DATE OF APPLICATION: _____

CITY OF HALF MOON BAY

APPLICATION FOR CMTC MASSAGE ESTABLISHMENT REGISTRATION (C.O. 3.88)

_____

OWNER/OPERATOR: LAST NAME FIRST MIDDLE

NAME OF BUSINESS:_____

CITY OF HALF MOON BAY BUSINESS LICENSE NUMBER: _____

BUSINESS ADDRESS:_____ **PHONE:** _____

OWNER/OPERATOR'S HOME ADDRESS: _____

OWNER/OPERATOR'S CELL OR HOME PHONE NUMBER_____

DATE OF BIRTH: _____ **SEX**:_____**HT:** _____ **WT:** _____ **Hair:** _____ **Eyes:**_____

ALIAS: _____ **SS#:** _____ **D/L:** _____ **STATE:**_____

List names and addresses of all massage establishments where you have been employed as a massage technician OR owner/operator:

_____

_____

_____

OWNER/OPERATOR'S CMTC CERTIFICATE NUMBER :_____

_____

GIVE A BRIEF STATEMENT OF THE TYPE OF SERVICES TO BE PROVIDED TO YOUR CUSTOMERS:

_____

_____

ATTACH A LIST OF NAMES OF ALL MASSAGE TECHNICIANS WORKING AT THIS ESTABLISHMENT, ALONG WITH THEIR CMTC CERTIFICATE NUMBERS.

APPLICANT SIGNATURE:_____ **DATE**: _____

DATE APPLICATION RECEIVED:_____ APPLICATION RECEIVED BY: _____

CITY OF HALF MOON BAY
Application for CMTC Massage Establishment Registration (C.O. 3.88)

ALL OWNER/OPERATOR APPLICANTS ARE REQUIRED TO SUPPLY THE FOLLOWING ITEMS ALONG WITH THEIR APPLICATION:

1. Completed application form
2. Copy of driver's license or birth certificate or passport
3. Copy of current CMTC license or CMTC ID card
4. List of all massage technicians employed at this business and their CMTC certificate numbers

THE FOLLOWING WILL BE DONE AT THE SHERIFF'S HALF MOON BAY SUBSTATION:

1. Photo
2. Copy taken of driver's license or birth certificate or passport
3. Applicant's signature on City of HMB CMTC Registration Card