



**MASSAGE ESTABLISHMENT PERMIT APPLICATION**  
(Please print)

- |   |
|---|
| <input type="checkbox"/> Sole Owner       |
| <input type="checkbox"/> Partnership      |
| <input type="checkbox"/> Corporation      |
| <input type="checkbox"/> Ownership Change |
| <input type="checkbox"/> Reclassification |
| <input type="checkbox"/> Individual       |

Date: \_\_\_\_\_

Applicant's name: \_\_\_\_\_ Home phone number: \_\_\_\_\_

Home address: \_\_\_\_\_

All other names or aliases used by the applicant: \_\_\_\_\_

Business name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Business address: \_\_\_\_\_

Height: \_\_\_\_ Weight: \_\_\_\_ Eye color: \_\_\_\_ Hair color: \_\_\_\_ Sex: \_\_\_\_ Soc. Security number \_\_\_\_\_

Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_ CA Drivers license number: \_\_\_\_\_

Two most recent residential addresses:

<u>Address</u>	<u>Dates</u>
_____	_____
_____	_____

Previous seven years of employment:

<u>Company</u>	<u>Address</u>	<u>Phone</u>	<u>Owner/supervisor</u>	<u>Dates</u>	<u>Position</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Applicant massage permit history (use additional sheets if necessary):

<u>Jurisdiction</u>	<u>Date issued</u>	<u>Type of permit</u>	<u>Number</u>	<u>Still in effect (Yes/No)?</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

List of all Massage Technician's (Please Provide the following information & add additional sheets if necessary.)			
<u>NAME</u>	<u>ADDRESS</u>	<u>DOB</u>	<u>CAMTC LIC#</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Message Technician  
 Cont... \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

If no longer in effect, were any of these suspended or revoked? If so, which ones and why:

\_\_\_\_\_  
 \_\_\_\_\_

List all persons having any financial interest in the business (each person with any financial interest in the business may be subject to fingerprinting and a background check):

\_\_\_\_\_

If the business is a partnership, limited partnership or corporation, list the names, addresses, phone numbers and driver's license number for each partner, officer, director or of any stock holder owning more than 5% (each person listed may be subject to fingerprinting and background check). Additionally, each person listed must submit an Establishment permit application in its entirety:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Have you ever been convicted of a crime in California or any other jurisdiction for offenses other than traffic violations, in the ten years prior to this application? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

If yes, please describe:

<u>Jurisdiction</u>	<u>Violation</u>	<u>Date</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

*I solemnly swear that the answers I have made to each and all of the questions contained herein are full and true to the best of my knowledge and belief. I understand that any false statements may disqualify me for the permit applied for, pursuant to Section 6-10.10 of the Hayward Municipal Code. I understand that as the owner of the Establishment, I am responsible for any activity that occurs at my place of business. I give authorization for the Hayward Police Department to conduct a pre-inspection and an annual inspection as needed in accordance with the new regulations set forth \_\_\_\_\_(Initial). Additionally, I have read and understand the City of Hayward Massage Ordinance (HMC Chap 6, Article 10).*

\_\_\_\_\_  
 Signature of applicant Date

Any Massage Establishment applicant who will be performing massage must also submit a separate application form as a Massage Technician

\_\_\_\_\_

