

**COACHELLA VALLEY MODEL MASSAGE ORDINANCE**

**APPLICATION FOR  
MASSAGE THERAPIST PERMIT**

**CITY USE ONLY:**

Date application received: \_\_\_\_\_ Deposit Amount: \_\_\_\_\_ Received By: \_\_\_\_\_

Approved: \_\_\_\_\_

Denied: \_\_\_\_\_

Reason for Denial: \_\_\_\_\_

Renewal date: \_\_\_\_\_

By: \_\_\_\_\_

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

**APPLICANT INFORMATION:**

Legal Name:

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

List any other alias or other names, including nicknames you have used or been known by (maiden name, previous name, etc..) \_\_\_\_\_

Business Name, if other than legal name: \_\_\_\_\_

Current Home Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Current Business Address (if different than home address): \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Business Telephone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Scars, tattoos, or other distinguishing marks: \_\_\_\_\_

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

Hair Color: \_\_\_\_\_

Eye Color: \_\_\_\_\_

Sex: \_\_\_\_\_

**PRIOR RESIDENCES:**

Please list all of your residences during the past 10 years. Begin with your most current residence:  
(if this is a renewal and your address has not changed, please list "SAME")

Address of Residence	City, State, & Zip Code	Dates: (Mo/Yr)
		From                      To

If you need additional space, please continue on the back of this page.

**OTHER PERMITS:**

1. Have you ever had a permit, license or other authority for Massage services denied, suspended or revoked by any entity?      Yes: \_\_\_\_\_      No: \_\_\_\_\_      (if yes, please explain below)

DATE	LOCATION	REASON

If you need additional space, please continue on the back of this page.

2. Have you ever been a sole proprietor, general partner, officer, director, member or employee of any massage therapy business that has had a permit, license or authority to operate a massage business denied, suspended or revoked by any entity?      Yes: \_\_\_\_\_      No: \_\_\_\_\_      (if yes, please explain below)

DATE	LOCATION	REASON

If you need additional space, please continue on the back of this page.

**EXPERIENCE AND EMPLOYMENT:**

Beginning with your most current employment, please list all jobs (including part-time, temporary and voluntary positions) you have held for the past 10 years. If you have had intervening periods of military service or unemployment, please list those periods in sequence in the space provided below. Also, include all current and former businesses that you have owned, operated or managed. (if this is a renewal and there have been no changes, please list "SAME")

1. Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Employment Dates-From: \_\_\_\_\_ To: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Full Time: \_\_\_ Part Time: \_\_\_ or Voluntary: \_\_\_\_\_

Position/Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

2. Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Employment Dates-From: \_\_\_\_\_ To: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Full Time: \_\_\_ Part Time: \_\_\_ or Voluntary: \_\_\_\_\_

Position/Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

3. Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Employment Dates-From: \_\_\_\_\_ To: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Full Time: \_\_\_ Part Time: \_\_\_ or Voluntary: \_\_\_\_\_

Position/Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

4. Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Employment Dates-From: \_\_\_\_\_ To: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Full Time: \_\_\_ Part Time: \_\_\_ or Voluntary: \_\_\_\_\_

Position/Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

If you need additional space, please continue on the back of this page.

**CRIMINAL HISTORY:**

With the exception of minor traffic violations, have you ever been detained, held, arrested, indicted or summoned into court as a defendant in a criminal proceeding; or been convicted, fined, imprisoned, or been placed on probation; ordered to deposit bail or collateral for the violation of any law, police regulation or ordinance? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, please list the date, nature of the offense or violation, name, location, court or place of hearing, the penalty imposed or disposition of each case:

DATE	NATURE OF OFFENSE OR VIOLATION	JURISDICTION	DISPOSITION

If you need additional space, please continue on the back of this page.

**ATTACHMENTS:**

Please use the following checklist to show all items attached to this application:

- \_\_\_\_\_ A certified letter of intent to employ from the operator of a massage therapy establishment lawfully operating within the city. Each letter shall verify that the operator of the massage Therapy establishment has reviewed the applicant's qualifications and that applicant has met The requirements necessary to perform massage therapy at that establishment.
- \_\_\_\_\_ Written evidence that the applicant is at lease 18 years old. (driver's license, etc.)
- \_\_\_\_\_ A certified statement from a physician licensed to practice medicine in the U.S. that provides that Within 60 days prior to the date of this application, the physician has examined the applicant and Has determined that the applicant is free of communicable disease. For purposes of the Physician's statement, "communicable disease" means tuberculosis, or any disease which may Be transmitted from a massage therapist to a patron through normal physical contact during The performance of massage therapy services.
- \_\_\_\_\_ Two front-face portrait photographs taken within 30 days of the date of this application.
- \_\_\_\_\_ Applicant's fingerprints taken within the previous 60 days by an agency approved by the City of La Quinta (Palm Desert Sheriff Station ,Indio Sheriff Station)

\_\_\_\_\_ A certified copy of the therapeutic massage and bodywork credential issued by the National Certification Board for Therapeutic Massage or a certified copy of applicant's diploma, Certificate of graduation, or transcripts establishing that the applicant has successfully Completed a course of study for competency as a massage therapist, consisting of at least 300 hours of training, offered by a recognized school of massage, as defined in the Coachella Valley Model Massage Ordinance. (500 hours is required for off-premises massage). (transcripts are not required for renewals unless you are adding hours to your file)

\_\_\_\_\_ A nonrefundable application deposit fee of \$150.00 (\$100.00 if this is a renewal)

**APPLICANT'S DECLARATION:**

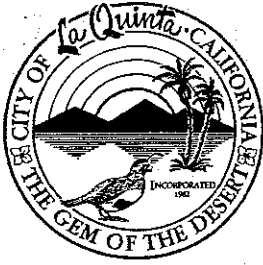
I, the undersigned applicant, declare:

1. I have read and I am familiar with and understand the provisions of the Coachella Valley Model Massage Ordinance and, if this application is approved, I agree to abide by all such provisions and any revisions that might be passed according to law.
2. I certify that all entries made by me or under my direction in this application are true, complete and correct to the best of my knowledge.
3. I voluntarily consent and authorize the City, its agents, and employees to seek information and to conduct an investigation into the truth of the statements set forth in this application and my qualifications for the permit.
4. I certify that I am not required to register as a sex offender pursuant to the California Penal Code Section 290, or any other law.
5. I certify that, within the last 5 years, I have not been convicted of any of the following conduct:
  - (a) Pandering as set forth in California Penal code Section 266(i).
  - (b) Keeping or residing in a house of ill-fame as set forth in California Penal Code Section 315
  - (c) Keeping a house for the purpose of assignation or prostitution, or other 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 (a)
  - (f) Prostitution activities as set forth in California Penal Code Section 647(b)
  - (g) Any offense committed in any other state which, if committed or attempted in this state, would have been punishable as one or more of the offenses set forth in California Penal Code Sections 266(i), 315, 316, 318 or 647 (a) or (b)
  - (h) Any felony offense involving the sale of any controlled substance specified in California Health and Safety code Sections 11054, 10055, 11056, 11057, or 11058
  - (i) Any offense committed in any other state 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
  - (j) Any misdemeanor or felony offense which relates directly to the practice of massage therapy, whether as a massage therapy business owner or operator, or as a massage therapist, or
  - (k) Any felony the commission of which occurred on the premises of a massage therapy establishment.

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

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_



# City of La Quinta

P.O. Box 1504  
78-495 CALLE TAMPICO  
LA QUINTA, CALIFORNIA 92253

COMMUNITY SAFETY DIVISION  
(760) 777-7050  
FAX (760) 777-7011

## MEDICAL SCREENING FOR MASSAGE PERMIT

Attention Physician:

La Quinta Municipal Code 5.32.060 (N) requires that a 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 disease as defined in this chapter. **The definition being that the applicant is free of any communicable disease that may be transmitted to the patrons of the business establishment through the normal course of Massage Therapy.**

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 Fingerprints

To submit a complete application you are required to be fingerprinted (even if you have been fingerprinted before). The Live Scan process is painless and involves no ink. Your fingerprints are scanned into a computer and sent directly to the Department of Justice (DOJ) via a secured network.

You will need a Live Scan form from the City of La Quinta with our ORI and mail code numbers (attached). Please make sure you receive a completed copy of your form.

### **PALM DESERT SHERIFF'S STATION**

73520 Fred Waring Drive  
Palm Desert, CA 92260 (next to Palm Desert City Hall)  
(760) 836-1600

Hours: Tuesday through Thursday between 9:00 a.m. to 10:40 a.m. Please call ahead for an appointment as walk-ins are not accepted.

Fees: \$42.00 (\$10.00 Live Scan, \$32.00 cost of the records check). Please pay with cashier's check, money order or cash (please have exact change as the office has limited ability to make change).

### **INDIO SHERIFF'S SUBSTATION**

82695 Dr. Carreon Boulevard  
Indio, CA 92201  
(760) 863-8990

Hours: Tuesday and Thursday at 1:00 p.m., 2:00 p.m., and 3 p.m.

Fees: \$42.00 (\$10.00 Live Scan, \$32.00 cost of the records check). Please pay with cashier's check, money order or cash (please have exact change as the office has limited ability to make change).

### **WELTY'S POSTAL CONNECTION**

42335 Washington Street, Suite F  
Palm Desert, CA 92211  
(760) 345-2211

Hours: Monday through Friday between 8:00 a.m. and 6:00 p.m., Saturday between 9:00 a.m. and 4:00 p.m.

Fee: \$52.00 (\$32.00 to the Department of Justice, \$20.00 for the roll fee).