

Finance Department | Revenue Division 34009 Alvarado-Niles Road Union City, CA 94587

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E-mail: Biz-License@UnionCity.Org
City Website: www.UnionCity.Org

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.

INSTR	NSTRUCTIONS (Note: Each circled number is an application section. Please read instructions carefully when completing sections):								
1.) T	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:								
	Massage Establishment Owner certified as Massage Technician by California Massage Therapy Council (CAMTC)								
	ON <u>Massage Establishment Owner</u> not certified as Massage Technician by California Massage Therapy Council (CAMTC)								
	TE Massage Technician certified by California Massage Therapy Council (CAMTC) and an Employee of a Massage Services Business Site								
	TI <u>Massage Technician</u> certified by Califo	rnia Massage Th	erapy	y Coun	cil (CAMTC) and	l an <i>Independent</i>	<i>Contractor</i> not on a bus	iness payroll	
2.) If	you selected application type OC or ON above	ve, complete the	follo	wing se	ection below. <i>If</i>	f you selected ap	oplication type TE or TI, s	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								
С	City. If approved, application type ON will <u>also</u> be given an Operator's Permit from the City of Union City and be subject to a background check.								
		<u>APPL</u>	.ICAN	IT INFO	RMATION:				
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:			
		PPLEMENTAL BU	SINE	SS OPE					
1.	Do You Have Employees on Payroll?	Yes		No	If Yes, Hov	v Many Employe	ees on Payroll:		
2.	Do You Have Any Contractual Employees N	lot on Payroll?		Yes	No If Ye	es, How Many Co	ontractors:		
		Employees and							
	te: Each Independent Massage Services Contr						_	s 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 #:								
IVAI	ne (Lust, First)	<u>Phone #</u>					LIST CIVIATE LICENSE #.		
					Employee	Contractor			
					Employee	Contractor			
					Employee	Contractor			
					Employee	Contractor			
					Employee	Contractor			
					Employee	Contractor			
					Employee	Contractor			
					N INFORMATIO				
	te: Complete for <u>each owner</u> if you selected a							<u>ou selected</u>	
1.	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:		 5. Expires:		
6.	City Registered on CAMTC Certification:			_			_ · _		
	BACKGROUND CHECK INFORMATION								
Not	Note: Complete for <u>each owner</u> if you selected application type <u>ON</u> . Otherwise, complete CAMTC Certification information above. <u>If you selected</u>								
	type ON, please also attach a CURRENT copy of a Government Issued Identification Card for each owner.								
1.									
2.	2. Owner Date of Birth: 3. Owner Driver's License # Or Cov Issued Identification #:								

Massage Services Application (Continued**)**

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

4.	4. List all home addresses of business owner during last 3 years. List most current first and oldest last. Attach additional sheets if necessary:								
	Address (#, Street, Suite, Apt.)	<u>City</u>	<u>State</u>	ZIP					
5.	If you have ever been known by a name different than liste	ed on Background Check Information line #	1, enter all of these na	mes 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: Offense Date of Offense City/State of Offense								
a.	Section 266(I) California Penal Code (PC) – Pandering?	No							
b.	Section 315 PC – Keeping/Residing in House of III Fame?	No Yes →							
	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)?								
d.	Any crime involving the use of illegal force upon the person another?	of No Yes →							
									
e.	Any crime involving the illegal taking of another person's property?	No Yes →							
	Are you required you required to register as a sex offender	under No Yes →							
	Section 290 PC or in another state as a convicted sex offend								
	Have you ever been a party to a 'Red Light Abatement"	No Yes →							
	proceeding either as an owner, employee, partner, or a corposition?	oorate							

*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.

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Massage Services Application (*Continued***)**

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

3. If you selected application type <u>TE or TI</u> above, complete the following section below. *If you selected application type OC or ON, skip section 3* and *fill out section 2*:

	TECHNICIAN INFORMATION:			
1. Technician Name (Last, First):				
2. Home Address (#, Street, Suite/Apt.):				
3. Home City, State, ZIP:				
4. Home Telephone #:	5. Cell Phone #:			
6. E-mail Address:				
	SUPPLEMENTAL TECHNICIAN INFORMATION:			
1. Are you an Independent Contractor?	Yes No 2. Are you an employee of any M	lassage Estab	lishment	Yes N
2 If you work for any Massage Establishment	located in Union City? in Union City, either as an independent contractor o	r naurall has	ad amplayaa l	ist oach halaw
, , ,	in <u>Onion City</u> , either as an independent contractor of sage Establishments Currently Working for in UNION		ea employee, i	ist each below
	I to complete a Business License Application and Mass		Application wit	h Union Citv.
	nal sheets as necessary if companies you work for are c	-	• •	,
Company Name (Only List Union City Businesses)	Company Address	<u>Er</u>	nployment Typ	e (check one)
			Employee	Contractor
	CAMTC CERTIFICATION INFORMATION			
Note: Please also attach a CURRENT copy of: CAI	MTC Certificate, CAMTC ID Card, and Government Iss	ued Identific	ation Card.	
Name Registered on CAMTC Certification:				
3. Certificate Type:	4. Effective:	4. Effective: 5		
6. City Registered on CAMTC Certification:			Expires:	
, ,	. —————————————————————————————————————			
dditional Information:				
In addition, for verification purposes, plea				
	ust provide the City with a list of massage technic		_	ablishment,
including a copy of the massage tech	nician's CAMTC identification card and governme	ent issued p	hoto ID.	
 If any technicians are actual employe 	es of the establishment (not contractors), then v	erification o	of employmer	nt must <u>also</u>
be provided (i.e. W-2)				
 Lease Agreement 				
 Bill of Sale (if purchasing existing Mas 	ssage Establishment).			
nave been provided a copy of <u>Municipal Code Chap</u>	oter 9.34, Regulations for Massage Establishments an	nd Massage 1	echnicians , and	d agree to
dhere to all of the listed provisions. I further declar	e under penalty of perjury, that to the best of my know	wledge, all inj	formation conto	ained on this
oplication is true and complete.				
Signature of Owner or Authorized Agent	Printed Name and Title		Ī	Date

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