

MVDP PERMIT NO: \_\_\_\_\_  
EXPIRATION DATE: \_\_\_\_\_

CITY OF MOUNTAIN VIEW  
POLICE DEPARTMENT

**APPLICATION FOR  
MESSAGE ESTABLISHMENT PERMIT**

Date of Application \_\_\_\_\_

Name of Applicant (as listed on government ID) \_\_\_\_\_

AKAs and Nicknames \_\_\_\_\_

Residence Address \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair \_\_\_\_\_ Eyes \_\_\_\_\_ Driver's License # \_\_\_\_\_ State \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

CAMTC LICENSE NO. (if applicable) \_\_\_\_\_ E-mail Address \_\_\_\_\_

Name of Business \_\_\_\_\_

Business Address \_\_\_\_\_ Business Phone # (\_\_\_\_) \_\_\_\_\_

List the names and addresses of any previous massage business, or other business involving massage, you were employed/owned within the last ten (10) years:

Name \_\_\_\_\_ Address \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

List any criminal convictions, other than traffic violation(s), within ten (10) years preceding the date of application:

1. \_\_\_\_\_ 2. \_\_\_\_\_

Do you have any criminal charges pending against you other than traffic violations?  NO  YES

If YES, list name, location of the court, and case number:

1. \_\_\_\_\_ 2. \_\_\_\_\_

Do you intend to personally provide massage services at the business?  YES  NO

Have you previously applied to the City of Mountain View for any permit under Article II, Chapter 9 (Massage Establishment/Massage Practitioner)?  YES  NO

Have you ever had a license, certificate, or permit related to the practice of massage, or the operation of a massage establishment, or other business involving the practice of massage, suspended or revoked within ten (10) years preceding the date of this application?  NO  YES If YES, list dates and reasons for any suspensions or revocations and the name and location of the jurisdiction or public agency which suspended or revoked such license, permit, or certificate.

1. \_\_\_\_\_ 2. \_\_\_\_\_

**(CONTINUED ON REVERSE SIDE)**

Have you, including being a member of a corporation or partnership, ever operated or been employed at any business which has been subject of an abatement proceeding under California Red Light Abatement Act (Penal Code Sections 11225 through 11325) or any similar laws in other states?  NO  YES If YES, list name and address of business, the dates you were employed, the name and location of the court, and the case number and outcome of abatement action.

1. \_\_\_\_\_ 2. \_\_\_\_\_

I hereby swear (or affirm) that I have not knowingly and with intent to deceive provided false, misleading, or fraudulent statements or omissions of fact in this application or any other documents required by the City to be submitted with this application. I agree to comply with all provisions of the Mountain View Municipal Code pertaining to the type of occupation for which application is hereby made. I further agree to report any change in my address or change in my employment immediately to the Police Chief.

**Signature of Applicant** \_\_\_\_\_ Date \_\_\_\_\_

**APPROVED**  **DISAPPROVED**

Police Chief \_\_\_\_\_ Date \_\_\_\_\_

***THIS APPLICATION IS PRESENTED IN COMPLIANCE  
WITH SECTION 9.25 OF THE MVMC.***

***FOR OFFICE USE ONLY***

Fee Paid?  **YES**  **NO** Fee Amount: \$ \_\_\_\_\_

CAMTC Number: \_\_\_\_\_

CAMTC Expiration Date: \_\_\_\_\_

Copy of Government ID Provided?  **YES**  **NO**

Type of Government ID: \_\_\_\_\_

Government ID Number: \_\_\_\_\_

Initial Employee List Provided?  **YES**  **NO**

Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_