



MESSAGE TECHNICIAN PERMIT APPLICATION

HOLISTIC HEALTH PRACTITIONER APPLICATION

APPLICATIONS MUST BE SUBMITTED IN PERSON. CALL (858) 720-2403 FOR APPOINTMENT. ALL INFORMATION REQUESTED ON THIS FORM IS REQUIRED. COMPLETED APPLICATIONS REQUIRE THIRTY (30) DAYS TO PROCESS. (FEES ARE NON REFUNDABLE)

Check items that apply:

- MESSAGE TECHNICIAN [] ESTABLISHMENT THERAPIST []
HOLISTIC HEALTH PRACTITIONER [] OFF PREMISE THERAPIST ONLY []
ESTABLISHMENT & OFF PREMISE []
CALIFORNIA MESSAGE THERAPY COUNCIL (M.T.C) CERTIFICATE HOLDER (SINGLE EMPLOYEE/SOLE PROPRIETOR AND NON-HHP) []

*Certain information provided in this application may be disclosed pursuant to valid requests for public information.

YOU ARE REQUIRED TO SUBMIT OF THE FOLLOWING ITEMS WITH THIS APPLICATION:

- 1. Current photo identification. written proof satisfactory to the Sheriff that applicant is over the age of 18 (i.e. COPY of your California Drivers License, I.D. card or other approved identification).
2. ORIGINAL and ONE COPY of your certificate from a State of California recognized school of massage. Note: If your certificate is from a state other than California you must provide a letter from the state Department of Education stating that the school you attended is in fact accredited by that state (new HHP and Message Technician/non-CA MTC Certificate holder applicants, only).
- FOR CA M.T.C. CERTIFICATE HOLDERS - Bring original/valid California Massage Therapy photo identification card.
- For HHP: your certificate/diploma must verify 1000 hours of training. N/A for CA MTC Certificate Holders practicing massage/non-HHP.
3. COPY of Transcripts showing a minimum of 500 hours of training (new, non-CA MTC Certificate holder applicants only). If training is from other than an accredited school you will be required to take a written examination administered by the County Department of Health.
- For HHP: your transcripts must verify 1000 hours. N/A for CA MTC Certificate Holders practicing massage/non-HHP.
4. COPY of Proof of successful completion of a national certification exam administered by NCBTMB or NCCAOM (for Massage Technicians only, N/A for CA MTC Certificate Holders practicing massage/non-HHP).
- For HHP: COPY OF Proof of membership in a state or nationally chartered (JMA, BMP) holistic organization.
5. Correct fee in the form of cash, check, or money order. NO FEE for CA MTC Certificate Holders practicing massage/non-HHP
6. COPY of Fictitious name certificate if applicant is using a dba. - FOR ESTABLISHMENT ONLY.
7. COPY of Business Registration Certificate from the City of Solana Beach, or completed application and fee (if self employed) for off-premises licensing.

PERSONAL INFORMATION (Print or type only)

Name: Last First Middle

All other names used:

Date of Birth: Place of Birth:

Drivers License No. State Social Security No.

Current Residence Address

Current Mailing Address (if different) _____

Home Phone () _____ work phone () _____ cell () _____

Sex M [] F [] Height _____ Weight _____ Hair _____ Eyes _____

EDUCATION

NAME OF STATE-ACCREDITED MASSAGE SCHOOL _____

Address: _____

Telephone () _____ Graduation Date: _____

MEMBERSHIP—FOR HHP ONLY:

Name of Chartered Holistic Organization _____

Address: _____

Telephone: _____ Enrollment Date: _____

RESIDENCE ADDRESS FOR PAST 3 YEARS:

OCCUPATION(S) FOR THE PAST 3 YEARS:

<u>Business Name/Address/City</u>	<u>Position Held</u>	<u>Date Employed</u>

HAVE YOU EVER BEEN ISSUED A MASSAGE LICENSE/PERMIT? YES NO if yes, explain the type of

Message License/Permit, where issued and by whom:

<u>TYPE</u>	<u>BUSINESS</u>	<u>ADDRESS</u>	<u>ISSUING AGENCY</u>

HAVE YOU EVER HAD A MASSAGE BUSINESS LICENSE OR PERMIT SUSPENDED OR REVOKED, OR HAD AN APPLICATION FOR SAME DENIED? YES NO If yes, explain in detail below.

HAVE YOU EVER BEEN ISSUED A LICENSE TO OPERATE A BUSINESS? YES NO HAVE YOU EVER HAD A BUSINESS LICENSE SUSPENDED OR REVOKED, OR HAD AN APPLICATION FOR SAME DENIED: YES NO If yes, explain in detail below.

ESTABLISHMENT WHERE YOU WILL BE WORKING: _____
 BUSINESS ADDRESS: _____ BUSINESS PHONE: - _____

LIST ALL CHARGES RESULTING IN A CONVICTION OR PLEA OF NOLO CONTENDERE, INCLUDING CONVICTIONS DISMISSED PURSUANT TO PENAL CODE SECTION 1203.4, AND ANY PENDING CRIMINAL CHARGES (except minor traffic violations). IF NONE, PLEASE INDICATE "NONE".

DATE	AGENCY	CHARGE	DISPOSITION	DATE RELEASED OR PLACED ON PROBATION

I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT ANY FALSE STATEMENTS OR INFORMATION ARE GROUNDS FOR DENIAL OF THIS APPLICATION. I AGREE TO HAVE ALL THE REQUIRED NOTICES, UNLESS OTHERWISE SPECIFIED, SENT BY U.S. MAIL TO THE ADDRESS GIVEN ON THIS APPLICATION. I AM AWARE THAT ALL FEES ASSOCIATED WITH THIS APPLICATION ARE NONREFUNDABLE. THE RIGHT OF REASONABLE INSPECTION SHALL BE A CONDITION FOR ISSUANCE OF THIS PERMIT/LICENSE. I HAVE READ AND UNDERSTAND THE SECTIONS OF THE SOLANA BEACH CODE OF REGULATORY ORDINANCES PERTAINING TO MASSAGE TECHNICIANS AND/OR OFF PREMISE MASSAGE BUSINESSES.

SIGNATURE OF APPLICANT _____ DATE

CHANGES OF ANY KIND MUST BE REPORTED TO THE LICENSING AGENCY IN WRITING WITHIN TEN (10) DAYS

Application Accepted By: _____ Date: _____

COMPLETE THE SECTION BELOW ONLY IF YOU SELECTED " CALIFORNIA MASSAGE THERAPY COUNCIL (CA M.T.C) CERTIFICATE HOLDER SINGLE EMPLOYEE/SOLE PROPRIETOR AND NON-HHP)" ON PAGE 1 OF THIS APPLICATION.

For individuals providing massage services as a sole-proprietor/single employee business who also hold and/or have recently applied for a Business Certificate (on or off premises):

No Massage Technician permit required (SBMC Ch. 4.04) however, you must comply with the requirements listed below:

4.28.090 Off-premises massage business permit. D. Off-premises massage operations shall be carried on only between the hours of 7:00 a.m. and 12:00 midnight. This subsection applies to certificate holders and businesses where all who perform massage are certificate holders in addition to all other businesses and persons covered by this section SBMC . 4.28.090D.

4.28.130 Certificate holder or massage technician – Operating requirements.

A. No certificate holder or massage technician or trainee, while performing any task or service associated with the massage business, shall be present in any room with another person unless the person's specified anatomical areas are fully covered.

B. No massage technician or certificate holder shall be on the premises of a massage establishment during its hours of operation while performing or available to perform any task or service associated with the operation of a massage business, unless the massage technician or certificate holder is fully covered from a point not to exceed four inches above the center of the kneecap to the base of the neck excluding the arms, with the following exception: shorts may be worn so long as they extend down the leg a minimum of three inches from the crotch and the body above that point is fully covered to the base of the neck, excluding the arms. The covering, which includes trousers, pants or shorts, will be of an opaque material and will be maintained in a clean and sanitary condition.

C. No massage technician or certificate holder, while performing any task or service associated with the business of massage, shall massage or intentionally touch the specified anatomical areas of another person.

D. Each massage technician must wear a name tag on their outermost garment when working in a massage establishment or providing off-premises massage therapy. The name tag must contain the technician's name as it appears on the regulatory permit. This requirement does not apply to certificate holders. (Ord. 409 § 2, 2009; Ord. 270 § 1, 2001; Ord. 71 § 1, 1988; 1987 Code § 4.64.130)

4.28.310 Additional requirements applicable to certificate holders.

A. No certificate holder may practice massage in the city of Solana Beach without first ensuring that the certificate holder's name, business name, address of employment, and phone number of employment are on file with the sheriff and with the city of Solana Beach.

B. No certificate holder may change any information listed in subsection A of this section without first notifying the sheriff and the city of Solana Beach of any such change. **YOU SHALL CONTACT THE CODE COMPLIANCE DIVISION SHOULD YOU CLOSE YOUR BUSINESS, EXPAND YOUR BUSINESS, CHANGE LOCATIONS OR MAKE ANY CHANGES TO YOUR BUSINESS.**

C. Nothing in this title exempts any certificate holder from any requirement that he or she obtain a business license or pay business tax or comply with any other rule applicable to the practice of business in the city of Solana Beach. (Ord. 409 § 2, 2009). **A VALID/ISSUED ON-PREMISES AND/OR OFF-PREMISES BUSINESS CERTIFICATE FROM THE CITY OF SOLANA BEACH IS REQUIRED TO OPERATE. BUSINESS CERTIFICATES MUST BE RENEWED AND VALID AT ALL TIMES.**

BY SIGNING BELOW, I HEREBY UNDERSTAND AND AGREE TO ABIDE BY THE TERMS LISTED ABOVE AND ALL APPLICABLE LAWS. I ALSO AGREE TO ALLOW PERIODIC COMPLIANCE INSPECTIONS OF MY BUSINESS BY THE CITY'S CODE COMPLIANCE DIVISION OR LAW ENFORCEMENT, AS A BUSINESS LICENSED TO OPERATE IN THE CITY. I AM AWARE THAT I WILL BE SUBJECT TO IMMEDIATE ENFORCEMENT ACTION OR FINES, SHOULD I FAIL TO COMPLY.

SIGNATURE OF APPLICANT _____ DATE:

PRINT NAME