



Renewal Application

Coachella Valley Model Massage Ordinance

Code Compliance Division
69-825 Highway 111
(760) 770-3220

CITY USE ONLY:

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

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:

For Office Use Only

- 1) Written evidence that the applicant is at least eighteen years of age (Copy of Identification).
- 2) A certified statement from a physician licensed to practice medicine in the United States provided 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. For purposes of the physician's statement, "communicable disease" means tuberculosis, or any disease, which may be transmitted from a massage therapist to a patron through normal physical contact during the performance of massage therapy service [ATTACHMENT A] or;
- 3) If applying for a reciprocal renewal, a certified copy of the current permit and application related to the massage therapist issued by the other jurisdiction pursuant to the Coachella Valley Model Massage Ordinance;
- 4) Completed and signed renewal application with a nonrefundable fee of \$100.00 for primary permit renewal, or \$10.00 fee for Reciprocal Permit;
- 5) 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.
 - 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*)

***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) (B)**



APPLICATION FOR
RENEWAL 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: _____

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 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 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: _____