



HUNTINGTON BEACH POLICE DEPARTMENT ESTABLISHMENT REGISTRATION CERTIFICATE APPLICATION

IMPORTANT INFORMATION: The following items must be completed in their entirety, as is required per 5.24 HBMC. Failure to complete the application or providing false information will cause delay or revocation of application. Any establishment owner or operator who fails to be in possession of a valid Establishment Registration Certificate shall be guilty of a MISDEMEANOR, punishable by a fine of one-thousand dollars (\$1,000) each day the violation occurs, or by imprisonment in the county jail for a period not to exceed six (6) months, or by both such fine and imprisonment.

1) BUSINESS INFORMATION:

Name of Business: _____ Tax ID #: _____
(If applicable)

Address: _____

Mailing Address: _____

Type of Business: _____ Description of All Services: _____

Are you operating any other business on this premise or adjoining premise? Yes No

If yes please describe: _____

2) PERSONAL INFORMATION:

Legal Name (First, Middle, Last): _____

Other Names Used (Last 10 Years): _____

Date of Birth: _____ SSN: _____ Driver's License _____

Home Address: _____

Mailing Address: _____

Home Ph: _____ Cell Ph: _____ Work Ph: _____

Email: _____

Please indicate the best way to contact you (Circle one): Cell Ph Email Home Ph Work Ph Mail

3) CALIFORNIA MASSAGE THERAPY COUNCIL (CAMTC) CERTIFICATE INFO:

I am certified with CAMTC: Yes CAMTC# _____

No, I am not certified *

If establishment owner is not CAMTC certified a valid CAMTC Certificate must be provided for an employee or independent contractor. List below:

Legal Name (First, Middle, Last): _____ CAMTC# _____

***In addition to above the establishment owner must complete fingerprinting and a background check through the Department of Justice on forms provided by the City of Huntington Beach Police Department.**

4) OTHER BUSINESSES OWNED: (List other massage businesses owned by applicant, or partnered with for the 10 years preceding this application.)

Business Names and Addresses: _____

5) I authorize the City of Huntington Beach and its officers, agents and employees, to seek information and conduct an investigation into the truth of the statements set forth in the application and to ensure continual compliance with all applicable provisions of law.

Signature: _____ Date: _____

Print name: _____

6) I shall employ only State Certified Massage Practitioners or Therapists to provide massage services.

Signature: _____ Date: _____

Print name: _____

7) I agree that all independent persons on establishment premises will be in possession of a valid current city business license.

Signature: _____ Date: _____

Print name: _____

8) I acknowledge that I, as the owner/applicant, shall be responsible for the conduct of all employees or independent contractors working on premises of the business and acknowledge that failure to comply with California Business and Professions Code Section 4600 et seq, with any local, state, or federal law, or with the provisions of this chapter may result in the revocation of the Establishment Registration Certificate.

Signature: _____ Date: _____

Print name: _____

9) The applicant, corporation or partnership shall designate one of its officers or partners to act as its responsible managing officer/employee. Such person shall complete and sign all application forms required of an individual applicant under this chapter. This responsible person must at all times meet all the requirements set by this chapter or the corporation's or partnership's Establishment Registration Certificate may be canceled.

Signature: _____ Date: _____

Print name: _____

Establishment Registration Certificate Fee \$565.00

FOR OFFICE USE ONLY

Business License # _____ ERC# _____

Cash Receipt# _____

Paid by: Cash Credit Card Check # _____

Processed by: _____ Date: _____