



***Kerman Police Department
City of Kerman***

850 S. Madera Ave. • Kerman, CA 93630

(559) 846-6633

**Massage Establishment PD Advisement Form
Massage Therapist PD Advisement Form**

ALL INFORMATION REQUESTED ON THIS ADVISEMENT IS REQUIRED. INCOMPLETE APPLICATIONS WILL BE RETURNED DENIED, THUS DELAYING THE ISSUANCE OF THE MASSAGE ESTABLISHMENT PERMIT. **IT IS UNLAWFUL FOR ANY NEW APPLICANT TO BEGIN BUSINESS WITHOUT FIRST ADVISING THE POLICE DEPARTMENT OF THE EMPLOYEMENT LOCATION.**

******COMPLETED APPLICATIONS REQUIRE (60) SIXTY DAYS TO PROCESS******

Date of Application _____ CAMTC Permit # _____

BUSINESS LOCATION

Business Name: _____

Business Phone: _____

Address of Business: _____

Email Address: _____

Hours of Operation: _____

City of Kerman Business License Number: _____

Business Owner: _____

Business Owner's Phone: _____

Will the massage establishment premises be owned, leased, or rented? _____

If the premises will be leased or rented, please provide Property Owner/Manager information:

Owner's/Manager's Name: _____

Address: _____

Phone Number: _____

APPLICANT IDENTIFYING INFORMATION

Applicant's Full Name: _____

Aliases or other names used: _____

Current Address: _____

Previous Addresses: _____

Date of Birth: _____ CDL or ID#: _____ Birth Place: _____

Sex: _____ Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Are you a United States Citizen? _____. If not, please describe resident status _____

State of California Massage Therapist Certification Number: _____

If you are a prior Massage Establishment Permit Holder, please list the name and locations

- 1. _____
- 2. _____
- 3. _____

Have any of your prior massage business permits or licenses ever been suspended or revoked? _____

Has any action ever been taken against any of your prior massage businesses, your permits, or licenses? _____

Have you ever been convicted of a crime, arrested, cited, or investigated by a government agency? _____

If yes to any question, explain (attach additional sheets as needed) _____

PHONE NUMBERS

Home: _____ Work: _____

Cell: _____ Other: _____

SIGNATURE & VERIFICATION

I affirm that the information provided in this application, including all attachments, is true and correct. I understand that a material omission or misstatement of fact in this permit application is grounds for denial, suspension, or revocation of a massage establishment permit.

Signature of Applicant _____ Date _____

SUPPORTING DOCUMENTATION NEEDED

1. Provide proof of identification for all owner(s) and all employees.
2. Two (2) front face photos of each owner(s) and all employees.
3. Live scan fingerprints of all owner(s) and all employees. Taken by the Kerman Police Department to be submitted to Department of Justice.
4. Business license fee to be paid upon application.

DECLARATION

As an applicant for a Massage Establishment Permit, I am required to furnish information for use in determining my eligibility. In this connection, I authorized release of any and all information of a confidential or privileged nature, or any data or materials which have been sealed or understood to be held pursuant to any prior agreement or court proceeding involving disciplinary matters.

I understand that a Massage Establishment Permit is required for any person to engage in Massage Business for compensation within the City of Kerman; that the City Manager of the City of Kerman or his delegate, and/or the Chief of Police of the City of Kerman will conduct an investigation of my criminal and/or business record. I agree to disclose any investigative contacts or actions taken by any government agency to include being interviewed, issued a citation or summons, any arrest, termination, or conviction of any offense.

Although I have obtained a Conditional Use Permit to conduct the business of massage, as the same is defined in the Kerman Municipal Code at a fixed location with certain conditions of approval, I understand that I need to complete this Massage Establishment Permit process before I can start my business. I will comply with all applicable California regulations. In other words, I must have both a Conditional Use Permit and a Massage Establishment Permit issued by the City of Kerman.

I hereby release, discharge, and exonerate the agency, its agents and representatives, and any person furnishing information from any and liability of every nature and kind arising out of the furnishing and inspection of such documents, records, and other information. This release shall be binding on my legal representatives, heirs and assigns.

I hereby declare under penalty of perjury, that all information stated within or submitted for approval is true and correct. I hereby authorize the City of Kerman, its agents and employees, to seek information and/or conduct an investigation in an effort to confirm the authenticity of the statements set forth in this application and accompanying documents, along with my qualifications as the applicant for the permit.

Signed: _____ Date: _____

Printed Name: _____