

SPECIAL BUSINESS PERMIT APPLICATION: SOMATIC ESTABLISHMENT PERMIT

Section One: Business Information	
BUSINESS NAME:	
BUSINESS ADDRESS:	
PHONE:	EMAIL:
Section Two: Applicant Information	
APPLICANT/OWNER FULL NAME:	BUSINESS OPERATIONS TAX #:
PHONE:	EMAIL:
ADDRESS:	
Section Three: Individual Information	
DATE OF BIRTH:	DRIVER'S LICENSE:
HAVE YOU EVER HAD A PERMIT OR LICENSE REVOKED OR DENIED? IF YES, EXPLAIN	
HAVE YOU EVER BEEN CONVICTED OF A CRIME? IF YES, GIVE THE DATE AND LOCATION OF ARREST	
Section Four: Business Operations	
Who will be providing massage services at the Establishment?	
CAMTC MASSAGE THERAPISTS	PERMITTED SOMATIC PRACTITIONERS
BOTH	OTHER: _____
Section Five: Rules and Regulations (initial)	
Initial	
	I am familiar with Sacramento City Code (5.124) and the laws of the State of California pertaining to this application.
Section Six: Information Provided	
Initial	Item Required
	PROOF OF INSURANCE
	SURETY BOND OF \$100,000
	WRITTEN CONSENT OF ALL SOMATIC PRACTITIONERS AT LOCATION
	PROPERTY OWNER ACKNOWLEDGMENT FORM

Section Seven: Agreement and Signature		
<p>I hereby certify that the answers I have given are true and correct to the best of my knowledge and belief, and I understand and agree that any false or misleading answer will result in denial or revocation of any permit. Further, the City is hereby authorized to seek and verify information contained in this application. I understand verification of the accuracy of the application information is a matter of public record and may be made available to interested parties upon request.</p>		
Applicant Signature:		Date:
Section Eight: City Staff Only		
Received by:	Date:	
Permit Number:	BOT Number:	