



Santa Cruz Police Department  
 155 Center Street  
 Santa Cruz, CA 95060  
 Attn: CSO T. Cattera  
 Email: tcattera@santacruzca.gov  
 Phone: (831) 420-5829



## Massage Business Owner Registration Form

**NEW REGISTRATION\***

**RENEWAL**

**UPDATE**

(\*new owners must contact XXX for either background check results and/or CAMTC verification)

Legal Massage Business Name		Date
Business Address/City/State/Zip		Contact Person
Primary Contact Number	Alternate Contact Number	Email Address

Submit a valid/current driver's license or picture ID bearing a bona fid seal issued by a state, federal government agency or foreign government for each owner. Each owner must complete his/her own, individual application. Include general/limited partners, 5% ownership, etc.

Owner's Legal Name (1)	CAMTC Number
Business Address/City/State/Zip	
Primary Business Number	Residence Contact Number
Residence Address/City/State/Zip	
Santa Cruz Police – Signature / Date	BACKGROUND CHECK      CAMTC Verified

All persons practicing massage therapy at this establishment must possess current CAMTC certification 5.44.030 (a). LIST ALL PRACTITIONERS AND THEIR CAMTC CERTIFICATION NUMBERS below. Include ACTIVE Employees Only. Provide copy of CAMTC ID Card.

Name	CMTC NUMBER	EXPIRATION DATE	SCPD CERTIFICATE

I, (Print Name) \_\_\_\_\_ have submitted true/correct information and am responsible for the conduct of employees/contractors providing massage services in my establishment. Failure to comply with provisions of the City of Santa Cruz Massage Establishment Ordinance Chapter 5.78 may result in revocation of this City's Registration Certificate. SUBMIT COPY OF CMTC WITH PHOTO FOR EACH INDIVIDUAL.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_