



CITY OF SANTA CLARA
 POLICE DEPARTMENT-PERMITS UNIT
 601 EL CAMINO REAL
 SANTA CLARA, CA 95050
 408.615.4867



**STATE CERTIFIED MASSAGE THERAPIST
 REGISTRATION / RENEWAL**

- Please complete all items on the application.
- California State Certificate, California driver’s license or ID card, & Malpractice insurance
- After you register with SCPD Permits, you will be authorized to apply for a business license.
- After SCPD approval, you must notify the CAMTC that you work in Santa Clara.

Name of Massage Establishment: _____ Phone: _____

Business Address: _____ Therapist Email Address: _____

Massage Therapist Name _____
FIRST MIDDLE LAST

Date of Birth _____ Driver License # _____ Social Security # _____

If not a U.S. citizen, provide Resident Alien Card # _____ Expiration Date _____

Home Address _____

Cell Phone _____ Ca State Certificate # _____

In the past year, have you been arrested or have you received any criminal or administrative citations? Yes/No

APPLICANT:

Under penalties of perjury, I certify that the statements I have made on this form are true and correct. I authorize the City of Santa Clara, its agents and employees to seek information and conduct an investigation into the truth of the statements set forth in this application regarding my qualifications. I FURTHER UNDERSTAND THAT ANY MISREPRESENTATIONS, OMISSIONS OR FALSIFICATIONS WILL BE GROUNDS FOR DENIAL OR FUTURE REVOCATION.

 MESSAGE THERAPIST SIGNATURE

 DATE

EMPLOYER:

I hereby confirm the hiring of the above listed massage therapist at our establishment as a:

Contractor _____ or Employee _____

 SUPERVISOR / OWNER SIGNATURE

 PRINTED NAME

 DATE

PERMITS:

FOR OFFICIAL USE ONLY

DATE: _____

FEES PAID: _____

CURRENT INSURANCE: YES / NO

BUSINESS LICENSE:

APPROVED BY PLANNING

FILEMAKER

EXCEL