



CITY OF THOUSAND OAKS

MESSAGE ESTABLISHMENT REGISTRATION - RENEWAL

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

RENEWAL

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"/> Massage Establishment Registration Form
<input type="checkbox"/> Copy of Owner's Driver's License	<input type="checkbox"/> Copy of Owner's Driver's License
<input type="checkbox"/> Copy of Owner's CAMTC ID card	<input type="checkbox"/> Copy of each employee/independent contractor's CAMTC ID card
<input type="checkbox"/> Copy of each employee/independent contractor's CAMTC ID card	<input type="checkbox"/> Background Check Application with the Applicant Attachment form for each owner
<input type="checkbox"/> Business License Renewal Form	<input type="checkbox"/> Regulatory Permit Fee (non-refundable) \$60 for each applicant
	<input type="checkbox"/> Business License Renewal Form

- ❖ If the renewal submittal is delinquent, a new live scan may be required for Owner who does not have a CAMTC ID Card
- ❖ 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



CITY OF THOUSAND OAKS

BACKGROUND CHECK APPLICATION

ATTACH
PHOTO
HERE
PASSPORT PHOTO
2" X 2"

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

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



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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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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

**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.

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	