



## MASSAGE ESTABLISHMENT TECHNICIAN, OR TECHNICIAN TRAINEE PERMIT APPLICATION

Planning Building & Transportation Department  
2263 Santa Clara Ave., Room 190  
Alameda, CA 94501-4477  
www.alamedaca.gov

Tel.: 510/747-6800 • Fax: 510/865-4053 • TDD: 510/522-7538  
Hours: 8:30am - 12:00pm & 1:30pm - 3:00pm, Monday – Thursday

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 of \$149.50** for Massage Establishment/Technician/Trainee.

<p>You <b>may not</b> operate a Massage Business in your residence. (Out-Call, Commercial, or Medical Space only.)</p>
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### **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 8:00a.m to 12:00pm or 1:30pm to 3:00p.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., 2<sup>nd</sup> Floor Room 230.



## APPLICATION FOR MESSAGE ESTABLISHMENT, TECHNICIAN, OR TECHNICIAN TRAINEE

Application is hereby made for:

- ☐ Message Establishment Permit
- ☐ Message Technician Permit
- ☐ Message 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)

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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):

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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.)

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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:

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\_\_\_\_\_  
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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: \_\_\_\_\_