



# CITY OF THOUSAND OAKS

## MESSAGE ESTABLISHMENT REGISTRATION - NEW

2100 E Thousand Oaks Blvd, Thousand Oaks, CA 91362-2996  
 Phone (805) 449-2201 · Fax (805) 449-2289 · Email businesslicenses@toaks.org

### NEW APPLICATION

Submit the following if the owner has a valid CAMTC ID Card	Submit the following if the owner does not have a CAMTC ID Card
<input type="checkbox"/> Massage Establishment Registration Form	<input type="checkbox"/> Request for Live Scan Service form signed by the live scan operator for each owner. - Take the completed form first to an approved live scan facility (Local Live Scan Facility listing attached).
<input type="checkbox"/> Copy of Owner's Driver's License	
<input type="checkbox"/> Copy of Owner's CAMTC ID card	<input type="checkbox"/> Background Check Application with the Applicant Attachment form for each owner
<input type="checkbox"/> Copy of each employee/independent contractor's CAMTC ID card	<input type="checkbox"/> Massage Establishment Registration Form
<input type="checkbox"/> Completed Business Tax Certificate Application & Certificate of Occupancy	<input type="checkbox"/> One recent facial front photo (2"x2") taken within the last four (4) months.
	<input type="checkbox"/> Copy of Owner's Driver's License
	<input type="checkbox"/> Copy of each employee/independent contractor's CAMTC ID card
	<input type="checkbox"/> Regulatory Permit Fee (non-refundable) \$120 for the first applicant, \$60 for each additional applicant for the same business
	<b>The background check application will be forwarded to the Thousand Oaks Police Department for Approval. Upon approval, applicant will be notified by telephone or email to submit the requirements for Business License</b>
	<input type="checkbox"/> Completed Business Tax Certificate Application & Certificate of Occupancy

- ❖ No Massage Establishment Registration Certificate will be issued until the background check is approved (if required). No massage may be performed at the business location until the registration is complete and registration certificate has been issued. Incomplete applications will be placed on hold until all the requirements have been received.
- ❖ All massage therapists are required to be certified by the California Massage Therapy Council (CAMTC). A copy of the CAMTC card or certificate with a copy of an ID or driver's license must be submitted with the Massage Establishment Registration Form.
- ❖ A new Massage Establishment Registration must be submitted when adding or removing a technician from the list



## REQUEST FOR LIVE SCAN SERVICE

### Applicant Submission

CA 0560700  
ORI (Code assigned by DOJ)

LICENSE CERTIFICATE OR PERMIT  
Authorized Applicant Type

MESSAGE ESTAB - RES 2015-030  
Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

### Contributing Agency Information:

THOUSAND OAKS POLICE DEPARTMENT  
Agency Authorized to Receive Criminal Record Information

19806  
Mail Code (five-digit code assigned by DOJ)

2101 E OLSEN RD  
Street Address or P.O. Box

DENNIS SLIVA  
Contact Name (mandatory for all school submissions)

THOUSAND OAKS CA 91360  
City State ZIP Code

(805) 494-8271  
Contact Telephone Number

### Applicant Information:

Last Name

First Name Middle Initial Suffix

Other Name: (AKA or Alias)

Last Name

First Name Suffix

Sex  Male  Female

Date of Birth

Driver's License Number

Height Weight Eye Color Hair Color

Billing Number  
(Agency Billing Number)

Place of Birth (State or Country) Social Security Number

Misc. Number  
(Other Identification Number)

Home Address Street Address or P.O. Box

City State ZIP Code

I have received and read the included Privacy Notice, Privacy Act Statement, and Applicant's Privacy Rights.

Applicant Signature

Date

Your Number: \_\_\_\_\_  
OCA Number (Agency Identifying Number)

Level of Service:  DOJ  FBI  
(If the Level of Service indicates FBI, the fingerprints will be used to check the criminal history record information of the FBI.)

If re-submission, list original ATI number: \_\_\_\_\_  
(Must provide proof of rejection) Original ATI Number

### Employer (Additional response for agencies specified by statute):

Employer Name

Street Address or P.O. Box Telephone Number (optional)

City State ZIP Code Mail Code (five digit code assigned by DOJ)

### Live Scan Transaction Completed By:

Name of Operator Date

Transmitting Agency LSID ATI Number Amount Collected/Billed

# Local Live Scan Facilities

The information in this page is subject to change without notice.

LOCATION	HOURS	ROLLING FEES	FORMS OF PAYMENT
<b>Ventura County Sheriff - East Valley Station</b> 2101 E Olsen Road Thousand Oaks, CA 91360 (805) 494-8208	Weekdays Appointment Only	\$10.00	Cash/Money Order Cashier's Check Checks Company Checks Debit Cards/Credit Cards Billing Accounts Corporate Accounts IIS Escrow Accounts
<b>Camarillo Police Department</b> 3701 E Las Posas Rd Camarillo, CA 93010 (805) 388-5100	Weekdays: 9:00am - 4:00pm Appointment Only	\$30.00	Cash Credit Cards Checks
<b>Bentley-Forbes Security Inc</b> 2625 Townsgate Rd, Suite 330 Thousand Oaks CA 91361 800-455-7850 <a href="mailto:protectionpa@gmail.com">protectionpa@gmail.com</a>	Weekdays: 10:00am-4:00pm Appointment Only  *Mobile Services available	\$20.00	Cash Cashier's Check Corporate Accounts Debit Cards/Credit Cards Billing Accounts
<b>Certifix Live Scan dbw The UPS Store #1055</b> 2060 Ave De Los Arboles, Suite D Thousand Oaks, CA 91362 (805) 492-2279 <a href="mailto:info@certifixlivescan.com">info@certifixlivescan.com</a>	Weekdays: 9:00am- 5:00pm Walk-ins  *Mobile Services available	\$30.00	Cash Debit Cards/Credit Cards
<b>ID Live Scan</b> 2277 Townsgate Rd, Suite 208 Thousand Oaks, CA 91361 (805) 777-8171 <a href="mailto:idlivescan@gmail.com">idlivescan@gmail.com</a>	Weekdays: 8:30am - 4:30pm Walk-ins  Sat & Sun: 8:30am – 4:30pm Appointment only  *Mobile Services available	\$22.00	Cash/Money Order Cashier's Check Checks Company Checks Corporate Accounts Debit Cards/Credit Cards Billing Accounts
<b>OfficeLOCALE Inc</b> 275 E Hillcrest Dr, Suite 160 Thousand Oaks, CA 91360 (805) 777-8866 <a href="mailto:customerservice@officelocale.com">customerservice@officelocale.com</a>	Weekdays: 9:00am- 5:00pm Walk-ins & Appt  Sat & Sun: 8:00am - 5:00pm Appointment Only  *Mobile Services available	\$35.00	Cash/Money Order Billing Accounts Cashier's Check Checks Company Checks Corporate Accounts Debit Cards/Credit Cards IIS Escrow Accounts
<b>Wellness Mart, MD</b> 141 Duesenberg Dr, Suite 3 Thousand Oaks, CA 91362 805-496-7148 <a href="mailto:to@wellnessmart.com">to@wellnessmart.com</a>	Weekdays: 9:00am- 6:30pm Sat: 10:00am - 4:00pm Sun: 11:00am - 4:00pm  Walk-ins & Appt	\$22.00	Cash Corporate Accounts Debit Cards/Credit Cards Billing Accounts
<b>The UPS Store #4114</b> 501 S Reino Road, Suite I Newbury Park, CA 91320 (805) 214-9600 <a href="mailto:store4114@theupsstore.com">store4114@theupsstore.com</a>	Weekdays: 8:30am - 5:30pm  Sat: 9:30am - 3:00pm Walk-ins & Appt	\$25.00	Cash Cashier's Check Checks Company Checks Debit Cards/Credit Cards



# CITY OF THOUSAND OAKS

## BACKGROUND CHECK APPLICATION

ATTACH  
PHOTO  
HERE  
PASSPORT PHOTO  
2" X 2"

<b>PERMIT TYPE</b>	<input type="checkbox"/> NEW	<input type="checkbox"/> SOLICITOR - DOOR TO DOOR	<input type="checkbox"/> PAWNBROKER
	<input type="checkbox"/> RENEWAL	<input type="checkbox"/> MESSAGE ESTABLISHMENT	<input type="checkbox"/> SECONDHAND DEALER
	<input type="checkbox"/> UPDATE	<input type="checkbox"/> STREET VENDOR	<input type="checkbox"/> COMM'L CANNABIS OWNER
		<input type="checkbox"/> SIDEWALK VENDOR	<input type="checkbox"/> COMM'L CANNABIS EMPLOYEE
	<input type="checkbox"/> TAXI <input type="radio"/> OWNER <input type="radio"/> DRIVER	<input type="checkbox"/> OTHER _____	

PLEASE FILL OUT FORM COMPLETELY AND PRINT CLEARLY					
NAME OF APPLICANT LAST		FIRST		MIDDLE	
HOME ADDRESS: STREET NUMBER	STREET NAME		CITY	STATE	ZIP
CONTACT PHONE NUMBER	BUSINESS PHONE NUMBER		EMAIL ADDRESS		
OTHER NAMES USED (ALSO KNOWN AS)		DRIVER'S LICENSE OR ID #	DATE OF BIRTH: MO/DAY/YEAR	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Specified	
VEHICLE(S) OWNED – MAKE		MODEL	YEAR	LICENSE PLATE #	
BUSINESS NAME			BUSINESS PHONE NUMBER		
BUSINESS ADDRESS STREET NUMBER	STREET NAME		CITY	STATE	ZIP
DESCRIBE SERVICE PROVIDED AND/OR MERCHANDISE BEING SOLD					

CONFIDENTIAL INFORMATION			
ANY OF THE QUESTIONS BELOW FALSELY ANSWERED MAY RESULT IN THE DENIAL OF THIS APPLICATION			
Have you ever been detained or investigated by any law enforcement agency?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Have you ever been arrested for a misdemeanor or felony? (Including citations in lieu of booking)	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Have you ever been convicted of a crime?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Have you ever had a license of any kind suspended or revoked?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Explain any <b>YES</b> answers to the above questions. List all. Additional information may be listed on a separate page.			
DATE	PLACE	CHARGE	DISPOSITION

I hereby certify that I have read and understand the foregoing and, under penalty of perjury, certify that the information provided on this application is true and correct. I understand that any information I have submitted that is found to be inaccurate or untruthful is grounds for denial of the application. I further certify that I have been provided a copy of the Thousand Oaks Municipal Code section applicable to my application, and that understand that any application fees paid to the City of Thousand Oaks are NOT REFUNDABLE.

Signature \_\_\_\_\_ Date \_\_\_\_\_

FOR OFFICE USE ONLY						
Date Rec'd	Initial	CONTROL #	Permit # Background	<input type="checkbox"/> OL <input type="checkbox"/> OR	Amt Pd	Receipt #
Date To TOPD	Initial	Date Approved	Permit # Add'l Fees	<input type="checkbox"/> OL <input type="checkbox"/> OR	Amt Pd	Receipt #
Notes			Decal #:	Lic Paid <input type="checkbox"/> Yes	Date Permit Issued	

**VENTURA COUNTY SHERIFF OFFICE**

Fingerprint Received Date \_\_\_\_\_

Permit Approved Date \_\_\_\_\_

Permit Denied Date \_\_\_\_\_

Reason(s) for Denial:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Authorized Signature \_\_\_\_\_ Date: \_\_\_\_\_

## APPLICANT ATTACHMENT

NAME OF APPLICANT LAST	FIRST	MIDDLE
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### LIST EACH RESIDENCE FOR THE FIVE (5) YEARS IMMEDIATELY PRECEDING APPLICATION DATE BEGIN WITH MOST RECENT ADDRESS

**1) HOME ADDRESS**

STREET NO	STREET NAME	CITY	STATE	ZIP
DATE MOVED IN		DATE MOVED OUT		

**2) HOME ADDRESS**

STREET NO	STREET NAME	CITY	STATE	ZIP
DATE MOVED IN		DATE MOVED OUT		

**3) HOME ADDRESS**

STREET NO	STREET NAME	CITY	STATE	ZIP
DATE MOVED IN		DATE MOVED OUT		

**4) HOME ADDRESS**

STREET NO	STREET NAME	CITY	STATE	ZIP
DATE MOVED IN		DATE MOVED OUT		

### LIST EMPLOYMENT HISTORY FOR THE FIVE (5) YEARS IMMEDIATELY PRECEDING APPLICATION DATE BEGIN CURRENT EMPLOYER INFORMATION

**1) EMPLOYER INFORMATION**

BUSINESS NAME			BUSINESS PHONE NUMBER	
STREET NO	STREET NAME	CITY	STATE	ZIP
OCCUPATION		START DATE	END DATE	REASON FOR LEAVING

**2) EMPLOYER INFORMATION**

BUSINESS NAME			BUSINESS PHONE NUMBER	
STREET NO	STREET NAME	CITY	STATE	ZIP
OCCUPATION		START DATE	END DATE	REASON FOR LEAVING

**3) EMPLOYER INFORMATION**

BUSINESS NAME			BUSINESS PHONE NUMBER	
STREET NO	STREET NAME	CITY	STATE	ZIP
OCCUPATION		START DATE	END DATE	REASON FOR LEAVING

ADDITIONAL INFORMATION MAY BE PROVIDED ON A SEPARATE PAGE



# CITY OF THOUSAND OAKS

## MESSAGE ESTABLISHMENT REGISTRATION FORM

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New Application     Renewal     Update

BUSINESS INFORMATION	
Name of Business	
Establishment Address	
Business Email Address	Business Phone Number
Name Contact Person	Phone Number
Type of Ownership <input type="checkbox"/> Sole Owner <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation	

OWNER(S) INFORMATION (List name of each owner owning 5% or more of the business. Additional owner(s) on a separate sheet if applicable)			
1.	NAME	PHONE NUMBER	CAMTC CERT #
	HOME ADDRESS	CAMTC CERTIFIED? <input type="checkbox"/> Yes <input type="checkbox"/> No	EXPIRATION DATE
2.	NAME	PHONE NUMBER	CAMTC CERT #
	HOME ADDRESS	CAMTC CERTIFIED? <input type="checkbox"/> Yes <input type="checkbox"/> No	EXPIRATION DATE

*\*Owner who is a CAMTC certificate holder must provide copy of their certificate with this registration.  
 Owner who is not a CAMTC certificate holder must undergo annual background check with the Thousand Oaks Police Department.*

MESSAGE TECHNICIAN(S) INFORMATION (List each technician providing massage therapy at the establishment. Additional technicians can be listed on a separate sheet if applicable)				
1.	NAME	PHONE NO		<input type="checkbox"/> Employee <input type="checkbox"/> Independent Contractor**
	HOME ADDRESS:	CAMTC CERT #	EXPIRATION DATE	
2.	NAME	PHONE NO		<input type="checkbox"/> Employee <input type="checkbox"/> Independent Contractor**
	HOME ADDRESS:	CAMTC CERT #	EXPIRATION DATE	
3.	NAME	PHONE NO		<input type="checkbox"/> Employee <input type="checkbox"/> Independent Contractor**
	HOME ADDRESS:	CAMTC CERT #	EXPIRATION DATE	
4.	NAME	PHONE NO		<input type="checkbox"/> Employee <input type="checkbox"/> Independent Contractor**
	HOME ADDRESS:	CAMTC CERT #	EXPIRATION DATE	

\*\* Anyone working as an independent contractor is required to maintain a City Business Tax Certificate.

I hereby certify that I have read and understand the foregoing and, under penalty of perjury, certify that the information provided on this application is true and correct. I further certify that I have been provided a Worker's Compensation Insurance Brochure issued by the Ventura County District Attorney's Office.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Office Use Only:			
Business Control #:	Business License #: <input type="checkbox"/> OL <input type="checkbox"/> OR	Receipt #	
<input type="checkbox"/> Worker's Compensation Brochure to Customers by: _____	Date Packet Received: _____	Approved By: _____	Date Approved: _____



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 Phone (805) 449-2201 · Fax (805) 449-2289 · Email [businesslicenses@toaks.org](mailto:businesslicenses@toaks.org)

ADDITIONAL INFORMATION	
Name of Business	
Establishment Address	

**ADDITIONAL OWNER(S) INFORMATION** (List name of each owner owning 5% or more of the business. Additional owner(s) on a separate sheet if applicable)

1.	NAME	PHONE NUMBER	CAMTC CERT #
	HOME ADDRESS	CAMTC CERTIFIED? <input type="checkbox"/> Yes <input type="checkbox"/> No	EXPIRATION DATE
2.	NAME	PHONE NUMBER	CAMTC CERT #
	HOME ADDRESS	CAMTC CERTIFIED? <input type="checkbox"/> Yes <input type="checkbox"/> No	EXPIRATION DATE
3.	NAME	PHONE NUMBER	CAMTC CERT #
	HOME ADDRESS	CAMTC CERTIFIED? <input type="checkbox"/> Yes <input type="checkbox"/> No	EXPIRATION DATE

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**ADDITIONAL MESSAGE TECHNICIAN(S) INFORMATION** (List each technician providing massage therapy at the establishment. Additional technicians can be listed on a separate sheet if applicable)

1.	NAME	PHONE NO		<input type="checkbox"/> Employee <input type="checkbox"/> Independent Contractor**
	HOME ADDRESS:	CAMTC CERT #	EXPIRATION DATE	
2.	NAME	PHONE NO		<input type="checkbox"/> Employee <input type="checkbox"/> Independent Contractor**
	HOME ADDRESS:	CAMTC CERT #	EXPIRATION DATE	
3.	NAME	PHONE NO		<input type="checkbox"/> Employee <input type="checkbox"/> Independent Contractor**
	HOME ADDRESS:	CAMTC CERT #	EXPIRATION DATE	
4.	NAME	PHONE NO		<input type="checkbox"/> Employee <input type="checkbox"/> Independent Contractor**
	HOME ADDRESS:	CAMTC CERT #	EXPIRATION DATE	
5.	NAME	PHONE NO		<input type="checkbox"/> Employee <input type="checkbox"/> Independent Contractor**
	HOME ADDRESS:	CAMTC CERT #	EXPIRATION DATE	
6.	NAME	PHONE NO		<input type="checkbox"/> Employee <input type="checkbox"/> Independent Contractor**
	HOME ADDRESS:	CAMTC CERT #	EXPIRATION DATE	
7.	NAME	PHONE NO		<input type="checkbox"/> Employee <input type="checkbox"/> Independent Contractor**
	HOME ADDRESS:	CAMTC CERT #	EXPIRATION DATE	