



Please Select:

Mail Permit

Hold Permit for Pick-up

Primary Massage 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: _____

Check One: APPROVED: DENIED: Date of Expiration: _____

Reason For Denial _____

By: _____ Date _____

Attachments:

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

- 1) A certified letter of intent to employ from the employer at a massage therapy establishment lawfully operating within the City. *Each letter shall verify that the operator of the massage therapy establishment has reviewed the applicant's qualifications and that the applicant has met the requirements necessary to perform massage therapy at that establishment. Not required for OUT-CALL license.*
- 2) Written evidence that the applicant is at least eighteen years of age (Copy of Identification).
- 3) A certified statement from a physician licensed to practice medicine in the United States that provides that, within 60 days prior to the date of this application; the physician has examined the applicant and has determined that the applicant is free of communicable disease [SEE ATTACHMENT A].
- 4) Two front-face portrait photographs taken within 30 days of the date of this application, at least two inches by two inches in size.
- 5) Applicant's Livescan taken within the previous sixty (60) days by an agency approved by the City, or Permit Administrator [ATTACHMENT B & B-1].
- 6) A certified copy of the therapeutic massage and bodywork credential issued by the National Certification Board for Therapeutic Massage and Bodywork **OR** a certified copy of applicant's diploma or certificate of graduation, or equivalent documents, establishing that applicant has successfully completed a course of study for competency as a massage therapist, consisting of at least 300 hours of massage therapy training, offered by a Recognized School of Massage. (500 hours for outcall privileges.) **Proof of graduation from a recognized school of massage shall require BOTH of the following:**
 - 1. Certified copy of the applicants diploma or certificate of graduation, or equivalent documentation, establishing that applicant has successfully completed the course of study for competency as a massage therapist offered by the recognized school of massage; and
 - 2. Certified transcript from a recognized school of massage verifying applicant has successfully completed a course of study requiring at least three hundred hours of massage therapy training. If the application is submitted concurrently with an application for an off-premises endorsement, the minimum hours of training shall be as set out below for an off-premises endorsement application;
- 7) Request for Release Form [ATTACHMENT C].
- 8) Completed and signed application with a nonrefundable fee of \$150.00

***PLEASE NOTE: THIS APPLICATION IS SUBJECT TO APPROVAL. YOU MAY NOT PERFORM ANY 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 (A). Upon receipt of the application and payment, the permit administrator shall inform the applicant within (30) days if the application is complete, and grant or deny a permit within (60) business days 5.17.100 A. E.**



**APPLICATION FOR
PRIMARY MASSAGE THERAPIST PERMIT**
COACHELLA VALLEY MODEL MASSAGE ORDINANCE

Applicant Information:

(Please answer every question, if not applicable, indicate N/A)

Legal Name:

Last: _____ First: _____ Middle: _____

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

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

Current Home Address: _____

Mailing Address: _____

Current Business Address, if different than Home Address shown above: _____

Home Telephone: (____) _____ Business Telephone: (____) _____ Fax (____) _____

Social Security or Tax Identification No.: _____ Identification No. _____ Exp: _____

Date of Birth: _____ Gender: _____ Height: _____ Weight: _____ Hair Color: _____ Eye Color _____

Scars, tattoo's, or other distinguishing marks: _____

Prior Residences:

Please list all of your residences during the past 10 years. Begin with your most current residence:

Address of Residence:	City, State & Zip Code:	Dates (Mo/Yr) From	To
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Prior Residences (continued):

Address of Residence:	City, State & Zip Code:	Dates (Mo/Yr) From	To
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If you need additional space, check here and continue on back of this page.

Other Permits:

1. Have you ever had a permit, license or other authority for massage services denied, suspended or revoked by any entity?

Yes No If yes, please explain below:

DATE	LOCATION	REASON FOR DENIAL, SUSPENSION OR REVOCATION
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If you need additional space, check here and continue on back of this page.

2. Have you ever been a sole proprietor, general partner, officer, director, member or employee of any massage therapy business that has had a permit, license or authority to operate a massage business denied, suspended or revoked by any entity?

Yes No If yes, please explain below:

If you need additional space, check here and continue on back of this page.

Experience & Employment:

Beginning with your most current employment, please list all jobs (including part-time, temporary, and voluntary positions) you have held for the past 10 years. If you have had intervening periods of military service or unemployment, please list those periods in sequence in the spaces provided below. Also include all current and former businesses that you have owned, operated or managed.

1. Employer Name: _____
Address: _____
Phone: _____ Dates of Employment – From: _____ To: _____
Name of Supervisor: _____ Check One: Full-Time Part-Time Voluntary
Position/Duties: _____
Reason for Leaving: _____

2. Employer Name: _____
Address: _____
Phone: _____ Dates of Employment – From: _____ To: _____
Name of Supervisor: _____ Check One: Full-Time Part-Time Voluntary
Position/Duties: _____
Reason for Leaving: _____

3. Employer Name: _____
Address: _____
Phone: _____ Dates of Employment – From: _____ To: _____
Name of Supervisor: _____ Check One: Full-Time Part-Time Voluntary
Position/Duties: _____
Reason for Leaving: _____

If you need additional space, check here and continue on back of this page.

Criminal History:

With the exception of minor traffic violations, have you ever been detained, held, arrested, indicted or summoned into court as a defendant in a criminal proceeding; or been convicted, fined, imprisoned, or been placed on probation; ordered to deposit bail or collateral for the violation of any law, police regulation or ordinance? Yes No

If yes, list the date; nature of the offense or violation; name, location, court or place of hearing; penalty imposed or disposition of each case:

DATE	NATURE OF OFFENSE/VIOLATION	JURISDICTION	DISPOSITION
_____	_____	_____	_____
_____	_____	_____	_____

If you need additional space, check here and continue on back of this page.

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.
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.
4. I certify that I am not required to register as a sex offender pursuant to the California Penal Code Section 290, or any other law.
5. I certify that, within the last 5 years, I have not been convicted of any of the following conduct:
 - (a) Pandering as set forth in California Penal Code Section 266i;
 - (b) Keeping or residing in a house of ill-fame as set forth in California Penal Code Section 315;
 - (c) Keeping a house for the purpose of assignation or prostitution, or other disorderly house as set forth in California Penal Code Section 316;
 - (d) Prevailing upon a person to visit a place of illegal gambling or prostitution as set forth in California Penal Code Section 318;
 - (e) Lewd conduct as set forth in California Penal Code Section 647, subdivision (a);
 - (f) Prostitution activities as set forth in California Penal Code Section 647, subdivision (b);
 - (g) Any offense committed in any other state which, if committed or attempted in this state, would have been punishable as one or more of the offenses set forth in California Penal Code Sections 266(i), 315, 316, 318, or 647, subdivisions (a) or (b);
 - (h) Any felony offense involving the sale of any controlled substance specified in California Health and Safety Code Sections 11054, 11055, 11056, 11057, or 11058;
 - (i) Any offense committed in any other state which, if committed or attempted in this state, would have been punishable as a felony offense involving the sale of any controlled substance specified in California Health and Safety Code Sections 11054, 11055, 11056, 11057, or 11058;
 - (j) Any misdemeanor or felony offense which relates directly to the practice of massage therapy, whether as a massage therapy business owner or operator, or as a massage therapist; or
 - (k) Any felony the commission of which occurred on the premises of a massage therapy establishment.

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

DATE: _____

APPLICANT: _____