

City of Cathedral City

**APPLICATION FOR PERSONAL
MESSAGE THERAPIST PERMIT**

DATE (PERMIT EXPIRES ONE YEAR FROM DATE OF ISSUE)

IT IS UNLAWFUL AND AN INFRACTION OFFENSE TO WILLFULLY MAKE OR TO FILE WITH THE CITY ANY APPLICATION OR INFORMATION WHICH IS FALSE, UNTRUE OR MISLEADING. CATHEDRAL CITY MUNICIPAL CODE SECTION 11.84.010.

I. APPLICANT INFORMATION

LEGAL NAME DRIVER'S LICENSE/IDENTIFICATION NUMBER DATE OF BIRTH

SOCIAL SECURITY OR TAX IDENTIFICATION NUMBER WEIGHT ^{LBS.} HEIGHT FEMALE/MALE
EYE COLOR: HAIR COLOR:

LIST ALL ALIASES

YOUR HOME ADDRESS PHONE NUMBER

NAME OF MESSAGE THERAPY ESTABLISHMENT WHERE YOU ARE OR WILL BE EMPLOYED

ADDRESS OF MESSAGE THERAPY ESTABLISHMENT WHERE YOU WILL BE EMPLOYED PHONE NUMBER

PERMANENT ADDRESS IF DIFFERENT FROM ABOVE PHONE NUMBER

LIST ALL PREVIOUS HOME ADDRESSES FOR THE TEN YEARS PRIOR TO THE DATE OF THIS APPLICATION AND THE DATES OF RESIDENCY AT EACH SUCH ADDRESS:

1. ADDRESS DATES OF RESIDENCY

2. ADDRESS DATES OF RESIDENCY

3. ADDRESS DATES OF RESIDENCY

IF YOU NEED ADDITIONAL SPACE, CHECK HERE AND CONTINUE ON BACK OF PAGE

LIST THE NAMES, ADDRESSES AND DESCRIPTIONS OF ALL CURRENT AND FORMER BUSINESSES YOU OWNED, OPERATED OR MANAGED FOR THE TEN YEARS PRIOR TO THE DATE OF THIS APPLICATION, AND THE DATES YOU OWNED, OPERATED OR MANAGED EACH SUCH BUSINESS:

1. BUSINESS NAME ADDRESS DATES
DESCRIPTION

2. BUSINESS NAME ADDRESS DATES
DESCRIPTION

3. BUSINESS NAME ADDRESS DATES
DESCRIPTION

IF YOU NEED ADDITIONAL SPACE, CHECK HERE AND CONTINUE ON BACK OF PAGE

LIST THE NAMES AND ADDRESSES OF ALL PREVIOUS EMPLOYERS FOR THE TEN YEARS PRIOR TO THE DATE OF THIS APPLICATION, THE DUTIES PERFORMED, AND THE DATES OF EMPLOYMENT:

1. EMPLOYER NAME ADDRESS EMPLOYMENT DATES
DUTIES PERFORMED

2. EMPLOYER NAME ADDRESS EMPLOYMENT DATES
DUTIES PERFORMED

3. EMPLOYER NAME ADDRESS EMPLOYMENT DATES
DUTIES PERFORMED

IF YOU NEED ADDITIONAL SPACE, CHECK HERE AND CONTINUE ON BACK OF PAGE

LIST EACH FELONY AND/OR MISDEMEANOR OFFENSE FOR WHICH YOU HAVE BEEN CONVICTED, EXCLUDING TRAFFIC VIOLATIONS, AND THE STATE WHERE YOU WERE CONVICTED IF OTHER THAN CALIFORNIA

1. OFFENSE (PLEASE INDICATE WHETHER FELONY OR MISDEMEANOR) STATE WHERE CONVICTED
2. OFFENSE (PLEASE INDICATE WHETHER FELONY OR MISDEMEANOR) STATE WHERE CONVICTED
3. OFFENSE (PLEASE INDICATE WHETHER FELONY OR MISDEMEANOR) STATE WHERE CONVICTED

IF YOU NEED ADDITIONAL SPACE, CHECK HERE AND CONTINUE ON BACK OF PAGE

II. CONSENT TO BACKGROUND CHECK

I, THE UNDERSIGNED, HEREBY VOLUNTARILY GIVE MY CONSENT TO THE CITY MANAGER OF THE CITY OF CATHEDRAL CITY OR HIS OR HER DESIGNEE TO CONDUCT THE NECESSARY BACKGROUND INVESTIGATION WHICH I UNDERSTAND WILL BE USED SOLELY TO DETERMINE THE TRUTHFULNESS AND CORRECTNESS OF THE INFORMATION I PROVIDED IN THE ATTACHED PERMIT APPLICATION AND WHETHER I AM QUALIFIED TO BE ISSUED A PERSONAL MASSAGE THERAPIST PERMIT PURSUANT TO CHAPTER 5.33 OF THE CATHEDRAL CITY MUNICIPAL CODE.

APPLICANT SIGNATURE

DATE

III. DECLARATION

I, THE UNDERSIGNED, DECLARE:

1. I HAVE NOT BEEN CONVICTED OF ANY OF THE FOLLOWING: (A) PANDERING AS SET FORTH IN CALIFORNIA PENAL CODE SECTION 266, SUBDIVISION (i); (B) KEEPING OR RESIDING IN A HOUSE OF ILL-FAME AS SET FORTH IN CALIFORNIA PENAL CODE SECTION 315; (C) KEEPING A DISORDERLY HOUSE AS SET FORTH IN CALIFORNIA PENAL CODE SECTION 316; (D) PREVAILING UPON A PERSON TO VISIT A PLACE OF ILLEGAL GAMBLING OR PROSTITUTION AS SET FORTH IN CALIFORNIA PENAL CODE SECTION 318; (E) LEWD CONDUCT AS SET FORTH IN CALIFORNIA PENAL CODE SECTION 647, SUBDIVISION (a); OR (F) PROSTITUTION ACTIVITIES AS SET FORTH IN CALIFORNIA PENAL CODE SECTION 647, SUBDIVISION (b);
2. I HAVE NOT BEEN CONVICTED IN ANY OTHER STATE OF ANY OFFENSE WHICH, IF COMMITTED OR ATTEMPTED IN THIS STATE, WOULD HAVE BEEN PUNISHABLE AS ONE OR MORE OFFENSES SET FORTH IN CALIFORNIA PENAL CODE SECTIONS 266, SUBDIVISION (l), 315, 316, 318, OR 647, SUBDIVISIONS (a) OR (b);
3. I AM NOT REQUIRED TO REGISTER AS A SEX OFFENDER AS SET FORTH IN CALIFORNIA PENAL CODE SECTION 290;
4. I HAVE NOT BEEN CONVICTED OF ANY FELONY OFFENSE INVOLVING THE SALE OF ANY CONTROLLED SUBSTANCE SPECIFIED IN CALIFORNIA HEALTH AND SAFETY CODE SECTIONS 11054, 11055, 11056, 11057, OR 11058;
5. I HAVE NOT BEEN CONVICTED IN ANY OTHER STATE OF ANY OFFENSE WHICH, IF COMMITTED OR ATTEMPTED IN THIS STATE, WOULD HAVE BEEN PUNISHABLE AS A FELONY OFFENSE INVOLVING THE SALE OF ANY CONTROLLED SUBSTANCE SPECIFIED IN CALIFORNIA HEALTH AND SAFETY CODE SECTIONS 11054, 11055, 11056, 11057, OR 11058;
6. I HAVE NOT BEEN CONVICTED OF ANY MISDEMEANOR OR FELONY OFFENSE WHICH RELATES DIRECTLY TO THE PRACTICE OF MASSAGE THERAPY, WHETHER AS A MASSAGE THERAPY ESTABLISHMENT OWNER OR OPERATOR, OR AS A MASSAGE THERAPIST;
7. I HAVE NOT BEEN CONVICTED OF ANY FELONY, THE COMMISSION OF WHICH OCCURRED ON THE PREMISES OF A MASSAGE THERAPY ESTABLISHMENT.
8. I HAVE NOT HAD A PREVIOUS PERMIT, LICENSE OR OTHER AUTHORITY FOR MASSAGE SERVICES DENIED, SUSPENDED OR REVOKED BY ANY ENTITY.

IF YOU HAVE HAD A PREVIOUS PERMIT, LICENSE OR OTHER AUTHORITY FOR MASSAGE SERVICES DENIED, SUSPENDED OR REVOKED, PROVIDE THE NAME AND LOCATION OF THE ESTABLISHMENT OR BUSINESS FOR WHICH THE PERMIT, LICENSE OR OTHER AUTHORITY WAS REVOKED, AND THE DATE AND REASON FOR SUCH ACTION:

NAME OF BUSINESS

LOCATION (CITY AND STATE)

DATE

REASON

9. I HAVE NOT BEEN A SOLE PROPRIETOR, GENERAL PARTNER, OFFICER, OR DIRECTOR OF ANY MASSAGE THERAPY BUSINESS THAT HAS HAD A PREVIOUS PERMIT, LICENSE OR OTHER AUTHORITY FOR MASSAGE SERVICES DENIED, SUSPENDED OR REVOKED BY ANY ENTITY.

IF YOU HAVE BEEN A SOLE PROPRIETOR, GENERAL PARTNER, OFFICER, OR DIRECTOR OF ANY MESSAGE THERAPY BUSINESS THAT HAS HAD A PREVIOUS PERMIT, LICENSE OR OTHER AUTHORITY FOR MESSAGE SERVICES DENIED, SUSPENDED OR REVOKED, PROVIDE THE NAME, LOCATION OF THE ESTABLISHMENT OR BUSINESS FOR WHICH THE PERMIT, LICENSE OR OTHER AUTHORITY WAS REVOKED, THE DATE AND THE REASON FOR SUCH ACTION:

NAME OF BUSINESS	LOCATION (CITY AND STATE)

_____	_____
DATE	REASON

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FOREGOING IS TRUE AND CORRECT.

_____	_____
APPLICANT SIGNATURE	DATE

IV. ADDITIONAL DOCUMENTATION TO BE PROVIDED BY APPLICANT

CHAPTER 5.33 OF THE CATHEDRAL CITY MUNICIPAL CODE REQUIRES THAT AN APPLICANT FOR A PERSONAL MESSAGE THERAPIST PERMIT SUBMIT THE FOLLOWING DOCUMENTATION WITH THE FOREGOING APPLICATION:

1. PROOF, IN THE FORM SPECIFIED HEREIN, THAT APPLICANT IS EITHER A GRADUATE OF A RECOGNIZED SCHOOL OF MESSAGE OR IS CERTIFIED BY THE NATIONAL CERTIFICATION BOARD FOR THERAPEUTIC MASSAGE AND BODYWORK;

PROOF OF CERTIFICATION BY THE NATIONAL CERTIFICATION BOARD FOR THERAPEUTIC MASSAGE AND BODYWORK SHALL BE IN THE FORM OF A CERTIFIED COPY OF THE THERAPEUTIC MASSAGE AND BODYWORK CREDENTIAL ISSUED BY SAID BOARD)

PROOF OF GRADUATION FROM A RECOGNIZED SCHOOL OF MESSAGE SHALL REQUIRE BOTH OF THE FOLLOWING:

A CERTIFIED COPY OF APPLICANT’S DIPLOMA OR CERTIFICATE OF GRADUATION, OR EQUIVALENT DOCUMENTATION, ESTABLISHING THAT APPLICANT HAS SUCCESSFULLY COMPLETED THE COURSE OF STUDY FOR COMPETENCY AS A MESSAGE THERAPIST OFFERED BY A RECOGNIZED SCHOOL OF MESSAGE THERAPY AS DEFINED BY CHAPTER 5.33 OF THE CATHEDRAL CITY MUNICIPAL CODE OR CERTIFIED BY THE NATIONAL CERTIFICATION BOARD FOR THERAPEUTIC MASSAGE AND BODYWORK; AND

A CERTIFIED TRANSCRIPT FROM A RECOGNIZED SCHOOL OF MESSAGE (AS DEFINED BY CHAPTER 5.33 OF THE CATHEDRAL CITY MUNICIPAL CODE) VERIFYING THAT THE APPLICANT HAS COMPLETED A COURSE OF STUDY REQUIRING AT LEAST THREE HUNDRED (300) HOURS OF MESSAGE THERAPY TRAINING.

2. CERTIFIED STATEMENT FROM A PHYSICIAN LICENSED TO PRACTICE MEDICINE IN THE UNITED STATES THAT PROVIDES THAT THE APPLICANT HAS, WITHIN SIXTY DAYS PRIOR TO THE FILING DATE OF THE APPLICATION, BEEN EXAMINED BY SAID PHYSICIAN AND IT HAS BEEN DETERMINED THAT THE APPLICANT IS FREE OF ANY COMMUNICABLE DISEASES AS DEFINED BY CHAPTER 5.33 OF THE CATHEDRAL CITY MUNICIPAL CODE;

3. CERTIFIED LETTER OF INTENT TO EMPLOY FROM THE OPERATOR OF A MASSAGE THERAPY ESTABLISHMENT LAWFULLY OPERATING WITHIN THE CITY. EACH SUCH LETTER SHALL VERIFY THAT THE OPERATOR OF THE MASSAGE THERAPY ESTABLISHMENT HAS REVIEWED THE APPLICANT'S QUALIFICATIONS AND THAT THE APPLICANT HAS MET THE REQUIREMENTS NECESSARY TO PERFORM MASSAGE THERAPY AT THAT FACILITY (**APPLICABLE ONLY WHERE APPLICANT IS NOT WORKING FREELANCE OR AS AN INDEPENDENT CONTRACTOR**);
4. WRITTEN EVIDENCE THAT THE APPLICANT IS AT LEAST EIGHTEEN (18) YEARS OF AGE;
5. TWO (2) FRONT-FACE PORTRAIT PHOTOGRAPHS TAKEN WITHIN THIRTY (30) DAYS OF THE DATE OF THIS APPLICATION AND AT LEAST TWO INCHES (2") IN SIZE;
6. APPLICANT'S FINGERPRINTS TAKEN WITHIN THE PREVIOUS SIXTY (60) DAYS BY AN AGENCY APPROVED BY THE CITY MANAGER OF THE CITY OF CATHEDRAL CITY, OR HIS OR HER DESIGNEE; AND
7. A NONREFUNDABLE DEPOSIT OF TWO HUNDRED AND TWENTY DOLLARS (\$220.00).

CITY USE ONLY		
DATE: _____	FEE AMOUNT: _____	RECEIPT #: _____
RECEIVED BY: _____		
CHECK ONE:		
APPROVED <input type="checkbox"/>	DENIED <input type="checkbox"/>	DATE: _____
REASONS FOR DENIAL: _____		

APPROVED BY: _____		DATE: _____

Personal Massage Therapy Permit

A. Applicant Requirements

- Completed Application
- Certified letter of intent to employ from the operator of a massage therapy establishment lawfully operating within the City (***not applicable if applicant is working as freelance massage therapist***)
- Two (2) front-face portrait photographs taken within thirty (30) days of the date of application, at least two inches (2") in size
- Fingerprints taken within the previous sixty (60) days or print out from Lifescan or other law enforcement agency report acceptable to the Chief of Police
- Copy of applicant's driver's license number or identification card verifying that applicant is at least 18 years of age
- Certified physician's statement that the applicant has, within sixty (60) days prior to the filing date of the application, been examined and is free of any communicable disease
- Either: (i) a certified copy of therapeutic massage and bodywork credential issued by National Board¹ or (ii) a certified copy of diploma or certificate of graduation by a Recognized School of Massage² accompanied by a certified transcript from a Recognized School demonstrating that applicant has completed **300 hrs.** of massage therapy training

B. Fees

The applicant must pay a nonrefundable application deposit of \$220.00 at the time the application is filed.

C. Grounds for Denial

- Applicant is not 18 years of age or older
- Application contains false information

¹ The "National Board" means the National Certification Board for Therapeutic Massage and Bodywork.

² A "Recognized School of Massage" is a school or educational institution which has been licensed or approved by the state in which it is located, whose purpose it is to upgrade the professionalism of massage therapists and which teaches the theory, ethics, practice, profession or work of massage and which requires the successful completion of a resident course of study before the student shall be furnished with a diploma or a certificate of graduation. Schools offering a correspondence course not requiring actual attendance shall not be recognized.

- Applicant did not submit requisite documentation
- Applicant has been convicted of disqualifying conduct
- Applicant is required to register as a sex offender
- Applicant has had a massage therapist permit, or a permit to operate a massage establishment, denied, revoked or suspended by any entity within the five years prior to the date of the application; or
- The application is otherwise incomplete.

MEDICAL SCREENING FOR MASSAGE PERMIT

Attention Physician:

Cathedral City Municipal Code requires the applicant to be certified by a medical doctor to be “free of any contagious or communicable disease.” This should be interpreted as any type of illness/disease that could be transmitted while providing a massage, via touch or airborne pathogen.

Applicant's Name: _____

I certify that I have examined the above named applicant and found them to be free of any contagious or communicable disease as described above.

Physician's Signature: _____

Physician's Name: _____
(PLEASE PRINT)

Medical License Number: _____

Date of the Exam: _____

Office Address and Telephone Number: _____

LIVE SCAN INSTRUCTIONS

In order to complete your application, you are required to be fingerprinted. Even if you have been fingerprinted before, this is the process for required background investigations. The Live Scan process is painless and involves no ink. Your fingerprints are scanned into a computer and then sent directly to the Department of Justice (DOJ) via a secured network. This process speeds up permit approval time.

Live Scans may be obtained at the following locations:

Riverside Sheriff Department
73705 Gerald Ford
Palm Desert
(760) 836-1600

UPS Store
67782 East Palm Canyon (Hwy 111)
Cathedral City in the Target Shopping Center
(760) 321-0703

What is required: You will need a live scan form with a valid ORI and Mail Code Number (which is included in your application packet).

Fee: Please contact the locations directly for Live Scan fee.

Revised May 2014

