



***Off Premises (“Outcall”) Supplemental Application***

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

<b>CITY USE ONLY:</b>		
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	
Reason for Denial _____		
By: _____		Date _____

**Attachments:**

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

*For Office Use Only*

- 1) A copy of applicant’s massage therapist permit (unless this supplemental application is being submitted at the same time as an application for a massage therapist permit).
- 2) Written evidence applicant is at least eighteen years of age (Copy of Identification).
- 3) 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 **500 hours** of massage therapy training, offered by a Recognized School of Massage, as defined in the Coachella Valley Model Massage Ordinance.
- 4) Completed and signed Supplemental Application with a nonrefundable fee of \$50.00
- 5) Upon approval of your application for an Off Premises Massage Permit, the permit administrator will contact you with further instructions on how to obtain a business license prior to issuance of the permit.
  - Business License Form (*applicable fees applied*)
  - Home Occupation Application (*if business office is located within the City of Rancho Mirage, applicable fees applied*)

**\*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)**



***SUPPLEMENTAL APPLICATION FOR  
OFF-PREMISES ENDORSEMENT  
MASSAGE THERAPIST PERMIT – “OUTCALL”  
COACHELLA VALLEY MODEL MASSAGE ORDINANCE***

**Applicant Information:**

---

Legal Name:

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Is all of the information contained in your most recent application for a massage therapist permit current and correct?

Yes

No

If no, please explain below:

---

---

---

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

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

DATE: \_\_\_\_\_

Applicant: \_\_\_\_\_