



CITY OF AUBURN
ADMINISTRATIVE SERVICES
1225 LINCOLN WAY, AUBURN, CA 95603
TEL: 530-823-4211 ext 103, FAX: 530-823-4209

APPLICATION FOR CITY OF AUBURN MASSAGE ESTABLISHMENT PERMIT

Section 112.001 through 112.035 of the Auburn Municipal Code requires any person desiring a permit to operate a massage establishment shall first apply for a permit under this chapter unless they are exempt from the requirements of this section pursuant to Section 112.030.

1. An applicant for a permit shall submit to Administrative Services the following information:

- A. Completed Application for the City of Auburn Massage Establishment Permit form;
- B. If the massage establishment is
 - A partnership: a copy of the partnership agreement or
 - A corporation: evidence that the corporation is in good standing or
 - A limited liability company or other business association: articles of organization and operating agreement
- C. California Driver's License or ID card
- D. A birth certificate, or other written proof that the applicant is at least eighteen years of age;
- E. A portrait photograph at least 2 inches by 2 inches
- F. Live Scan of Fingerprints taken by Auburn Police Department
No Appointment needed, see www.auburn.ca.gov website for time and days of operation (\$47.00 Fee)
- G. A City of Auburn Business License
- H. A Certificate of Liability Insurance
- I. If applicant is not the legal owner of the property where the massage establishment is to be located: a copy of the lease
- J. Proof of diplomas, certificates of graduation from an approved school of massage or California Massage Therapy Council (CAMTC) Certification identification card of all proposed massage professionals and other employees or independent contractors who are or will be employed or retained in the massage establishment.

2. Massage Establishment : \$100.00 non-Refundable Investigation Fee with application
Massage Establishment Renewal: \$100.00 non-Refundable Investigation Fee with application

3. Hiring New Massage Professionals: If the massage establishment hires any new Massage Professionals, including employees and independent contractors, it shall submit for each professional:

- A. A **California Massage Therapy Council (CAMTC)** Certification identification card and certificate with raised seal

or
- B. A diploma or a certificate of graduation from an approved school wherein the method, profession and work of massage technique are taught which has for its purpose of teaching a course consisting of 200 hours.
- C. A certificate from a medical doctor stating that the applicant has, within thirty days immediately prior to the filing of the application, been examined and found to be free from any infectious, contagious or communicable disease.



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- 4. If performing as a Massage Professional:** you shall submit the following additional information
- A. A **California Massage Therapy Council (CAMTC)** Certification identification card and certificate with raised seal

or

 - B. A diploma or a certificate of graduation from an approved school wherein the method, profession and work of massage technique are taught which has for its purpose of teaching a course consisting of 200 hours.
 - C. A certificate from a medical doctor stating that the applicant has, within thirty days immediately prior to the filing of the application, been examined and found to be free from any infectious, contagious or communicable disease.

****Your massage permit will be mailed to you once we receive all clearances****

If you have any questions regarding this process, please contact Administrative Services at (530) 823-4211 ext. 103



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Applicant Information			
Name: Last:	First:	Middle:	
AKA (Nicknames, maiden name, other names):			
Residential Address:		City:	
State:	Zip:	Telephone: (Home)	(Cell):
Weight:	Height:	Eye Color:	Hair Color:
Previous Residential Addresses (previous 5 years):			

Manager Information			
Name: Last:	First:	Middle:	
AKA (Nicknames, maiden name, other names):			
Residential Address:		City:	
State:	Zip:	Telephone: (Home)	(Cell):
Previous Residential Addresses (previous 5 years):			

Establishment Information
Establishment Name:
Establishment Address:
All Establishment Telephone numbers:
Type of Business (General, Solo Practitioner, Partnership, Corporation, LLC, ect.):
All Establishment Names used in Advertisements:



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Business Organization Information

If Applicant is a Partnership:

Partnership Name:

Partnership Address:

City:

State:

Zip:

Names of all Partners:

Type of Partnership General Limited

Person who will provide all information required:

If Applicant is a Corporation:

Complete Name:

Date of incorporation:

Names and capacities of all officers, directors, and/or members, and/or manager(s):

Name of the registered agent:

Address of registered agent for service of process:

Person who will provide all information required:

If Applicant is a limited liability company(LLC), General, Solo Practitioner or other business association:

Names and Addresses of all principals, directors, and/or manager(s):

Person who will provide all information required:

Real Property Information

Owner's Name:

Owner's Address:

City:

State:

Zip:

Owner's Phone number:

If applicable - the Lessor Name, Address and Phone number:



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List all current and previous establishments' names and addresses where applicant has operated a massage business or has been employed as a Massage Professional. Attach a separate sheet of paper if needed

Have you ever had any permit to operate a massage establishment or engage in the practice of massage as a Massage Professional or otherwise has previous been denied or revoked? If so, list the circumstances of the denial or revocation with dates. NO YES

Have you ever been convicted of a felony, a misdemeanor involving moral turpitude, or violated any law of the United States, State, County or City respecting the business or action for which you are making application? If so, list them below with dates. NO YES



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I DECLARE OF MY OWN PERSONAL KNOWLEDGE I HAVE NOT MADE ANY FALSE, MISLEADING OR FRAUDULENT STATEMENT OF FACTS IN THIS PERMIT APPLICATION OR IN ANY OTHER DOCUMENT REQUIRED BY THE CITY IN CONJUNCTION THEREWITH

I release authorization to the city, its agents, and employees to seek information and to conduct an investigation into the truth of the statements made on the application and the qualifications and record of the applicant.

I have read and understood, and I will comply with the permit requirements and operating regulations of Auburn Municipal Code Chapter 112. . As the owner of this establishment, I hereby certify that I have read and understand and agree to fully comply with all of the regulations found in Auburn Municipal Code Chapter 112, and that I can and will be held responsible for the conduct of all employees and independent contractors in violation thereof. I understand that violations are punishable by criminal, civil and administrative penalties against any responsible party or responsible person.

Signature of Applicant:

Date:

Auburn Municipal Code Section 112.001 through 112.035 (see attached).

Any person denied a permit pursuant to these provisions may appeal to the city council in writing, stating reasons why the permit should be granted. Any such appeal shall be filed with the city clerk within ten days following notification of permit denial. The city council may grant or deny the appeal.

Massage ESTABLISHMENT :

- New \$100
- Renewal \$100
- City of Auburn Business License# _____