

CITY OF PASO ROBLES
TEMPORARY MASSAGE LICENSE APPLICATION

NOTE: ACCURACY IS IMPORTANT - PLEASE TYPE OR PRINT IN INK

Please complete this application if you have not yet satisfied all requirements to obtain a CAMTC certificate, but are working towards obtaining a CAMTC certificate. The temporary massage therapist license to perform massage services in the City of Paso Robles shall not exceed a period of three (3) years.

To Applicant: Check all your answers for accuracy. False or incomplete answers or omissions may result in non-acceptance, denial or subsequent revocation of a license. Attach additional sheets as necessary for sections that require additional information unable to fit on this form. If questions are not applicable to you or your business, enter "N/A" as a response.

SECTION 1 (Check one) This application is for a:

- New License
- Renewal of Existing License
- Location Transfer
- Name Change Only
- Information Update

SECTION 2 (Check one) Type of ownership:

- Individual
- General Partnership or Limited Partnership
- Corporation or Limited Liability Company
- Other _____

SECTION 3

1. Applicant Name: _____

(Last)
(First)
(Middle)
2. Business Name: _____
3. All Business Phone(s): _____ Residence Phone: _____
4. Complete Business Address: _____
5. Complete Mailing Address: _____
6. Is the applicant an individual who will be providing massage services? Yes No (*Check One*)
7. Has the applicant successfully completed curricula in massage and related subjects totaling a minimum of 250 hours, or the credit unit equivalent? Yes No (*Check One*)

If yes, a copy of his or her transcripts issued by a California Massage Therapy Council (CAMTC) approved school must be submitted with this application.

SECTION 4 List all local agents and/or onsite managers of the massage business or establishment.

1. Name of Local Agent/Manager _____ Phone: _____
2. List all local on-site manager(s) (attach additional sheets if necessary):

Last Name, First Name, MI	Residence Complete Address	Phone Number(s)	CAMTC Certified Y/N

SECTION 5 List each owner, partner or member.

Individual / General Partnership / Limited Partnership (*Check One*)

- Each person listed below who is not certified by the CAMTC, and who owns 5% or more of the massage business or establishment, must complete the Massage Facility Supplemental Questionnaire and is subject to all associated applications, background investigations, fingerprinting, and fees.

Title/Position	Last Name, First Name, MI	% Owned	Residence Complete Address

- Is any person, other than those persons listed in Section 6, Number 1, going to share in the profits/losses of the business? Yes No (*Check One*)

Title/Position	Last Name, First Name, MI	% Owned	Residence Complete Address

- Name of Business Entity (Exactly as it appears on Articles of Incorporation or Organization):
- Date of Incorporation/Organization:
- State where Incorporated/Organized:
- CA L.L.C. File No:
- Date authorized to do business in California:
- Is Corp./L.L.C./Other a non-profit? Yes/No (*Check One*) If yes, give IRS tax exempt number: _____
- List each officer, member, controlling person or other positions held in the corporation, LLC. If necessary, attach additional sheets of paper. Each person listed below who is not certified by the CAMTC, and who owns 5% or more of the massage business or establishment, must complete the Massage Facility Supplemental Questionnaire and is subject to all associated applications, background investigations, fingerprinting, and fees.

Title/Position	Last Name, First Name, MI	% Owned	Residence Complete Address

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SUPPLEMENTAL QUESTIONNAIRE

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Each person subject to this application must complete this form, provide a copy of a government issued photo identification as proof of age, provide proof of U.S. Citizenship or lawful residency of the U. S., provide proof of completed curricula totaling a minimum of 250 hours, be fingerprinted and pay applicable fees below. LiveScan Fingerprint must be taken by the Paso Robles Police Department (additional fee applies).

Temporary Massage License Application Review Fee: \$90.00

Temporary Massage License Background Check Fee: \$180.00

To Applicant: Check all your answers for accuracy. False or incomplete answers or omissions may result in non-acceptance, denial or subsequent revocation of a license. If questions are not applicable to you or your business, enter "N/A" as a response.

1. Name of Business: _____

2. Business Address: _____

3. Business Phone: _____

4. Applicant Legal name: _____
(Last) (First) (Middle)

All other name(s) previously known as:

5. Social Security Number: _____

6. Are you authorized to work in the United States? Yes or No

7. **Driver's License No:** _____ State _____ Expiration Date _____

Height _____ Weight _____ Eye Color _____ Hair Color _____

8. Date of Birth (MM/DD/YYYY): _____

9. Place of Birth (City and State): _____

10. Current Residence Address: _____

11. Current Mailing Address: _____

12. Home Phone: _____ Work Phone: _____ Cell Phone: _____

13. Provide your residence addresses for the last 5 years.

From (MO/YR)	To (MO/YR)	Residence Complete Address	Owned / Rented

14. List your employment and type of business for the previous 5 years (must have verifiable work history of working in the massage industry for at least one (1) year). List most recent first. Account for all time - If unemployed or a student during a period of time, please indicate.

From (MO/YR)	To (MO/YR)	Name of Business or Employer's Name (Complete Business Address and Phone #)	Position (Title)

15. Have you voluntarily surrendered a license to administer Massage Therapy or a Massage Facility license as a result of, or while under investigation for any reason? Yes No (*Check One*)

<i>Date License Surrendered</i>	<i>Jurisdiction where license was surrendered</i>	<i>License #</i>	<i>License Period</i>

16. Have you had a license for a Massage Facility, to administer Massage Therapy, or a similar license denied or revoked in the State of CA or any other United State jurisdiction? Yes No (*Check One*)

<i>Date Denied or Revoked</i>	<i>Jurisdiction where denial or revocation occurred</i>	<i>Grounds for Denial or Revocation</i>

17. Have you or any entity in which you have held ownership, been an officer, member, director, manager or controlling person ever had a business, professional, or Massage Facility application or license rejected, denied, revoked, suspended or fined in this or any other state? Yes No (*Check One*)

<i>Date Rejected, Fined, Denied, Revoked or Suspended</i>	<i>Jurisdiction where this was rejected, fined, denied, revoked or suspended</i>	<i>Grounds for Rejection, Fines, Denial, Revocation or Suspension</i>

18. Are you now or have you ever operated or held ownership, been an officer, member, director, manager, or a controlling person of a Massage Facility licensed in this or any other state? Yes No (*Check One*)

<i>City and State</i>	<i>License Number</i>	<i>Business Name</i>

19. Have you been convicted of a felony; or a misdemeanor involving fraud, theft, dishonesty, assaultive conduct, moral turpitude within 5 years preceding the date of this application? Yes No (*Check One*)

<i>Date of Offense</i>	<i>Date of Conviction</i>	<i>Offense</i>	<i>Where Offense Occurred</i>	<i>Court(s) Entered Into</i>

20. Have you ever been detained, cited, arrested, indicted or summoned into court for a violation of any law or ordinance (regardless of the disposition even if dismissed)? For traffic violations include only those that were alcohol and/or drug related. Yes No (*Check One*)

<i>Date of Offense</i>	<i>Date of Conviction</i>	<i>Offense</i>	<i>Where Offense Occurred</i>	<i>Court(s) Entered Into</i>

21. Have you ever been convicted, fined, posted bond, been ordered to deposit bond, imprisoned, had sentence suspended, placed on probation or parole for violation of any law or ordinance (regardless of the disposition even - if dismissed or expunged)? Yes No (*Check One*)

<i>Date of Offense</i>	<i>Date of Conviction</i>	<i>Offense</i>	<i>Where Offense Occurred</i>	<i>Court(s) Entered Into</i>

22. Are there any administrative law citations, compliance actions or consents, criminal arrests, indictments or summonses pending against you or any entity in which you are now involved? Yes No (*Check One*)

<i>Date of Offense</i>	<i>Date of Conviction</i>	<i>Offense</i>	<i>Where Offense Occurred</i>	<i>Court(s) Entered Into</i>

23. Has anyone ever filed suit or obtained a judgment against you in a civil action, the subject of which involved fraud or misrepresentation of a business, professional or Massage Facility license? Yes No (*Check One*)

<i>Date of Offense</i>	<i>Date of Conviction</i>	<i>Offense</i>	<i>Where Offense Occurred</i>	<i>Court(s) Entered Into</i>

24. Are you a registered Sex Offender or required by law to register as a Sex Offender? Yes No (*Check One*)

<i>Date of Offense</i>	<i>Date of Conviction</i>	<i>Offense</i>	<i>Where Offense Occurred</i>	<i>Court(s) Entered Into</i>

I hereby certify that all answers to questions on this questionnaire are true and complete, and I agree and understand that any falsification of material facts may cause forfeiture on my part of all rights to, and consideration to be licensed in the City of Paso Robles, County of San Luis Obispo, State of California.

Print Name

Signature

Date