) _____
EMERGENCY CONTACT NAME & PHONE _____

RESIDENCE ADDRESSES FOR THE PAST THREE (3) YEARS _____

OCCUPATION FOR LAST THREE (3) YEARS

BUSINESS & ADDRESS/CITY _____ POSITION _____ DATE EMPLOYED _____

HAVE YOU EVER BEEN ISSUED A MASSAGE LICENSE/PERMIT? _____ IF ANSWER IS YES, EXPLAIN TYPE OF LICENSE/PERMIT, WHERE ISSUED (CITY) AND BY WHOM ISSUED? _____

HAVE YOU EVER HAD A MASSAGE LICENSE OR PERMIT SUSPENDED OR REVOKED OR HAD AN APPLICATION FOR SAME DENIED? _____ IF ANSWER IS YES, EXPLAIN IN DETAIL _____

LIST ALL CHARGES RESULTING IN A CONVICTION OR PLEA OF NOLO CONTENDERE WITHIN THE PAST FIVE (5) YEARS (EXCEPT FOR MISDEMEANOR TRAFFIC VIOLATIONS).

DATE _____ PLACE/AGENCY _____ CHARGE _____ DISPOSITION _____ NAME ON DISPOSITION _____

NAME, CURRENT ADDRESS AND PHONE NUMBERS OF ALL MASSAGE THERAPISTS. ANY CHANGES MUST BE REPORTED TO THE LICENSING AGENCY IN WRITING WITHIN TEN (10) DAYS. (Continue listings on separate sheet.)

NAME _____ ADDRESS _____ PHONE _____

NAME _____ ADDRESS _____ PHONE _____

NAME _____ ADDRESS _____ PHONE _____

(Continue on reverse if necessary)

NAME/ADDRESS AND PHONE NUMBER OF ANY OTHER MASSAGE ESTABLISHMENT OWNED OR OPERATED BY THE APPLICANT. _____

CHANGES OF ANY KIND MUST BE REPORTED TO THE LICENSING AGENCY IN WRITING WITHIN TEN (10) DAYS.

I HEREBY CERTIFY UNDER THE PENALTY OF PERJURY THAT THE INFORMATION GIVEN IS TRUE AND CORRECT. I UNDERSTAND THAT PROVIDING FALSE INFORMATION OR WITHHOLDING INFORMATION IS GROUNDS FOR DENIAL OR REVOCATION OF MY PERMIT, AND MAY SUBJECT ME TO CRIMINAL PROSECUTION. I DO HEREBY AUTHORIZE THE CITY/COUNTY, ITS AGENTS AND EMPLOYEES TO SEEK VERIFICATION OF THE INFORMATION CONTAINED ON THIS APPLICATION. I FURTHER UNDERSTAND THAT I MAY NOT CONDUCT THE ACTIVITY APPLIED FOR UNTIL A PERMIT HAS BEEN GRANTED, AND THAT A COPY OF THE CITY/COUNTY ORDINANCES REGULATING MASSAGE ARE AVAILABLE TO ME UPON REQUEST. **I UNDERSTAND THE INFORMATION SUPPLIED IN THIS APPLICATION MAY BE USED TO OBTAIN A CRIMINAL RECORDS CHECK, TO WHICH I CONSENT.**

DATE _____ SIGNATURE OF APPLICANT _____

FOR USE BY FINANCE DIRECTOR
APPROVED ___ DISAPPROVED ___
BY _____

DATE _____