



# GRASS VALLEY POLICE DEPARTMENT

129 S. Auburn Street • Grass Valley, CA 95945  
(530) 477-4600 main • (530) 274-4329 fax

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## MESSAGE OPERATOR'S PERMIT APPLICATION CHECKLIST

**Application filled out completely and signed.**

**Written proof of Liability Insurance attached.**

(\$1,000,000 General Liability Insurance Policy is required.)

**Copy of lease and a letter from the property owner acknowledging that a massage establishment will be located on the property.** (Necessary only if the applicant is not the legal owner of the real property upon or in which the business is to be conducted.)

**Application Fee.** (We accept **CASH** or **CHECK** made out to *The Grass Valley Police Department*.)

**New application - \$95.00**  
**Renewal - \$35.00**  
**Owner Change - \$35.00**

# APPLICATION FOR MASSAGE OPERATOR'S PERMIT

New Permit

Renewal

\_\_\_\_\_  
APPLICANT NAME

\_\_\_\_\_  
DATE OF APPLICATION

## **SECTION 1: MASSAGE ESTABLISHMENT / BUSINESS INFORMATION:**

### **NATURE OF BUSINESS:**

Message Establishment

Outcall Service / Independent Practitioner

Other (Describe) \_\_\_\_\_

### **OWNERSHIP:** (check only one)

Individual (Self-employed, "independent contractor", etc.)

Corporation

Partnership

### **Proposed Business Name:**

1. Name of the Establishment / Business: \_\_\_\_\_  
*List the true and precise name under which the massage establishment/business is to be conducted.*

Business Telephone Number: \_\_\_\_\_

Business Email Address: \_\_\_\_\_

2. Physical address of business and description of facilities contained therein:

\_\_\_\_\_  
\_\_\_\_\_

List names and addresses of all officers, directors, shareholders, general and limited partners and financially interested persons. Each person listed may be subject to a complete background check.

NAME / ADDRESS:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Are there any other businesses operated on the same premises as the proposed massage establishment, or within the city or the state, which are owned or operated by the same owner or operator? (If yes – describe.)

\_\_\_\_\_

\_\_\_\_\_

If the applicant is not the legal owner of the real property upon or in which the business is to be conducted, list the name and address of the owner & lessor of the property.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

**\* The following must be attached:**

- 1. A copy of the lease**
- 2. A letter from the owner of the property acknowledging that a massage establishment will be located on his or her property.**

A \$1,000,000 minimum General Liability Insurance Policy is required. Written proof of a policy is required.

Name of Insurance Company: \_\_\_\_\_

Policy amount: \_\_\_\_\_

**\* A certificate of insurance or other document issued by an insurance company authorized to do business in the State of California must be attached.**

**SECTION 2: OWNER / OPERATOR INFORMATION:**

(This information is for the proposed operator or manager who will be principally in charge of the operation of the massage business / establishment.)

1. Full Name of Applicant \_\_\_\_\_

2. Any Aliases used (past or present) \_\_\_\_\_

3. Home Address of Applicant \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Email Address \_\_\_\_\_

4. Physical Description of Applicant:

Height \_\_\_\_\_ Weight \_\_\_\_\_ Eyes \_\_\_\_\_ Hair \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Driver's License / Ca ID # \_\_\_\_\_ Social Security # \_\_\_\_\_

CAMTC Certification # (If applicable) \_\_\_\_\_

5. In the last 10 years, have you been arrested or convicted of a criminal offense or a violation of a municipal ordinance: or do you have criminal charges pending against you? (Excluding minor traffic violations.) Yes No

**If Yes, please indicate the approximate date, location, charges, and disposition of each:**

<u>Date</u>	<u>Location</u>	<u>Offense</u>	<u>Citation/Convicted/Pending</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

6. Description of types of massage to be administered: \_\_\_\_\_

\_\_\_\_\_

7. State previous occupation and address for **FIVE** years immediately preceding date of application:

Occupation \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Business Name \_\_\_\_\_ City \_\_\_\_\_

Occupation \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Business Name \_\_\_\_\_ City \_\_\_\_\_

Occupation \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Business Name \_\_\_\_\_ City \_\_\_\_\_

Occupation \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Business Name \_\_\_\_\_ City \_\_\_\_\_

**(Add additional sheets if necessary)**

8. Have you ever had a license or permit to practice massage or operate a massage establishment in any other area?

Yes Where? \_\_\_\_\_

No

9. Have you ever been denied a massage license or permit? Yes No

If yes, where? \_\_\_\_\_

Please explain: \_\_\_\_\_

\_\_\_\_\_

10. Have you had a massage license or permit revoked or suspended? If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

**SECTION 3: MESSAGE TECHNICIANS, AIDES, TRAINEES, OR OTHER EMPLOYEES:**  
(Attach additional sheets if necessary.)

Name	Address	Position	CAMTC Cert # (For those providing massage)

I give my written authorization to the City or its agents to seek information and conduct an investigation into the truth of the statements set forth in my application.

\_\_\_\_\_ (Initials)

I hereby certify that all statements made in this application are true and complete, and I understand that any misstatement of material facts will be grounds for denial or revocation of the permit. I further understand that this permit must be renewed on an annual basis and it is my obligation to renew this permit before its expiration date.

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Signature of Applicant

Date