Please allow thirty (30) days

for processing

□New application

□Renewal

CITY OF OAKLAND OFFICE OF THE CITY ADMINISTRATOR ONE FRANK OGAWA PLAZA PHONE: (510) 238-3294

APPLICATION FOR PERMIT TO OPERATE A MASSAGE ESTABLISHMENT

☐ Live Scan
□ Business Tax
Certificate
□ Photo of self
□ Photos of Staff
□ Rental/Lease
Agreement
☐ Fire Inspection
□ Health Inspection

1

Name of Applicant:			
Please check one:			
Name of Business:			
Address of Business(Write complete address, including zip code	·)		
Business Phone: Hours of operation:			
Business Email:			
Present Use of the Structure Number of Fire E	Escapes:		
Please check one: Application is for ☐ Change of Ownership ☐ Change of Loca	ıtion □ Renewal		
Please check one: Business is for Conversion of massage establishment Existing massage establishment New massage establishment			
If this is for renewal permit: The current permit will expire/has expired on	·		
Please check one: A previous permit at this location $\ \square$ has never been revoked; I revoked.	⊐ has been		
Applicant is the legal owner of the property: □Yes □No. If no, complete the fo	llowing:		
Name and Address of Legal Owner of the Property:(Name)			
(Address including Zip code)			

Please check one: Attached is a copy of the:		
☐ Lease; ☐ Rental Agreement for the pro-	operty; or □ a letter of inten	t to lease the property
Please complete the following: Include all applic directors, managers, and shareholders within the persons interested in the permit, if granted: (e firm, partnership, associatio	on or corporation, and all
1.		
Name and title	Birth date	Birthplace
Home Address (include Zip Code)		Telephone
Business Address (include Zip Code)		Telephone
CA Driver's License or ID #	SSN	Citizenship
2.		
Name and title	Birth date	Birthplace
Home Address (include Zip Code)		Telephone
Business Address (include Zip Code)		Telephone
CA Driver's License or ID #	SSN	Citizenship
3.		
Name and title	Birth date	Birthplace
Home Address (include Zip Code)		Telephone
Business Address (include Zip Code)		Telephone
CA Driver's License or ID #	SSN	Citizenship

Have you, your partners, or your copreviously or currently, owned, ope	•			
If yes, please complete the followin	g:			
Name of Establishment:				
Street Address	City, State, Zip),	Cour	ntry, of Establishment
Name of Owner/Operator (Last, Fir	st)	Position (Owner/N	Manager)	From/To Month/Day/Year)
Has the permit on any of these esta	ablishment(s) eve	r been revoked or	suspended?	□ Yes □ No
Reason for suspension or revocation (Please attach additional pages i				
Please complete the following: Nar	me of Manager: _			
Residence Address (include Zip co	ode)			
Telephone	Fax No	E	mail address	
Years of experience in this type of	operation:			
Number of Massage Therapists and	d/or Trainees cur	ently employed or	will be emplo	oyed:
Please complete the following for the needed)	ne above Massag	e Therapists/Train	ees: (Attach	additional pages if
** This section must be maintained	when new massa	age therapists or/a	nd employee:	s are added.
NAME	HOME ADDRES	SS	PERMIT NU	IMBER

Complete the following:	List of Employees currer	ntly employed or will	l be employed	(Submit a passport-
sized photo of each en	nployee): Add additiona	al page(s) as neede	∍d.	

NAME	HOME ADDRESS	DESCRIPTION OF DUTIES
I declare under the pen owners, partners, office	ealty of perjury that the foregoing is true a	and correct. (Must be signed by all
Signature	Name in print/Title	Date
Municipal Code. I also	eived a copy and understand the contents understand and accept the duties and re ed by all owners, partners, officers, and o	sponsibilities provided in this
Signature	Name in print/Title	Date
Addendum to Applicati	ion for Permit to operate a Massage Estal	blishment. To be completed by All
	applicants, all partners in a partnership, o	
Name of Applicant:		

- (1) I have <u>not committed</u> 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 266 (A) - 266 (K)	Pandering, etc.		
SECTION 314	Indecent Exposure		
SECTION 315	Keeping Or Residing in a House of III Fame		
SECTION 316	· Keeping a Disorderly House		
	 Prevailing upon a person to visit a place for gambling or prostitution 		
	 Soliciting or engaging in an act of prostitution 		
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			
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			
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			
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			
Making a false statement on a per	mit application		
	equired to register under the provisions of Section 290		
e list criminal conviction(s), if any (ex	cept minor traffic violations):		
	SECTION 316 SECTION 647 Subdivision (b) Conviction, plea of nolo contender offense involving the sale of a con 11056, 11057 or 11058 of the Cali Conviction, plea of nolo contendere violent crime or a crime of dishones another Conviction, plea of nolo contendere trafficking in violation of United Sta 1592 Violation of any provision of this Cl of any permit issued under Chapte within the past five (5) years that hunder that law Making a false statement on a period check one: □ I am; □ I am not, recalifornia Penal Code		

(2)

(3)

(4)

(5)	Please list any plea bargains, pl pending tax judgments:			
state	are under the penalty of perjury ment shall be cause for revocat cipal Code.			
Nam	e of applicant (Print)	Signature of Applica	nt	Date
Rece	ived by:	Receipt No	Da	ate:
HEAF	RING DATE:	In Heari	ng Room	at P.M.
☐ Fire	cipating Departments: e Prevention Bureau D Area Cpt., BFO Deputy Chief vironmental Health, Alameda Cou	nty		
Сору	of Application sent to: (For Info	ormational Purposes Only; I	No Recommene	dations Required)
	ice of the Mayor □ Counci		□Council M	ember At-Large
Hall,	E: Please return your recomme 11 th Floor, #1 Frank Ogawa Plaz 4:00 P.M. on:	a, Oakland, CA 94612, (Ph:	238-3294, FAX:	
	e Inspection		n □ Mapping &	Research