

MASSAGE ESTABLISHMENT, TECHNICIAN, OR TECHNICIAN TRAINEE SPECIAL EVENT PERMIT APPLICATION

Planning Building & Transportation
2263 Santa Clara Ave., Rm. 190
Alameda, CA 94501-4477
510.747.6800 • TDD: 510.522.7538
[Permit Center Information](#)

Attached is an application form for a Massage Permit. Please review the application and **answer all questions completely**. Please call (510) 747-6800 if you have any questions.

Application Requirements:

1. Copy of a **Zoning Clearance** from the Planning Division 510-747-6805.
2. Complete the **attached application** form using blue or black ink, only
3. Copy of **Driver's License, US Passport, or state-issued ID** showing applicant as age 18 or older.
4. **Two (2) portrait photographs** at least two inches by two inches, (2" x 2")
5. Copy of **Certificate of Graduation** from a recognized school of massage OR official documentation for 500 hours of massage education and training approved by the California Massage Therapy Council (CAMTC)
6. An **original Health Certificate** from your physician on their letterhead verifying that the applicant have had a physical within the last 30 days of the date of application
7. **Application fee** for Massage Establishment/Technician/Trainee.

You **may not** operate a Massage Business in your residence.
(Out-Call, Commercial, or Medical Space only.)

Application Process:

1. Return your completed application in person along with the items listed above to the Permit Center, Room 190, 2263 Santa Clara Avenue, Alameda from 7:30 a.m. to 3:30 p.m. Monday through Thursday. A Permit Technician will accept your application and fee, and route your application to the appropriate City departments for approval. Please note our office is closed on Fridays.
2. A Permit Technician will accept all your materials for submittal, collect the application fees, and forward your application to the Police Department.
3. After the Police Department has reviewed the application, they will contact you to issue your Massage License.
4. After being issued your Massage License from the Police Department, you must apply for a Business License in the Finance Department at City Hall, 2263 Santa Clara Ave., 2nd Floor Room 230.



APPLICATION FOR MESSAGE ESTABLISHMENT, TECHNICIAN, OR TECHNICIAN TRAINEE

Application is hereby made for:

- Massage Establishment Permit
- Massage Technician Permit
- Massage Technician Trainee Permit

Pursuant to the provisions of the Alameda Municipal Code governing such operation, Article 6, Chapter 7, Title XII, Section 12-761 and following.

1. Business name and address (if a corporation, list names and addresses of all officers, directors, and stockholders)

2. Applicant's information

Name: _____ Phone number: _____

Address: _____

Sex: _____ Driver License #: _____

3. Name and Address of Massage Technicians, Trainees, and Employees employed by or proposed to be employed at establishment (owners only):

4. Method of compensation for persons listed in Item 3, whether salary or percentage. (If any such person is claimed to an "independent contractor" or performs services underwritten or oral contract with applicant, submit copy of said agreement, setting forth terms of employment.)

5. List all history relating to massage operation or similar business or occupation, including whether any massage permit has been denied, revoked, and circumstances relating to such denial or revocation:

6. Have you (the applicant) ever been indicted, convicted, imprisoned, placed on probation, or required to pay a fine of more than \$25?

Yes No

If Yes, give date and nature of offense _____

7. Name of recognized school of massage attended or enrolled _____

Address: _____ Phone number: _____

Instructor name: _____ Graduated Yes No

Dates attended: _____ Total hours attended: _____

8. If the massage trainee, submit and attach to this application a letter from your school, indicating date of enrollment and estimated date of graduation. Note: Trainee permit expired 90 days from the date of issuance and is not renewable except for cause.

9. Health Certificate

Yes No

Date issued: _____

Name of physician: _____ Phone number: _____

Address: _____

Attest: I solemnly swear that the answers I have given to each and all of the questions contained herein are full and true to the best of my knowledge and belief. I understand that any false statements may disqualify me for the permit herein applied for, pursuant to Article 6, Chapter 7, Title XII, Section 12-761 and following of the Alameda Municipal Code.

Signature of applicant

Date

Print name

FOR OFFICE USE ONLY

Health certificate verification by: _____ Date: _____

Graduation Certificate verification by: _____ Date: _____

City permit #: _____ City Business License #: _____ Police ID #: _____

Other pertinent information: _____