



EL MONTE POLICE DEPARTMENT

Massage Therapist Permit Requirements

- ❑ California DMV driver license or identification card with applicant's current address
- ❑ Social Security card
- ❑ CAMTC card
- ❑ CAMTC certificate
- ❑ Massage school transcripts showing completion of massage training
- ❑ Two (2) passport size (2" x 2") photos
- ❑ Completed EMPD Massage Therapist Application packet (attached)

All items required for the massage operator/therapist registration must be originals. **NO COPIES OF ITEMS WILL BE ACCEPTED.**

❑ LiveScan Requirement Instructions ***Required For ALL Applicants***

You *must* complete a LiveScan in order to be certified as a massage therapist (with or without a manager endorsement) at a massage parlor. This process can be completed at any business that completes LiveScans (i.e. shipping stores, notaries, etc). Please complete the LiveScan as soon as possible in order to complete your permit process efficiently.

Take this form with you when completing the LiveScan process and give it to the LiveScan operator to furnish the following information:

Agency: **El Monte Police Department**
Address: **11333 Valley Blvd El Monte, CA 91731**
ORI: **CA0192200**
Mail Code: **00376**
Job Title: **Massage Establishment Operator or Therapist**
Level of Service: **DOJ & FBI**

Once all of the above items have been completed, contact Sgt. B. Guadarrama at the El Monte Police Department (626) 580-2103 for an appointment.



EL MONTE POLICE DEPARTMENT

Massage Application

- Establishment Certificate
- Operator Permit

- Registration Certificate
- Renewal

PART I - IDENTIFYING INFORMATION								
LAST NAME		FIRST			MIDDLE			
ALIAS OR MAIDEN NAMES								
HOME ADDRESS								
CITY			STATE		ZIP	CELL PHONE NUMBER		
STATE OR COUNTRY OF BIRTH			DATE OF BIRTH		U.S. CITIZEN YES <input type="checkbox"/> NO <input type="checkbox"/>	YEARS IN UNITED STATES		
SEX MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	AGE		HEIGHT		WEIGHT		HAIR COLOR	EYE COLOR
DRIVER'S LICENSE NUMBER		STATE		SOCIAL SECURITY NUMBER		CAMTC CARD NUMBER		

PART II – MESSAGE BUSINESS OF EMPLOYMENT	
NAME OF MESSAGE BUSINESS	BUSINESS PHONE
BUSINESS ADDRESS	

NOTICE: Therapists may only work at ONE massage location within the City of El Monte at any time.

PART III – MESSAGE SCHOOL ATTENDED			
NAME OF SCHOOL			SCHOOL PHONE
SCHOOL ADDRESS			
CITY		STATE	ZIP
SPECIALTY OF STUDY	HOURS COMPLETED	DATES FROM	TO GRADUATION DATE

PART IV – MESSAGE EMPLOYMENT HISTORY			
NAME OF BUSINESS		JOB TITLE	SUPERVISOR'S NAME
STARTED	BUSINESS ADDRESS		BUSINESS PHONE NUMBER
ENDED	CITY	STATE	ZIP
REASON FOR LEAVING			
NAME OF BUSINESS		JOB TITLE	SUPERVISOR'S NAME
STARTED	BUSINESS ADDRESS		BUSINESS PHONE NUMBER
ENDED	CITY	STATE	ZIP
REASON FOR LEAVING			
NAME OF BUSINESS		JOB TITLE	SUPERVISOR'S NAME
STARTED	BUSINESS ADDRESS		BUSINESS PHONE NUMBER
ENDED	CITY	STATE	ZIP
REASON FOR LEAVING			

PART V – CRIMINAL HISTORY		
List all criminal convictions, including pleas of no contest, within the last ten (10) years including those dismissed or expunged pursuant to Penal Code Section 1203.4, but excluding minor traffic violations, and the date and place of each such conviction and reason therefore.		
ORIGINAL ARREST CHARGE (CRIME)	ARRESTING AGENCY	DATE OF VIOLATION
DISPOSITION OF CHARGE	FINAL CHARGE	DATE OF DISPOSITION
ORIGINAL ARREST CHARGE (CRIME)	ARRESTING AGENCY	DATE OF VIOLATION
DISPOSITION OF CHARGE	FINAL CHARGE	DATE OF DISPOSITION
ORIGINAL ARREST CHARGE (CRIME)	ARRESTING AGENCY	DATE OF VIOLATION
DISPOSITION OF CHARGE	FINAL CHARGE	DATE OF DISPOSITION

PART VI – CERTIFICATION

I hereby certify, under the penalty of perjury, that the information given is true and correct. I understand that providing false information or withholding information, including any criminal record, is grounds for denial or revocation of my permit and may subject me to criminal prosecution. I do hereby authorize the City of El Monte, its officers, agents and employees to seek verification of the information contained on this application. I understand that I am obligated to notify the City of El Monte within ten (10) working days of any changes to the information provided in this application. I further understand that I may not conduct the activity applied for until a permit has been granted and that a copy of the city ordinances regulating massage is available to me in the city clerk's office. I also understand that once a permit is issued I am only permitted to work at one massage parlor location in the City of El Monte at any given time. I understand that if I wish to work for a different massage establishment that a new application must be submitted and that I am required to renew my permit prior to the expiration date listed on the permit. I understand that any violation of the municipal code and/or penal code may result in my arrest or issuance of a citation.

APPLICANT SIGNATURE

DATE

Received, reviewed, and accepted by reviewing Administrative Sergeant.

SERGEANT'S SIGNATURE

DATE