



City of Del Mar
1050 Camino del Mar
(858) 755-9354 (858) 755-5335
www.delmar.ca.us

APPLICATION FOR CERTIFICATE OF REGISTRATION: MASSAGE TECHNICIAN

ALL INFORMATION LISTED ON THIS FORM IS REQUIRED. INCOMPLETE APPLICATIONS WILL BE RETURNED, THUS DELAYING THE ISSUANCE OF THE CERTIFICATE. **IT IS UNLAWFUL FOR ANY APPLICANT TO BEGIN BUSINESS WITHOUT FIRST PROCURING A PERMIT.** COMPLETED APPLICATION REQUIRES (30) THIRTY DAYS TO PROCESS. APPLICATION MUST BE FILED NO LESS THAN 45 DAYS PRIOR TO PROPOSED DATE TO BEGIN ADMINISTERING MESSAGES. APPLICANT SHALL NOTIFY ISSUING AUTHORITY OF ANY CHANGES IN THIS INFORMATION WITHIN TWO (2) DAYS OF CHANGE.

SUBMIT COPIES OF: CAMTC CARD _____ and DRIVER'S LICENSE _____
PROVIDE TWO PASSPORT PHOTOS WITH APPLICATION. _____
BUSINESS LICENSE APPLICATION _____ (ONLY REQUIRED OF SUB-CONTRACTED TECHNICIANS)

1. APPLICANT'S NAME: _____
Last First Middle
2. CAMTC CERTIFIED MASSAGE THERAPIST CERT # _____ EXP. DATE _____
3. DATE OF BIRTH: _____ PLACE OF BIRTH: _____
4. HEIGHT _____ WEIGHT _____ SEX _____ HAIR _____ EYES _____
5. DRIVER'S LIC. #: _____ SOCIAL SECURITY NUMBER: _____
6. CURRENT RESIDENCE ADDRESS

NUMBER STREET CITY STATE ZIP
7. RESIDENCE PHONE: _____ EMERGENCY PHONE CONTACT _____
8. DEL MAR BUSINESS WHERE EMPLOYED: _____
Name

Address Phone
9. RESIDENCE ADDRESS FOR THE PAST THREE (3) YEARS: HOW LONG AT EACH ADDRESS:

10. OCCUPATION FOR THE LAST FIVE (5) YEARS:

<u>BUSINESS NAME & ADDRESS</u>	<u>POSITION</u>	<u>DATE EMPLOYED</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

12. HAVE YOU EVER HAD A MESSAGE TECHNICIAN BUSINESS LICENSE OR PERMIT SUSPENDED OR
REVOKED OR HAD AN APPLICATION FOR SAME DENIED? _____ IF ANSWER IS YES, EXPLAIN IN
DETAIL: (use additional pages as needed)

13. HAVE YOU HAD ANY CRIMINAL CHARGES FILED WHICH RESULTED IN A CONVICTION OR PLEA
OF NOLO CONTENDE WITHIN THE PAST FIVE (5) YEARS (EXCEPT FOR MISDEMEANOR TRAFFIC
VIOLATIONS)? _____ IF ANSWER IS "YES", PROVIDE INFORMATION BELOW.

<u>DATE</u>	<u>PLACE/COURT</u>	<u>CHARGE</u>	<u>DISPOSITION</u>	<u>SENTENCE</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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 UNDERSTAND THE INFORMATION SUPPLIED IN THIS APPLICATION MAY BE USED TO OBTAIN A CRIMINAL RECORDS CHECK, TO WHICH I CONSENT.

I FURTHER UNDERSTAND THAT I MAY NOT CONDUCT THE ACTIVITY APPLIED FOR UNTIL A PERMIT HAS BEEN GRANTED, I ALSO ACKNOWLEDGE THAT I HAVE BEEN FURNISHED WITH A COPY OF THE CITY ORDINANCES REGULATING MESSAGE AND THAT I HAVE READ AND UNDERSTAND THEM.

DATE _____ APPLICANT SIGNATURE _____

CITY APPROVAL: _____ DATE: _____