



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"/> MASSAGE 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 _____ |
|---|--------------------|---|--|

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 | ACCOUNT # | LICENSE # | Amt Paid | Receipt - HDL# |
| Notes | | | Decal #: | Lic Tax Paid? <input type="checkbox"/> Yes | Date Permit Issued |

APPLICANT ATTACHMENT

| | | |
|------------------------|-------|--------|
| NAME OF APPLICANT LAST | FIRST | MIDDLE |
|------------------------|-------|--------|

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

VENTURA COUNTY SHERIFF OFFICE

Date Fingerprint Received

Date Permit Approved

Date Permit Denied

Reason(s) For Denial

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CITY OF THOUSAND OAKS

MESSAGE ESTABLISHMENT REGISTRATION FORM

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

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.*

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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 | |