

CITY OF LARKSPUR

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APPLICATION FOR CHANGE TO CERTIFIED MASSAGE PRACTITIONERS (CMP) FOR REGISTERED MASSAGE ESTABLISHMENTS

(Larkspur Municipal Code Section 5.49, Regulation of Massage Businesses)

All certified Massage Establishments or Operator Permits must identify all employees in their business. All employees must be Certified Massage Practitioners certified by the California Massage Therapy Council (CAMTC).

Appli	cation Date	: Curr	ent MIP #						
EXISTING ESTABLISHMENT:									
Massage Establishment Owner Information									
Business Name:									
Business Address:									
Name(s) of Business Owner:									
Email Address:									
Mailing Address:									
		#:							
		RACTITIONER(s):							
Certif	ications and	d Identification For All Employees							
retain curre practi	to perform nt certificati tioner or as	massage therapy for compensation, a ion from the California Massage Thera	oses to ADD or Delete as Employees or to a clear and legible <i>color</i> copy of that person's py Council (CAMTC) as a certified massage opy of that person's California Massage						
Add	Delete	Name of CMP							
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OPERATIONAL CHECKLIST FOR MASSAGE BUSINESSES

(To be filled out by Applicant; Staff Confirmation)

Circle the appropriate answer as it applies to the proposed massage business questions below:

					Staff <u>Check</u>		
1.	Are you a certified massage practitioner?	Yes	No	N/A	-		
2.	Are you a massage business operator?	Yes	No	N/A			
3.	Are you a massage business owner?	Yes	No	N/A	-		
4.	Are you providing massage services out of your home?	Yes	No	N/A			
5.	Is there a wash basin with hot and cold running water?	Yes	No	N/A	 8		
6.	Are there sanitary towels provided at each wash basin?	Yes	No	N/A			
7.	Are there clean sanitary towels, coverings, and linens?	Yes	No	N/A			
8.	Are there separate receptacles for soiled towels, coverings, and linens?	Yes	No	N/A			
Staff Comments:							
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