



CODE ENFORCEMENT OFFICE

CITY HALL

10300 TORRE AVENUE. • CUPERTINO, CA 95014

TELEPHONE: (408) 777-3182 • FAX: (408) 868-6641

code@cupertino.org

Massage Establishment Permit Fee Schedule

The following information is provided to all individuals interested in obtaining a massage establishment permit from the City of Cupertino. The permit will allow the owner to operate a permitted massage establishment within the City of Cupertino.

Fees:

Fees for massage permits are due at the time of application and are non-refundable. The current fee structure for massage permits is as follows:

- | | |
|--|----------|
| • Massage Establishment Permit Fee | \$278.05 |
| Renewals | \$93.00 |
| * Basic Business License Fee | \$133.00 |
| • Massage Managing Employee Permit Fee | \$247.00 |
| Renewals | \$93.00 |
| * Basic Business License Fee | \$133.00 |

*The business license may not be required if the CAMTC massage therapist is an employee of a permitted massage establishment. Business license fees are based on the square footage of the massage establishment. Business license fee questions can be directed to our Finance Department at (408) 777-3221.



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Permit Number _____
 Original
 Renewal

**City of Cupertino
Massage Permit Application**

- Massage Establishment**
- Managing Employee**
(Check appropriate permit/s)

Establishment Name _____

Address _____ Telephone Number _____

Exact Nature of Massage Services Administered _____

California Massage Therapy Council Permit Number (CAMTC) _____

Applicant Information

Please Note- If the applicant is a partnership, please provide the names and street addresses of each general and limited partner. If one or more of the partners is a corporation, the name of the corporation shall be set forth exactly as shown in its articles of incorporation or charter together with the state and date of incorporation and the full legal names and street addresses of each of its current officers and directors. (attach additional sheets if necessary)

Applicant Name _____
Last, First Middle

Alias, Maiden or Former Names _____

Current Home Address _____

City _____ State _____ Zip Code _____

Home Telephone _____ Business Telephone _____

Date of Birth _____ Place of Birth _____

Drivers License/State Identification Number _____ State _____

Social Security Number _____

Sex _____ Height _____ Weight _____ Eyes _____ Hair _____

United States Citizen? _____ Registered Alien? _____ Green Card Number _____

Previous Addresses

(Please list all residential addresses within the past three years. Attach additional sheets if necessary)

Address _____

City _____ State _____ Zip Code _____ Dates _____

Address _____

City _____ State _____ Zip Code _____ Dates _____

Address _____

City _____ State _____ Zip Code _____ Dates _____

Employment History

(Please list two most recent employers)

Current Employer _____

Address _____ Telephone Number _____

City _____ State _____ Zip Code _____ Dates _____

Position Held _____ Supervisor's Name _____

Previous Employer _____

Address _____ Telephone Number _____

City _____ State _____ Zip Code _____ Dates _____

Position Held _____ Supervisor's Name _____

Massage/Relaxation Employment History
(Please list information for the past ten years)

Establishment Name _____

Address _____ Telephone Number _____

City _____ State _____ Zip Code _____ Dates _____

Position Held _____ Supervisor's Name _____

Establishment Name _____

Address _____ Telephone Number _____

City _____ State _____ Zip Code _____ Dates _____

Position Held _____ Supervisor's Name _____

Establishment Name _____

Address _____ Telephone Number _____

City _____ State _____ Zip Code _____ Dates _____

Position Held _____ Supervisor's Name _____

Establishment Name _____

Address _____ Telephone Number _____

City _____ State _____ Zip Code _____ Dates _____

Position Held _____ Supervisor's Name _____

Establishment Name _____

Address _____ Telephone Number _____

City _____ State _____ Zip Code _____ Dates _____

Position Held _____ Supervisor's Name _____

Establishment Name _____



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**City of Cupertino
Massage Background Investigation Questionnaire**

- Massage Establishment** **Managing Employee**

Applicant Name _____
Last, First Middle

The following information is necessary to complete your background examination. Please answer all questions accurately. Should you need to provide explanation for any question/s, please attach a type written statement to this questionnaire. Be advised that any false and or incomplete information may delay or deny the processing of your application.

1. Have you either as an employee or owner/agent of a business, had a license, certificate, permit, or other authorization to engage in the practice of massage or related business, suspended or revoked within the past ten years? _____. If yes, please attach details providing the following information:
 - The date/s of the suspension or revocation.
 - The reason for the suspension or revocation.
 - The name and location of the jurisdiction or agency suspending or revoking such certificate, permit, or authorization.

2. Have you either as an employee or owner/agent of a business, been the subject of an abatement proceeding under the California Red Light Abatement Act (California Penal Code Sections 11225 through 11325) or any similar laws in other jurisdictions? _____. If yes, please attach details providing the following information:
 - The name and address of the business.
 - The dates that you were employed at the business.
 - The name and location of the court in which the abatement occurred, including the case number.
 - The outcome of the abatement.

3. Have you previously applied to the City of Cupertino for a massage establishment permit, managing employee permit, or massage therapist permit? _____. If yes, please attach the date of application and every name under which the application was made.



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Fingerprinting Services

All fingerprinting services are conducted using the LIVESCAN system and are coordinated through the Santa Clara County Sheriff's Department. The following are Sheriff's Department locations that are available to serve you:

Headquarters Main Office
55 West Younger Avenue
San Jose, CA 95110
(408) 808-4760

West Valley Substation
1601 S. De Anza Blvd.
Cupertino, CA 95014
(408) 868-6614

South County Substation
12431 Monterey Road
San Martin, CA 95046
(408) 686-3651