SAN MARCOS
DISCOVER LIFE'S POSSIBILITIES

OUTCALL MASSAGE LICENSE PROCEDURES

NON-REFUNDABLE FEE:

BUSINESS ADDRESS: IN SAN MARCOS: New $106.00, Renewal $62.00
OUT OF SAN MARCOS: New and Renewal $62.00

One-Time Background check fee (Non-CAMTC Certified Owners/Operators Only): $192.60*

*This fee does not apply to existing businesses as of 7/14/17.

New applicants are to complete and submit the following to the Finance Department of the City of San Marcos:

1. Application for Outcall Massage License
2. All Owners, Operators and Managers must complete the appropriate form depending on if they are CAMTC certified or not.
3. Copy of Driver's License and/or photo identification card issued by a State or Federal Agency for all Owners/Operators
4. Live Scan form for all Owners, Operators and Managers who are not CAMTC certified
5. Copy of Fictitious Name Statement or Articles of Incorporation.
6. Supplemental Questionnaire
7. Copies of Therapists' CAMTC Certificate

In addition to the Outcall Massage License, the applicant also needs to obtain a Business License and pay the appropriate fee that is required.

It is the responsibility of the owner to ensure that anyone employed to provide massage services has an active CAMTC Certification. If a Therapist is hired as an independent contractor, they will need to obtain a Business License prior to starting work. Any Therapist hired as an employee, must submit a copy of their CAMTC certificate to the City prior to starting work.

Renewal Applicants need to complete and submit #1-2, 6-7 and pay the Non-Refundable fee of $62.00.

Upon receipt of all necessary approvals from the Sheriff's Department, Planning & Building Divisions, and Finance Department, your Business License and Outcall Massage License will be issued. This process takes approximately 6-8 weeks. If you have any further questions, please contact the Finance Department at (760) 744-1050, Ext. 3101 or smbusinesslicense@san-marcos.net.

MASSAGE LICENSE
Application

SAN MARCOS
DISCOVER LIFE'S POSSIBILITIES

☐ **ESTABLISHMENT** ☐ **OUTCALL**

Business Name _____ **Business Phone** _____

Business Address _____
Street No. Street City State Zip Code

Property Owner/Manager Name (Establishment Only) _____ **Phone** _____

Property Owner/Manager Address (Establishment Only)
_____
Street No. Street City State Zip Code

Mailing Address _____
Street No. Street City State Zip Code

Business is: ☐ Sole proprietor ☐ Partnership ☐ Corporation ☐ LLC ☐ LLP

If corporation, Date Incorporated _____ **Place Incorporated** _____

Are you the sole owner/officer/member of the business? ☐ Yes ☐ No

Are all owners/officers/members camtc certified? ☐ Yes ☐ No

Individual(s) responsible for management of the establishment & present during business hours:

_____

Are all persons listed above CAMTC certified? ☐ Yes ☐ No

Exact nature/technique of massage to be administered:

_____

Under penalty of perjury, I swear that the foregoing statements are true and accurate to the best of my knowledge. It is understood by me that statements found not to be true, complete and accurate will be grounds for refusal, or revocation of any permit or license issued to me by the City of San Marcos, County of San Diego, without further notice to me. I understand and agree to having all required notices unless otherwise specified, sent by U.S. mail to the address given on this application. I have read and understand sections 5.44 et seq. of the San Marcos Municipal Code of regulatory ordinances pertaining to Massage Establishments. I understand that all Owners and Operators are responsible for the Massage Establishment and the conduct of all persons who perform massage at the massage establishment. I certify that I will operate my business in accordance with all applicable federal, state and city laws and regulations. I understand that failure to comply with the California Business and Professions Code Sections 4600 et seq., or with any federal, state or local laws, rules or regulations, and/or the provisions of the Chapter may result in revocation of the Massage Establishment license.

Signature of Owner	Print Name	Date
Signature of Owner	Print Name	Date

OWNER/OPERATOR WITH CAMTC CERTIFICATION
Registration

SAN MARCOS
DISCOVER LIFE'S POSSIBILITIES

Please check: ☐ Owner ☐ Operator ☐ Manager

Owner/Operator Name _____
Last First Middle

All Other Names Used _____

Date of Birth _____ **Place of Birth** _____ **Height** _____ **Weight** _____

Sex _____ **Hair** _____ **Eyes** _____ **CDL#** _____ **SSN** _____

Residence Address _____
Street No. Street City State Zip Code

Last two addresses:

_____

_____

Residence Phone _____ **Emergency Phone** _____

CAMTC Certificate # _____ **Expiration Date** _____ *(Must Attach Copy Of Certificate)*

Under penalty of perjury, I swear that the foregoing statements are true and accurate to the best of my knowledge. It is understood by me that statements found not to be true, complete and accurate will be grounds for refusal, or revocation of any permit or license issued to me by the City of San Marcos, County of San Diego, without further notice to me. I understand and agree to having all required notices unless otherwise specified, sent by U.S. mail to the address given on this application. I have read and understand sections 5.44 et seq. of the San Marcos Municipal Code of regulatory ordinances pertaining to Massage Establishments. I understand that all Owners and Operators are responsible for the Massage Establishment and the conduct of all persons who perform massage at the massage establishment. I certify that I will operate my business in accordance with all applicable federal, state and city laws and regulations. I understand that failure to comply with the California Business and Professions Code Sections 4600 et seq., or with any federal, state or local laws, rules or regulations, and/or the provisions of the Chapter may result in revocation of the Massage Establishment license.

_____ _____
Date Signature

OFFICE USE ONLY

ATTACH TO LICENSE # _____

☐ CAMTC CERT VERIFIED

City of San Marcos, California | Finance Department 1 Civic Center Drive San Marcos, CA 92069 (760) 744-1050 x3101 **san-marcos.net**

MASSAGE SUPPLEMENTAL QUESTIONNAIRE

SAN MARCOS
DISCOVER LIFE'S POSSIBILITIES

Attach to License No. _____

Business Name _____ **Business Phone** _____

Business Address _____

Street No. Street City State Zip Code

Owner/Operator/Manager Name		State Certified	CAMTC #
	☐ Owner ☐ Operator ☐ Manager	☐ Yes ☐ No	
	☐ Owner ☐ Operator ☐ Manager	☐ Yes ☐ No	
	☐ Owner ☐ Operator ☐ Manager	☐ Yes ☐ No	
	☐ Owner ☐ Operator ☐ Manager	☐ Yes ☐ No	
	☐ Owner ☐ Operator ☐ Manager	☐ Yes ☐ No	

Therapists *(Attach additional sheet if necessary and a copy of each Therapists CAMTC certificate)*

Full Name	CAMTC#	CAMTC Expiration	Independent Contr. *(Needs Bus License)*	Employee *(Attach Cert)*
			☐ Yes ☐ No	☐ Yes ☐ No
			☐ Yes ☐ No	☐ Yes ☐ No
			☐ Yes ☐ No	☐ Yes ☐ No
			☐ Yes ☐ No	☐ Yes ☐ No
			☐ Yes ☐ No	☐ Yes ☐ No
			☐ Yes ☐ No	☐ Yes ☐ No
			☐ Yes ☐ No	☐ Yes ☐ No
			☐ Yes ☐ No	☐ Yes ☐ No

Percentage Breakdown of Uses:

Massage _____ Body Wrap _____ Acupressure _____ Skin Care _____

Other Uses:

Type _____ Percentage _____ Type _____ Percentage _____

***SUBMIT FLOOR PLAN OF PROPOSED ESTABLISHMENT** *(NEW ESTABLISHMENTS ONLY)*

I declare under penalty of perjury that the above information is true and correct. I certify that my business will use only State Certified Therapists to provide massage services. I acknowledge and understand that using a Non-State Certified Therapist to provide massage services, would constitute a violation of the Municipal Code and I may be subject to criminal, civil or administrative penalties and subject my business license and/or massage establishment license to suspension or revocation. I also understand that an owner/operator which is listed above must be on-site during all business hours. I have read and understand sections 5.44 et seq. of the San Marcos Municipal Code of regulatory ordinances pertaining to Massage Establishments.

_____ _____

Date Signature

City of San Marcos, California | Finance Department 1 Civic Center Drive San Marcos, CA 92069 (760) 744-1050 x3101 **san-marcos.net**