



Walnut Creek Police Department
1666 N. Main St.
Walnut Creek, CA 94596
Ph: (925) 943-5844
Fax: (925) 943-5811



**CHECKLIST FOR MESSAGE ESTABLISHMENT /
TECHNICIAN PERMIT**

- _____ Print and complete this packet or obtain a packet from the PD first floor main lobby.
Upon completion of packet upload into HDL portal: <https://walnutcreek.hdlgov.com>
- _____ **Establishment owners** must provide proof of a **Health Inspection Report** of the facilities.
Please call **925-608-5500** to make arrangements for a health inspection.
Do NOT call the Health Inspector Directly.
- _____ **Establishment owners** must provide proof of **Approved Zoning** of the Establishment location and supply a **Building Inspection Report** of the facilities.
Apply for a building inspection permit by visiting the Community Development Department located on the 2nd floor at 1666 North Main Street. Once the inspection permit has been issued, please call (925) 943-5833 to make an appointment.

*******FEES AND TAXES ARE NON-REFUNDABLE*******

- _____ Massage Operator's Permit / Independent Contractor Outcall Application and Personal Information
- _____ Walnut Creek PD Authorization to Release Information
- _____ Provide Training Certificates
- _____ Provide Certified Sealed Transcripts if you will personally be providing massage
- _____ Proof of Professional Liability Insurance
- _____ Proof of membership from a Certified Massage Association
- _____ Provide a Copy of the Lease
(If a massage establishment is conducted from a fixed place of business and the applicant is not the legal owner of the property, the applicant must provide a Copy of the Lease)
- _____ Signed sheet from the property owner acknowledging that a massage establishment will be located on the property
- _____ Livescan Fingerprint Results
***We no longer process fingerprints, however you can now have it done anywhere in the State of California that offers Livescan fingerprinting. For a list of locations visit the Attorney General's website at <http://ag.ca.gov/fingerprints/publications/contact.php>.*
- _____ Pick up Massage Permit at first floor main lobby.



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APPLICATION FOR MESSAGE OPERATOR'S PERMIT
and/or
INDEPENDENT CONTRACTOR / OUTCALL MESSAGE SERVICE
[Operator's Face Sheet]

APPLICANT NAME

DATE OF APPLICATION

NATURE OF BUSINESS:

- Massage Establishment**
- Outcall Service**
- Other (Describe) _____**

OWNERSHIP: (check only one)

- Individual (Self employed, "independent contractor", etc.)**
- Corporation**
- Partnership**

List names and addresses of all officers, directors, shareholders, general and limited partners and financially interested persons.
 Each person listed, must fill out a **separate application packet** and is subject to a complete background check.

NAME:

1. _____
2. _____
3. _____
4. _____
5. _____

**** Technicians / Employees DO NOT need to fill out this page.**



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MESSAGE APPLICATION

Personal Information Sheet

Message Therapist

Establishment

1. Full Name of Applicant _____

2. Home Address of Applicant _____

Home Phone # _____ Cell Phone # _____

Email Address _____

3. Physical Description of Applicant:

Height _____ Weight _____ Eyes _____ Hair _____ Sex _____ Race _____

Date of Birth _____ Place of Birth _____

Driver's License # _____ Social Security # _____

4. Have you ever been arrested; convicted of a criminal offense; in violation of a municipal ordinance; or have criminal charges pending against you? Yes ___ No ___

If Yes, please indicate the approximate date, location, charges, and disposition of each:

<u>Date</u>	<u>Location</u>	<u>Offense</u>	<u>Citation/Convicted/Pending</u>

5. Description of types of massage to be administered: _____

6. State previous occupation and address for seven years immediately preceding date of application:

Occupation _____ From: _____ To: _____

Business Name _____ City _____

Occupation _____ From: _____ To: _____

Business Name _____ City _____

Occupation _____ From: _____ To: _____

Business Name _____ City _____

Occupation _____ From: _____ To: _____

Business Name _____ City _____

7. List four previous residential addresses immediately prior to present residential address:

_____ From: _____ To: _____

_____ From: _____ To: _____

_____ From: _____ To: _____

_____ From: _____ To: _____

8. Have you ever had a license or permit to give massage or operate a Massage Establishment or business in any other area?

Yes _____ Where? _____

No _____

9. Have you ever been denied a license or permit? Yes _____ No _____

If yes, where? _____

Please explain: _____

10. Has your license or permit ever been revoked or suspended? If yes, please explain:

Upon Permit Approval - Proposed Business Name or Employer:

11. Name of the Establishment: _____

Business Telephone Number: _____

Business Email Address: _____

12. Physical location of business and description of facilities contained therein:

I give my written authorization to the City or its agents to seek information and conduct an investigation into the truth of the statements set forth in my application. _____ (Initials)

I do not intend to personally provide massage services at the business. _____ (Initials)

I hereby certify that all statements made in this application are true and complete, and I understand that any misstatement of material facts will be grounds for denial or revocation of the permit. I further understand that this permit must be renewed on a semi-annual basis and it is my obligation to renew this permit before its expiration date.

Signature of Applicant

Date

THE FOLLOWING MUST BE PROVIDED BY ALL APPLICANTS:

- NOTE to RENEWALS: You MUST provide proof of at least 24 hrs of Continuing Education by an approved association pursuant to Section 6-11.05 (c) (9)-(10) of the City of Walnut Creek Ordinance.**

- An original diploma / original certificate of graduation ;(Renewals need only supply original one time)
- Certified sealed transcripts from a recognized school of massage, which shows satisfactory completion of a no repetitive curriculum which shall include at least one hundred (100) hours of formal education and training in massage therapy and/or bodywork, ethics, anatomy, and physiology or original documents showing certification pursuant to the National Certification Board for Therapeutic Massage and Bodywork.
- Proof that applicant is over the age of 18 years and possess documentation that applicant has a lawful right to work in the United States.
- Written proof that the applicant is a member in good standing of a State or national professional association devoted to massage therapy.
- Proof of massage malpractice insurance in the sum of not less than five hundred thousand dollars (\$500,000.00) per massage technician licensed, or to be licensed, at the massage establishment, up to a maximum of one million dollars (\$1,000,000.00)
- Fingerprints of applicant.
- Copy of City Business License. (Establishment only.)



WALNUT CREEK POLICE DEPARTMENT
Safety ~ Service ~ Honor

Authorization to Release Information for Massage Technicians & Establishments

As an applicant for a Massage Permit with the Walnut Creek Police Department, I am required to furnish information for use in determining my qualifications. In this connection, I authorize release of any and all information that you may have concerning me, including but not limited to, information of a confidential or privileged nature, or any data or materials which have been sealed or agreed to be withheld pursuant to any prior agreement or court proceeding involving disciplinary matters.

I understand that I will not receive and am not entitled to know the contents of confidential reports received, and I further understand that these reports are privileged.

This release will expire 120 days after the date signed.

I hereby release, discharge, exonerate the Walnut Creek Police Department, their agents and representatives and any person furnishing information from any and all liability of every nature and kind arising out of the furnishing and inspection of such documents, recordings and other information, and this release shall be binding on my legal representatives, heirs and assigns.

A photocopy of this release is to be considered as valid as an original.

Printed Name: _____

Signed: _____

Dated: _____



WALNUT CREEK POLICE DEPARTMENT
Safety ~ Service ~ Honor

Property Owner Acknowledgement

Per the City of Walnut Creek Municipal Code Section entitled Massage Services (Chapter 11), if a massage establishment will be conducted from a fixed place of business and the applicant is not the legal owner of the property, the application will be accompanied by a copy of the lease and an acknowledgement from the owner of the property that a massage establishment will be located on the property.

By signing this form you, the property owner(s), are acknowledging that a massage establishment will be located on the property.

Printed Name of Property Owner
(if applicable)

Printed Name of Property Owner

Signature of Property Owner
(if applicable)

Signature of Property Owner



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

CA0071200

ORI (Code assigned by DOJ)

Massage Permit and/or Massage Business Owner

Authorized Applicant Type

Massage

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

Walnut Creek Police Department

Agency Authorized to Receive Criminal Record Information

00492

Mail Code (five-digit code assigned by DOJ)

1666 North Main Street

Street Address or P.O. Box

Detective W. Marre

Contact Name (mandatory for all school submissions)

Walnut Creek

CA 94596

State ZIP Code

(925) 765-7650

Contact Telephone Number

Applicant Information:

Last Name

First Name

Middle Initial

Suffix

Other Name

(AKA or Alias) ast

First

Suffix

Date of Birth

Sex Male Female

Driver's License Number

Height

Weight

Eye Color

Hair Color

Billing Number

(Agency Billing Number)

Place of Birth (State or Country)

Social Security Number

Misc. Number

(Other Identification Number)

Home

Address Street Address or P.O. Box

City

State

ZIP Code

Your Number:

OCA Number (Agency Identifying Number)

Level of Service:

DOJ

FBI

If re-submission, list original ATI number:

(Must provide proof of rejection)

Original ATI Number

Employer (Additional response for agencies specified by statute):

Employer Name

Mail Code (five digit code assigned by DOJ)

Street Address or P.O. Box

City

State

ZIP Code

Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency

LSID

ATI Number

Amount Collected/Billed