



County of San Mateo Massage Establishment Facility Application

Type of Permit Requested: ___ New Massage Establishment Permit
___ Renewal of Existing Massage Establishment Permit

Massage Establishment Information

Massage Establishment's Name: _____

Massage Establishment's Address & Assessor's Parcel Number (APN): _____

These premises are (check one): owned by the Owner(s) of the massage establishment. leased.

If leased, please provide the information below regarding the property owner:

Property Owner's Name: _____

Property Owner's Address: _____

Property Owner's Telephone #: _____ Term of Lease: ___/___/___ to ___/___/___

Massage Establishment's Telephone Number: _____

Massage Establishment's Website Address: _____

Name(s) of All Owner(s) of the Massage Establishment: _____

Name(s) of All Operator(s) of the Massage Establishment with CAMTC number: _____

I CERTIFY that all statements and information furnished in this Statement are true, complete and correct to the best of my knowledge and belief, and are made in good faith. I understand that statements or information furnished on this form are subject to verification and I agree to furnish supporting documents or information when so requested and/or names, addresses and phone numbers (if known) of officials or other individuals who can substantiate the qualifications described above. I also understand that intentional misstatements or falsification may result in disciplinary action.

Signature _____ Date _____

For Office Use Only. Application Received: ___/___/___ Amount Due: _____ Amount Received: _____