



# CITY OF THOUSAND OAKS

## MESSAGE ESTABLISHMENT REGISTRATION FORM

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