



# NEWPORT BEACH POLICE DEPARTMENT MESSAGE OPERATOR PERMIT APPLICATION



Please complete all areas of this application indicating "N/A" (Not Applicable) where necessary. Omitting or providing false information is sufficient basis for denial of your application.

## PART 1: ESTABLISHMENT INFORMATION

Business Name			
Operator's Name (Last, First, Middle)			
Business Address			
City	State	Zip	Business Phone
Type of Business? <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership			
Name of Responsible Managing Officer of Corporation or Partnership			
Name of the Corporation if applicable (as shown in Articles of Incorporation)			
State of Corporation	Corporation Number	Date of Incorporation	
If a Corporation, include the names and addresses of each officer, director and each stockholder holding more than five (5) percent of the stock on the Corporation. If a Partnership, include the names, residence addresses and dates of birth of each of the partners, including limited partners.			
Name (Last, First, Middle)		Address	
City	State	Zip	Date of Birth (if Partnership)
Name (Last, First, Middle)		Address	
City	State	Zip	Date of Birth (if Partnership)
Name (Last, First, Middle)		Address	
City	State	Zip	Date of Birth (if Partnership)
Have any Officers, Directors, or Stockholders holding five (5) percent or more of the stock in the Corporation, or any Partners or limited Partners of the Partnership been convicted of any of the following California Penal Code Sections: 314, 315, 316, 318, 647a, 647b, 647d, 647h, or any other crime which requires registration under California Penal Code Section 290, within the last five (5) years?			
<input type="checkbox"/> Yes. If yes, please provide name, location, offense, and date of offense. <input type="checkbox"/> No			
Name (Last, First, Middle)	Location	Offense	Date
Name (Last, First, Middle)	Location	Offense	Date
Provide the name and address of the owner and lessor of the real property where the business is to be conducted.			
Name (Last, First, Middle)		Address	
City	State	Zip	
Describe Business (i.e. full day spa, massage only, chiropractor's office, etc.)			
List all types of massage to be conducted at the establishment			

**PART 2: IDENTIFYING INFORMATION**

First Name		Middle Name		Last Name	
Alias or Maiden Name(s) (List all)					
Home Phone			Cell Phone		
Home Address					
City			State	Zip	
E-Mail Address			Driver's License No.		State
Place of Birth		Date of Birth		US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	
Sex	Age	Weight	Height	Hair	Eyes
CAMTC Certified <input type="checkbox"/> Yes <input type="checkbox"/> No		Expiration Date		CAMTC Number (Attach a certificate copy)	
<b>CURRENT OR PREVIOUS BUSINESSES OWNED</b>					
Business Name					
Operator's Name					
Business Address					
City	State		Zip	Business Phone	
Business Name					
Operator's Name					
Business Address					
City	State		Zip	Business Phone	
Business Name					
Operator's Name					
Business Address					
City	State		Zip	Business Phone	

**PART 3: PRIOR HOME ADDRESSES**

List every city or community in which you have resided in the past eight years, starting with your most recent address. Attach a separate piece of paper if you need additional space.

From	Address		
To	City	State	Zip
From	Address		
To	City	State	Zip
From	Address		
To	City	State	Zip
From	Address		
To	City	State	Zip
From	Address		
To	City	State	Zip

**PART 4: EMPLOYMENT HISTORY**

Begin with your most recent job and list your work history in chronological order. Include all full- and part-time jobs and periods of unemployment. List all jobs within the past eight years. Attach a separate piece of paper if you need additional space.

Employer's Name	Job Title	Supervisor's Name		
Date From	Employer's Address			
To	City	State	Zip	Employer's Phone
Employer's Name	Job Title	Supervisor's Name		
Date From	Employer's Address			
To	City	State	Zip	Employer's Phone
Employer's Name	Job Title	Supervisor's Name		
Date From	Employer's Address			
To	City	State	Zip	Employer's Phone



I agree to only employ or use persons with a State Certificate to provide massage services and I understand that failure to comply may result in the suspension or revocation of the Operator's Permit. I further agree to provide written notification of any changes to the original application regarding ownership or management within 10 days of the change occurring.

I hereby certify under the penalty of perjury that the information given is true, correct, and complete to the best of my knowledge. I understand that providing false information or withholding information, including any criminal record, is grounds for denial, suspension, or revocation of my permit, and may subject me to criminal prosecution. I do hereby authorize the City of Newport Beach, its agents and employees to conduct a criminal history investigation and to seek verification of the information contained on this application. I further understand that I may not conduct the activity applied for until a permit has been granted, and that a copy of the City ordinances is available to me in the City Clerk's Office or online.

Signature \_\_\_\_\_

Date \_\_\_\_\_

***Please submit the following documents with your application:***

- A Copy of driver license or other government issued identification of the owner(s) of the massage establishment.**
- A Copy of the CAMTC certificate for each owner if applicable.**
- A copy of the CAMTC certificate for each person who will be providing massage services at the massage establishment.**