



Please Select:

- Mail Permit
- Hold Permit for Pick-up

New Reciprocal Permit Application

Coachella Valley Model Massage Ordinance
Code Compliance Division
42-520 Bob Hope Drive, Suite# A
(760) 770-3220

CITY USE ONLY:

Date Application Received: _____ Deposit Amount: _____ Received By: _____

Primary City Location: _____ Date of Expiration: _____

Requesting Off-Premises (Outcall) Privileges: Yes or No *If Yes:* Business License No: _____

Check One: APPROVED: DENIED:

REASONS FOR DENIAL: _____

By: _____ Date _____

Attachments:

Please use the following checklist to show all items attached to this application:

If an applicant holds a current massage therapist permit issued by any other jurisdiction pursuant to the Coachella Valley Model Massage Ordinance, then application for a reciprocal massage therapist permit may be made by submission, to the permit administrator, of all of the following (RMMC 5.17.070):

For Office Use Only

- 1) A certified copy of the original application and current permit related to the massage therapist issued by the other jurisdiction pursuant to the Coachella Valley Model Massage Ordinance. The reciprocal permit shall expire on the same date as the primary permit.
- 2) Provide written evidence applicant is at least eighteen years of age (Copy of Identification)
- 3) All applicants must submit either proof of current employment in the City of Rancho Mirage or a current Business license. If you are an "Off-Premises/Outcall" Therapist, upon approval of your application and prior to issuance of the permit, the permit administrator will contact you with further instructions on how to obtain a business license prior to issuance of the permit.
 - Verification of Employment.
 - Business License Renewal (*applicable fees applied*)
 - Home Occupation Application (*if operating an office from residence located in the City of Rancho Mirage, applicable fees applied*)
- 4) Completed reciprocal application and a nonrefundable fee of \$25.00;

***PLEASE NOTE: THIS APPLICATION IS SUBJECT TO APPROVAL. YOU MAY NOT PERFORM ANY "OUTCALL OR OFF-PREMISES" SERVICES AS A MASSAGE THERAPIST UNTIL ALL REQUIREMENTS HAVE BEEN MET, FAILURE TO COMPLY WILL RESULT IN A VIOLATION UNDER CITY OF RANCHO MIRAGE MUNICIPAL CODE 5.17.040 (B)**



***APPLICATION FOR
NEW RECIPROCAL MASSAGE THERAPIST PERMIT***
COACHELLA VALLEY MODEL MASSAGE ORDINANCE

APPLICANT INFORMATION

Last Name: _____ First Name: _____ Middle: _____

List any alias or other names, including nicknames, you have used or been known by (maiden name, previous married names, etc.): _____

Business Name, if doing under any name other than legal name shown above: _____

Current Home Address: _____

Mailing Address: _____

Current Employer and Business Address, if different than home address shown above: _____

Home Telephone: () _____ Business Telephone: () _____ Mobile: () _____

Social Security/Tax Identification Number: _____ Identification No: _____ Exp: _____

DOB: _____ Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____ Gender: _____

Scars, tattoos, or other distinguishing marks: _____

Applicant's Declaration:

I, the undersigned applicant, declare:

1. I have read and I am familiar with and understand the provisions of the Coachella Valley Model Massage Ordinance and, if this application is approved, I agree to abide by all such provisions and any revisions that might be passed according to law.
2. I certify that all entries made by me or under my direction in this application are true, complete and correct to the best of my knowledge. All of the information contained in my primary city's most recent application for a massage therapist permit is current and correct.
3. I voluntarily consent and authorize the City, its agents, and employees to seek information and to conduct an investigation into the truth of the statements set forth in this application and my qualifications for the permit

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

DATE: _____ Applicant: _____