

Date Received:
Received By:



CITY OF LAKEWOOD

BUSINESS LICENSE DEPARTMENT

(562) 866-9771 Extension 2622

MASSAGE THERAPY PROCEDURE

Date _____

DBA _____

Owner _____

First Middle Last

Business Address _____

Telephone _____

Email _____

Thank you for considering the City of Lakewood as a possible location for your massage business.

The following is a list of conditions and procedures required by the City of Lakewood for massage therapy per Lakewood Municipal Code 6402.I4 and per State of California Business and Professions Code 4600-4620.

Initials

- _____ Completed business license application from business owner (rate = \$120.00 + \$4.00 State Fee)
- _____ Fee of \$276.40 to initiate a background investigation for the applicant. Final cost of the investigation can change upon total hours of investigation.
- _____ Completed background investigation form. (Request for Live Scan Service)
- _____ Copy of the certificate issued by the California Massage Therapy Council along with a copy of government-issued identification for all employees that will perform massage therapy.
- _____ If applicable, copy of certificate from California Massage Therapy Council along with a government-issued identification for business owner.
- _____ Provide the City with the list of legal names, residential addresses, and phone number for all employees certified to perform massages. (Employee Information List)
- _____ Signed copy of the Los Angeles County Sheriff's recommended business license conditions for massage therapists and practitioners.

MESSAGE THERAPY BUSINESS LICENSE APPLICATION



CITY OF LAKEWOOD

Business License Division, P.O. Box 220, Lakewood, CA 90714
Tel: 562-866-9771 x 2622, E-mail: BusLic@lakewoodcity.org

****APPLICANT MUST SUBMIT NEW BUSINESS LICENSE APPLICATION IN PERSON. ADDITIONAL DEPARTMENT APPROVAL IS REQUIRED****

PLEASE FILL ALL APPLICABLE ITEMS. FIELDS WITH AN ASTERISK (*) ARE REQUIRED. PLEASE PRINT CLEARLY:

Business Name/ DBA		Business Phone	Business Email Address	
Name of Owner		Phone	Email Address	
Business Address	Ste./Apt.	City	State	Zip
Mailing Address (if different from above):	Ste./Apt.	City	State	Zip
Federal I.D./Last 4-digit of Social Security#:	CAMTC Certificate No:	No. of Non-Certified Employees (including self)		No. of Certified Employees (including self)
Ownership: <input type="checkbox"/> Corporation <input type="checkbox"/> Corp-Limited Liability <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Sole Proprietor				

PROVIDE THE NAMES AND ADDRESSES OF THREE(3) REFERENCES

Name of Reference:		Relationship:	Phone #:	
Address	Ste./Apt.	City	State	Zip
Name of Reference:		Relationship:	Phone #	
Address:	Ste./Apt.	City	State	Zip
Name of Reference:		Relationship:	Phone #:	
Address:	Ste./Apt.	City	State	Zip

PROVIDE TWO(2) PREVIOUS ADDRESSES PRIOR TO THE PRESENT ADDRESS OF THE APPLICANT

Address	Ste./Apt.	City	State	Zip
Address	Ste./Apt.	City	State	Zip

Responsibility Party Certification

I (the undersigned) have answered all questions on this application, and to the best of my knowledge, all answers are true and correct. I further understand that false, misleading or any incomplete answers may result in denial or revocation of the license. I will notify the City if I leave the employment of the business being licensed or no longer function as its Responsible Party. On behalf of the business, I acknowledge and agree to the following conditions related to the conduct of the business:

- a. Our business cannot commence operations in Lakewood until a City license is issued.
- b. I agree to operate the business in accordance to all city ordinances and state laws that affect our business operation and conduct.
- c. Each employee will display their California Massage Therapy Council Certificate.
- d. Each establishment and/or self employed therapist must display a copy of a City issued business license certificate.
- e. I will notify the City of any personnel changes within five(5) calendar days.
- f. I accept on behalf of the business, the conditions contained herein and am subject to such rules and regulations as may at any time be adopted by the City Council of the City of Lakewood and specifically agree to observe and keep all of the provisions of such ordinances.

APPLICANT NAME (Please Print):	TITLE:
APPLICANT SIGNATURE:	DATE:

OFFICE USE ONLY

Business License No:	Base Rate:
Zoning:	State Mandated Fee: \$4.00
CUP No.	DRB No.:
Employee Calculations:	
Department Approval: _____ Date: _____	Penalties: _____ Prorate Discount (____. 000%): _____
Notes:	Total Amount Due: \$



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

CAO190094

ORI (Code assigned by DOJ)

License Certification Permit

Authorized Applicant Type

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

LASD MAJOR CRIMES BUREAU LICENSE

Agency Authorized to Receive Criminal Record Information

07253

Mail Code (five-digit code assigned by DOJ)

11515 S. COLIMA RD. ROOM E106A

Street Address or P.O. Box

MICHELLE HAUSER

Contact Name (mandatory for all school submissions)

WHITTIER

City

CA

State

90604

ZIP Code

(562) 946-7230

Contact Telephone Number

Applicant Information:

Last Name

First Name

Middle Initial

Suffix

Other Name

(AKA or Alias) Last

First

Suffix

Date of Birth

Sex

Male

Female

Driver's License Number

Height

Weight

Eye Color

Hair Color

Billing Number

(Agency Billing Number)

Place of Birth (State or Country)

Social Security Number

Misc. Number

(Other Identification Number)

Home Address

Street Address or P.O. Box

City

State

ZIP Code

Your Number: MH246335

OCA Number (Agency Identifying Number)

Level of Service:

DOJ

FBI

(If the Level of Service indicates FBI, the fingerprints will be used to check the criminal history record information of the FBI)

If re-submission, list original ATI number:

(Must provide proof of rejection)

Original ATI Number

Employer (Additional response for agencies specified by statute):

Employer Name

Mail Code (five digit code assigned by DOJ)

Street Address or P.O. Box

City

State

ZIP Code

Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency

LSID

ATI Number

Amount Collected/Billed

Employee Information List

Last Name	First	Last	Phone number		
Address		Ste./Apt.	City	State	Zip
California Massage Practitioner <input type="checkbox"/>	California Massage Therapist <input type="checkbox"/>		CAMTC #		

Last Name	First	Last	Phone number		
Address		Ste./Apt.	City	State	Zip
California Massage Practitioner <input type="checkbox"/>	California Massage Therapist <input type="checkbox"/>		CAMTC #		

Last Name	First	Last	Phone number		
Address		Ste./Apt.	City	State	Zip
California Massage Practitioner <input type="checkbox"/>	California Massage Therapist <input type="checkbox"/>		CAMTC #		

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Address		Ste./Apt.	City	State	Zip
California Massage Practitioner <input type="checkbox"/>	California Massage Therapist <input type="checkbox"/>		CAMTC #		

Last Name	First	Last	Phone number		
Address		Ste./Apt.	City	State	Zip
California Massage Practitioner <input type="checkbox"/>	California Massage Therapist <input type="checkbox"/>		CAMTC #		

Last Name	First	Last	Phone number		
Address		Ste./Apt.	City	State	Zip
California Massage Practitioner <input type="checkbox"/>	California Massage Therapist <input type="checkbox"/>		CAMTC #		

**LOS ANGELES COUNTY SHERIFF'S DEPARTMENT
RECOMMENDED BUSINESS LICENSE CONDITIONS
CITY OF LAKEWOOD**

1. All massage therapists and/or massage practitioners shall hold a current, valid certification from the California Massage Therapy Council (CAMTC) and display the CAMTC certificates in an open and conspicuous public place on the premises.
2. Failure to provide proof of certification for all massage therapists/practitioners may result in the revocation of the business license. A Conditional Use Permit, Zone Change and/or other types of applications and/or requirements may be necessary to conduct massage.
3. An owner and/or manager holding a CAMTC certification shall be present at all times when the business is open. The owner and/or manager shall be familiar with all codes and adopted conditions regulating this massage establishment. The owner and/or manager must be capable to effectively communicate with any city and/or county regulatory officials, employees, and patrons of the establishment.
4. The operator and/or manager of a massage business or establishment shall be responsible for the conduct of all employees working on the premises of the business. Failure to comply may result in revocation of the business license.
5. The massage establishment is subject to inspection by city and/or county regulatory officials during regular business hours to verify compliance with applicable state or local laws.
6. The owner of the massage establishment shall notify immediately the City of Lakewood of any and all changes of ownership or management of the massage business, including but not limited to changes of managers, stockholders holding more than 5 percent of the stock of the corporation, officers, directors, and partners; any and all changes of name, style or designation under which the business is to be conducted; any and all changes of business address or telephone numbers where the business is to be conducted; and any and all changes or transfers of massage therapists and/or massage practitioners employed in the business where by new or renewed employment, discharge or termination, or otherwise.
7. Any violations of any applicable state or local laws and/or these conditions shall be grounds for suspension and/or revocation of this license.

I/WE HAVE READ, UNDERSTAND, AND ACCEPT THESE CONDITIONS:

Applicant- Print Name

Signature

Date

Owner- Print Name

Signature

Date