



Finance Department | Revenue Division
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Massage Services Application

Official City Use Only	
Account Number:	_____
Parent Account Number:	_____

NOTE: Please complete all and attach to your business license application if you will be providing massage services in Union City. FALSIFICATION OF ANY OF THE FOLLOWING REQUIRED INFORMATION MAY RESULT IN THIS APPLICATION BEING DENIED.

INSTRUCTIONS (Note: Each circled number is an application section. Please read instructions carefully when completing sections):

1. There are four different types of applications for massage services. Please place an "X" by the **one** below that best fits your application:

APPLICATION TYPE:	
<input type="checkbox"/>	OC Message Establishment Owner certified as Massage Technician by California Massage Therapy Council (CAMTC)
<input type="checkbox"/>	ON Message Establishment Owner not certified as Massage Technician by California Massage Therapy Council (CAMTC)
<input type="checkbox"/>	TE Message Technician certified by California Massage Therapy Council (CAMTC) and an <i>Employee</i> of a Massage Services Business Site
<input type="checkbox"/>	TI Message Technician certified by California Massage Therapy Council (CAMTC) and an <i>Independent Contractor</i> not on a business payroll

2. If you selected application type **OC** or **ON** above, complete the following section below. **If you selected application type TE or TI, skip section 2 and proceed to section 3.** If approved, application type OC will be given a Massage Establishment Registration Certificate from the City of Union City. If approved, application type ON will **also** be given an Operator's Permit from the City of Union City and be subject to a background check.

APPLICANT INFORMATION:	
1. Doing Business As (DBA) Name:	_____
2. Business Site Address (#, Street, Suite/Apt.):	_____
3. Business Site City, State, ZIP:	_____
4. Business Site Telephone #:	_____
5. Business Site Fax #:	_____
6. Business Site E-mail:	_____
7. Business Site Website:	_____

SUPPLEMENTAL BUSINESS OPERATIONS INFORMATION:	
1. Do You Have Employees on Payroll?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, How Many Employees on Payroll: _____
2. Do You Have Any Contractual Employees Not on Payroll?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, How Many Contractors: _____

List of Payroll Employees and Independent Contractors Working for Company

Note: Each Independent Massage Services Contractor will also need to complete a Business License Application and Massage Services Application with Union City. Please make them aware of this. Attach additional sheets as necessary if you have more employees or contractors.

Name (Last, First)	Phone #	Employment Type (check one)		List CMATC License #:
		Employee	Contractor	
		Employee	Contractor	
		Employee	Contractor	
		Employee	Contractor	
		Employee	Contractor	
		Employee	Contractor	
		Employee	Contractor	
		Employee	Contractor	

CAMTC CERTIFICATION INFORMATION

Note: Complete for **each owner** if you selected application type **OC**. Otherwise, complete background check information below. **If you selected type OC, please also attach a CURRENT copy of: CAMTC Certificate, CAMTC ID Card, and Government Issued Identification Card.**

1. Name Registered on CAMTC Certification:	_____	2. Certificate #:	_____
3. Certificate Type:	_____	4. Effective:	_____
6. City Registered on CAMTC Certification:	_____	5. Expires:	_____

BACKGROUND CHECK INFORMATION

Note: Complete for **each owner** if you selected application type **ON**. Otherwise, complete CAMTC Certification information above. **If you selected type ON, please also attach a CURRENT copy of a Government Issued Identification Card for each owner.**

1. Owner Name (Last, First):	_____		
2. Owner Date of Birth:	_____	3. Owner Driver's License # Or Gov Issued Identification #:	_____

Massage Services Application (Continued)

FALSIFICATION OF ANY OF THE FOLLOWING REQUIRED INFORMATION MAY RESULT IN THIS APPLICATION BEING DENIED.

BACKGROUND CHECK INFORMATION (Continued)

4. List all home addresses of business owner during last 3 years. List most current first and oldest last. Attach additional sheets if necessary:

<u>Address (#, Street, Suite, Apt.)</u>	<u>City</u>	<u>State</u>	<u>ZIP</u>

5. If you have ever been known by a name different than listed on Background Check Information line #1, enter all of these names here.

- Alias #1 (Last, First): _____
- Alias #2 (Last, First): _____
- Alias #3 (Last, First): _____
- Alias #4 (Last, First): _____
- Alias #5 (Last, First): _____
- Alias #6 (Last, First): _____
- Alias #7 (Last, First): _____
- Alias #8 (Last, First): _____
- Alias #9 (Last, First): _____
- Alias #10 (Last, First): _____

6. Have you ever been convicted of any of the following crimes; conspiracy to commit any of the following crimes, attempt to commit any of the following crimes OR a Federal statute or State (other than California) statute which, if the crime had been committed in California, would amount to any of the following crimes? Attach separate sheets as necessary for each owner listed on Business License Application:

<u>Offense</u>		<u>Date of Offense</u>	<u>City/State of Offense</u>
a. Section 266(I) California Penal Code (PC) – Pandering?	<input type="checkbox"/> No <input type="checkbox"/> Yes →	_____	_____
b. Section 315 PC – Keeping/Residing in House of Ill Fame?	<input type="checkbox"/> No <input type="checkbox"/> Yes →	_____	_____
c. Felony sales of any of the controlled substances identified in Sections 11054 thru 11058 of the California Health & Safety Code (These sections identify all illegal drugs)?	<input type="checkbox"/> No <input type="checkbox"/> Yes →	_____	_____
d. Any crime involving the use of illegal force upon the person of another?	<input type="checkbox"/> No <input type="checkbox"/> Yes →	_____	_____
e. Any crime involving the illegal taking of another person’s property?	<input type="checkbox"/> No <input type="checkbox"/> Yes →	_____	_____
f. Are you required you required to register as a sex offender under Section 290 PC or in another state as a convicted sex offender?	<input type="checkbox"/> No <input type="checkbox"/> Yes →	_____	_____
g. Have you ever been a party to a ‘Red Light Abatement’ proceeding either as an owner, employee, partner, or a corporate Office of any corporation?	<input type="checkbox"/> No <input type="checkbox"/> Yes →	_____	_____

*Note: If you are a Massage Establishment Owner and your business has more than one owner, please have each individual owner complete a separate Massage Services Application. If you are certified as Massage Technician by California Massage Therapy Council (CAMTC), but your business partner is not, they will need to undergo a background check with the City and pay all necessary/additional fees to obtain a City Operators Permit.

