



Cloverdale Police Department

Jason Ferguson, Chief of Police

112 Broad Street • Cloverdale, CA 95425 • Phone: (707) 894-2150 • Fax: (707) 894-5203

IF YOU ARE NOT CAMTC CERTIFIED YOU MUST COMPLETE THESE STEPS

MASSAGE THERAPIST PERMIT APPLICATION OVERVIEW

To obtain a Massage Therapist Permit, you must complete the following steps:

1. Complete the attached application for a Massage Therapist Permit Application.

NOTE: Do not leave any blanks. If a section or question does not apply to you, enter “not applicable” or “none”.

When you are ready to apply for the Massage Therapist Permit call 707-894-2150 Monday through Thursday between the hours of 9:00am-3:00pm and request an appointment with the Technical Services Manager.

2. Bring with you:

- a. Completed application, with valid identification, CA Driver License or Identification card.
- b. A copy of each Certificate of Completion from each state-approved school of massage or a copy of your transcripts showing you completed training.
- c. A non-refundable fee will be charged according to the current Fee Schedule. (cash must be exact or a check payable to City of Cloverdale). This fee covers the expense of a background check, fingerprinting services and the Department of Justice fingerprinting processing fee.

You will need to renew your massage permit every two years.

*FEE DISCLOSURE: All fees are set by City Council Resolution and are subject to change without notice. When you contact the Technical Services Manager for your appointment, please confirm the fees due at that time.



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MESSAGE THERAPIST City of Cloverdale Municipal Code

PERMIT REQUIRED - *Municipal Code Section 5.24.020 states:*

It is unlawful for any person to engage in, conduct or carry on, or to permit to be engaged in, conducted or carried on, in or upon any premises in the city, the operation of a massage establishment or an outcall massage service, without first having obtained a Certificate from the California Massage Therapy Council or a permit from the police department issued pursuant to the provisions of this chapter.

PERMIT PROCESS - *Municipal Code Section 5.24.020 states:*

- A. The application for a permit to operate as a massage therapist or an outcall massage service shall setforth the exact nature of massage to be administered and the proposed place of business.
- B. In addition to the foregoing, any applicant for a permit shall furnish the following information:
 - 1. The two previous business and residential addresses prior to the present or proposed business addressof the applicant; (to span ten years)
 - 2. Written proof that the applicant is over the age of eighteen years (valid identification or birth certificate);
 - 3. Applicant's height, weight, color of eyes, hair, sex, and date of birth;
 - 4. Two portrait photographs at least two inches by two inches;
 - 5. Business, occupation or employments of the applicant for the ten years immediately preceding the date of the application;
 - 6. The massage or similar business license history of the applicant; whether such person in previously operating in this or another city/state under license, has had such license revoked or suspended, the reason therefore, and the business activity or occupation of the applicant subsequent to such action,suspension or revocation;
 - 7. All criminal convictions and the reasons therefore;
 - 8. The applicant must furnish a diploma or certificate of graduation from a state-approved school wherein the method, profession and work of massage is taught. The term "state-approved school" means and includes any school or institution of learning, which has been certified by the State Department of Education, or Bureau of School Approvals. The Chief of Police shall have a right to confirm the fact that the applicant has actually attended classes in said state-approved school;
 - 9. Such other identification and information necessary to discover the truth of the matters herein before specified and required to be set forth in the application;
 - 10. Nothing contained herein shall be construed to deny the Chief of Police the right to *take the fingerprints* and additional photographs of *the applicant*, nor shall anything contained herein be construed to deny the right of the Chief of Police to confirm the height and weight of the applicant.



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MASSAGE THERAPIST PERMIT APPLICATION

PERSONAL INFORMATION

Print Full Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

List all names used, including dates:

Name (aka): _____ Dates: _____

Name (aka): _____ Dates: _____

Phone (Home): _____ (Work): _____ (Cell): _____

Email Address: _____

Date of Birth: _____ Place of Birth: _____ Birth Certificate Attached: Yes No

Are you a U.S. Citizen? Yes No Social Security #: _____ DL #: _____

Gender: Male Female Weight _____ Height _____ Hair Color _____ Eye Color _____

RESIDENCE HISTORY

List ALL residences during the last seven years. Do not use P.O. Boxes. Use the back of this page if more room is needed.

From/To	Address	City/State/Zip	Own/Rent
___/___ to ___/___			
___/___ to ___/___			
___/___ to ___/___			

EMPLOYMENT HISTORY

List ALL employers during the last ten years. Use the back of this page if more room is needed.

Current Employer's Name: _____

Address: _____ City: _____ Zip Code: _____

Position: _____ Start Date: _____ End Date: _____

Previous Employer's Name: _____

Address: _____ City: _____ Zip Code: _____

Position: _____ Start Date: _____ End Date: _____

Previous Employer's Name: _____

Address: _____ City: _____ Zip Code: _____

Position: _____ Start Date: _____ End Date: _____



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MESSAGE THERAPIST APPLICATION *(cont'd)*

CRIMINAL HISTORY

Have you ever been detained, questioned, held on suspicion, fingerprinted or taken into custody, by any law enforcement agency, for any reason other than minor traffic tickets? Yes No

List all convictions regardless of the sentence (jail time, community service, probation, et cetera) and any conviction that has been set aside or dismissed: _____

MESSAGE ESTABLISHMENT HISTORY

List ALL message establishments and/or out-call massage services by which you have been employed in any capacity, or which you have owned, managed or operated. Use the back of this page if more room is needed.

Company Name: _____	Address: _____	City: _____	Zip Code: _____
Company Name: _____	Address: _____	City: _____	Zip Code: _____
Company Name: _____	Address: _____	City: _____	Zip Code: _____

MESSAGE EDUCATION

List the name and address of each massage school attended. If the massage school is not a school approved by the State of California, attach a transcript of studies. You must attach a copy of each diploma or certificate issued.

School Name: _____	Address: _____	City: _____	Zip Code: _____
School Name: _____	Address: _____	City: _____	Zip Code: _____

Permits are issued to the massage therapist. List the name and location of the business where you will be working as a Massage Therapist.

Business Name and Street Address _____	City _____	Phone _____
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I declare that the foregoing is true and correct, that I have omitted no information requested, have included a full and correct answer to each question asked. I understand that any intentional misrepresentation of a material fact shall be grounds to deny or revoke the permit sought by this application.

Signature of Massage Therapist Permit Applicant _____	Date _____
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