



# 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](mailto: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



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## 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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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	