

- Initial Application **\*THIS IS AN APPLICATION ONLY, NOT A PERMIT TO WORK\***  
 Renewal

**Please allow thirty (30) days  
for processing**

**CITY OF OAKLAND  
OFFICE OF THE CITY ADMINISTRATOR  
ONE FRANK OGAWA PLAZA, 11<sup>th</sup> Floor  
OAKLAND, CA 94612  
PHONE: (510) 238-3294**

- |   |
|---|
| <input type="checkbox"/> Live Scan                |
| <input type="checkbox"/> Insurance                |
| <input type="checkbox"/> Photos                   |
| <input type="checkbox"/> Business Tax Certificate |
| <input type="checkbox"/> Rental/Lease Agreement   |
| <input type="checkbox"/> Zoning Clearance         |

**APPLICATION FOR PERMIT TO  
OPERATE AS A MASSAGE THERAPIST**

Application is hereby made by \_\_\_\_\_  
Last Name First Name

to operate as a  **Massage Therapist**  **Massage Therapist Trainee**

Have you ever used a different name? If so, please list: **(Please provide proof of name change)**

Last Name _____	First Name _____	From date _____	To date _____
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Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Color of Hair: \_\_\_\_\_ Color of Eyes: \_\_\_\_\_

Sex:  M  F Age: \_\_\_\_\_ (Applicant must show proof that he/she is over 18 years of age)

Primary Language: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Driver's License State & No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
**(Or California ID, if driver's license is out of state)**

Home Address: \_\_\_\_\_  
**(Applicant's home address, please include zip code)**

Telephone \_\_\_\_\_ Fax no. \_\_\_\_\_

Email address \_\_\_\_\_

If you have lived at the above address for less than five (5) years, please list prior addresses  
**(Please add additional pages as needed)**

ADDRESS	DATES (From – To)

Are you a U.S. citizen?  Yes  No **If yes, provide proof (Bring original document(s):**

**Birth Certificate or Naturalization Paper (Date Issued/Number) or Current US Passport**

**If no, provide passport and proof of ability to work in U.S, (green card, work visa, etc.)**

\_\_\_\_\_  
**(Name of Document, Identifying No., Issue Date, Expiration Date)**

How will you conduct massage? **Please check those that apply:**

Outcall Name of Business: \_\_\_\_\_

Rent Space at: \_\_\_\_\_  
(Address)

Hours of Operation: \_\_\_\_\_

How many rooms? \_\_\_\_\_

Lay out of rental space: \_\_\_\_\_  
\_\_\_\_\_

Home Occupation Solo Practitioner (Need zoning clearance)

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

In an Establishment \_\_\_\_\_  
(Name of Establishment)

\_\_\_\_\_  
Address of Establishment (include Zip Code)

\_\_\_\_\_  
(Telephone)

***For renewing applicants:***

Permit No. \_\_\_\_\_ Expiration date \_\_\_\_\_

Copy of Business Tax License (needed by all Outcall, Home Occupation)

**PARTS A - D TO BE COMPLETED BY NEW APPLICANTS ONLY:**

**A).** Have you ever held a permit to administer massage in California or any other State?  Yes  No  
If yes, issuing authority: \_\_\_\_\_

Permit No.: \_\_\_\_\_ Has this permit ever been revoked or suspended?  Yes  No

Reason for suspension or revocation: \_\_\_\_\_

**B) Employment history for the past five (5) years, please reflect month and year:**

DATES	EMPLOYER	ADDRESS	OCCUPATION

**C) Three (3) Business References Required:**

NAME OF BUSINESS	NAME OF REFERENCE	ADDRESS

**D) Minimum Requirements (for New Applicants): Applicant must qualify for two of the requirements below: (Either #1 and #2, or #1 and #3)**

1. Submit **original diploma, certificate or academic transcript** that demonstrates completion of 300 hours of in-class instruction from a Recognized School:

Name of School: \_\_\_\_\_

Address of School \_\_\_\_\_

No. of hours of training: \_\_\_\_\_ Completion Date (Month/Year) \_\_\_\_\_:

**(You may substitute 3,500 hours of employment experience for the above 300 hours of in-class instruction requirement. Please attach suitable certification on these employment hours).**

2. Membership in good standing in a National Professional Massage Organization or Association that requires its members to have the following: (Submit proof of membership).
  - a. Substantiation of at least 100 hours of massage training or education
  - b. Possession of practitioner's liability insurance coverage in the minimum amount of \$1,000,000.00 per event
  - c. Adherence to a code of ethics
3. Show proof of satisfactory passage of the National Certification Exam for Therapeutic Massage or Bodywork

**I declare under the penalty of perjury that the foregoing is true and correct:**

Dated at \_\_\_\_\_, California, this \_\_\_\_\_ of \_\_\_\_\_, \_\_\_\_\_  
 (City) (day) (month) (year)

**Signature of applicant:** \_\_\_\_\_

I certify that I have received a copy and understand the contents of Chapter 5.36 of the Oakland Municipal Code. I also understand and accept the duties and responsibilities provided in this Chapter.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

Person who prepared this application if other than applicant:

Signature \_\_\_\_\_ Print Name: Last , \_\_\_\_\_ First \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_ California ID# \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Permit being applied for:  Massage Therapist  Massage Therapist Trainee

(1) I have not committed any of the following Disqualifying Offenses:

(a) Conviction, plea of nolo contendere, plea bargain, or forfeiture on a charge of violating any of the following sections of the California Penal Code:

SECTION 243.4 -----Sexual Battery

SECTION 266 (A) - 266 (K)----- Pandering, etc.

SECTION 314 -----Indecent Exposure

SECTION 315 -----Keeping Or Residing in a House of Ill  
Fame

SECTION 316 -----Keeping a Disorderly House

SECTION 318-----Prevailing upon a person to visit a place  
for gambling or prostitution

SECTION 647  
Subdivision (b) -----Soliciting or engaging in an act of  
prostitution

(b) Conviction, plea of nolo contendere, plea bargain or forfeiture pertaining to any felony offense involving the sale of a controlled substance specified in Section 11054, 11055, 11056, 11057 or 11058 of the California Health and Safety Code

- (c) Conviction, plea of nolo contendere, plea bargain or forfeiture on a charge of committing violent crime or a crime of dishonesty, fraud or deceit with an intent to substantially injure another
- (d) Conviction, plea of nolo contendere, plea bargain, or forfeiture on a charge of human trafficking in violation of United States Code Title 18, Chapter 77, Sections 1590, 1591 or 1592
- (e) Violation of any provision of this Chapter that has resulted in a suspension or revocation of any permit issued under Chapter, or violation of a similar law in any other jurisdiction within the past five (5) years that has resulted in the suspension or revocation of a permit under that law.
- (f) Making a false statement on a permit application

(2) I am not required to register under the provisions of Section 290 of the California Penal Code

**I declare under the penalty of perjury that all foregoing statements are true and correct. Any false statement shall be cause for revocation of any permit issued under Chapter 5.36 of Title 5 of the Oakland Municipal Code.**

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

*FOR OFFICE USE ONLY – PLEASE DO NOT WRITE BELOW THIS BOX*

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City Administrator's Office	Date	Receipt No.
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Hearing Date \_\_\_\_\_ **In Hearing Room 2, City Hall, 3:00 P.M.**

- Notices:
- Tribune
  - City Clerks Office
  - Notice Posters

(Rev. 6/09)