

## INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

## Massage Establishment Registration Form

	V REGISTRATION*		ATE	
Legal Massage Business Name			Date:	
Business Form of Establishment (ie; corporation, gen	eral partnership)			
Business Address/City/State/Zip		Contact Person	Contact Person	
Primary Contact Number	Alternate Contact Number		E-mail Address	

## Submit a valid/current driver's license or picture ID bearing a bona fide seal issued by a state, federal government agency or foreign government for each owner. Provide the following information for <u>EACH OWNER</u> of this establishment. Include general/limited partners, 5% ownership etc. \*New owners must obtain sheriff's office signature (650) 363-4874 for either background check results AND/<u>OR</u> CAMTC verification.

Owner's Legal Name (1)		CAMTC Number	
Business Address/City/State/ Zip			
Primary Business number:	Residence contact number:		
Residence Address/City/State/ Zip			
Sheriff's Office Signature / DATE		BACKGROUND CHECK	CAMTC Verified

## All persons practicing massage therapy at this establishment must possess current CAMTC certification Ch 5.44.030 (a). LIST ALL PRACTITIONERS AND THEIR CAMTC CERTIFICATION NUMBERS below. Include ACTIVE Employees Only.

NAME	CMTC NUMBER	EXP.DATE	CMTC STATUS
1.			office use only
2.			
3.			
4.			
5.			

I,(PRINT NAME) \_\_\_\_\_\_ have submitted true/correct information, and am responsible for the conduct of employees/contractors providing massage services in my establishment. Failure to comply with provisions of San Mateo County Massage Establishment Ordinance Chapter 5.44 and 5.64, may result in revocation of this County Registration Certificate. SUBMIT COPY OF CMTC WITH PHOTO FOR EACH INDIVIDUAL.

SIGNATURE:		DATE:	
For Office Use Only:			
Comments:			
Inspector Initials	:: PR #		