

COMMUNITY DEVELOPMENT DEPARTMENT

CODE ENFORCEMENT 10300 TORRE AVENUE • CUPERTINO, CA 95014-3202 (408) 777-3182 • code@cupertino.org

Massage Permit Fee Schedule

The following information is provided to all individuals interested in obtaining a massage establishment permit or massage managing employee permit from the City of Cupertino.

Fees:

Fees for massage permits are due at the time of application and are non-refundable. The current fee structure for a Massage Permit are as follows:

•	Massage Establishment Permit Fee * Renewals * Basic Business License	\$357.04 \$119.42 \$173.00
•	Massage Managing Employee Permit Fee * Renewals * Basic Business License	\$317.17 \$119.42 \$173.00

Revised: 09/2023



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Pe	rmit Number_	
	Original	
П	Renewal	

City of Cupertino Massage Permit Application

	□ Managing Em	lishment Permit ployee Permit	

Massage Establ	lishment Name		
Address		Business P	hone
Exact Nature o	f Massage Services Ad	ministered	
******		**************************************	********
addresses of e corporation, th of incorporatio legal names an additional shee	ach general and limi e name of the corporat on or charter together v nd street addresses of ets if necessary)	ted partner. If one or ion shall be set forth ex with the state and date of each of its current off	ovide the names and street more of the partners is a cactly as shown in its articles of incorporation and the full ficers and directors. (Attach
Applicant Nam	e Last,		
	Last,	First	Middle
Alias, Maiden	or Former Names		
Current Home	Address		
City	_State	Zip Code	
CAMTC Certif	icate Number		

Massage, Permit Application Revised: 03/2022

Cell Phon	e	Busine	ess Phone		
Date of B	irth	Place	of Birth		
Driver's L	License/State Ident	ification Number	<u>.</u>	State	
Social Sec	curity Number				
Sex	Height	Weight_	Eyes	Hair	
United Sta	ates Citizen?	_Registered Alie	en?Gree	en Card Number	
*****	******	******	******	******	****
((Please list all residential a		Addresses t three years. Attach	additional sheets if necessary)	
Address_					
City		_State	_Zip Code	Dates	
Address_					
City		_State	_Zip Code	Dates	
Address_					
City		_State	_Zip Code	Dates	
*****	*****	*****	*****	******	****
			ent History st recent employers)		
Current E	mployer				
Address_			Telephone	Number	
City	State	eZ	ip Code	Dates	
Position H	Held	Superv	isor's Name		
Previous I	Employer				
				Number	
				Dates	

Massage, Permit Application Revised: 03/2022

Massage/Relaxation Employment History

(Please list information for the past ten years. Attach additional sheets if necessary)

Establishment N	ame				
Address		Telephon	e Number		
City	State	Zip Code	Dates		
Position Held		Supervisor's Name	<u>-</u>		
Establishment N	ame				
Address		Telephon	e Number		
City	State	Zip Code	Dates		
Position Held		Supervisor's Name			
Establishment N	ame				
Address		Telephone Number			
City	State	Zip Code	Dates		
Position Held		Supervisor's Name	_		
Establishment N	ame				
Address		Telepho	ne Number		
City	State	Zip Code	Dates		
Position Held		Supervisor's Nan	ne		
****	*****	******	*****		
true and correct. omissions within information prov	I understand this application wided herein is	that making false, mislo on will result in the app found to be false, misle	nd information contained herein are eading, or fraudulent statements or lication being denied. If any of the eading, or fraudulent after a permit ocation of said permit(s) by the Cit		
Signature	2	Print Name	Date		



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City of Cupertino Massage Permit Application Questionnaire

□ Massage]	Establishment Pe	rmit 🗆 M	Ianaging Employee Pe	rmit
Applicant Name: _	Last	First	Middle	
Business Name:				
application. If you undergo a full and answer all question	are CAMTC cell independent bac ons accurately. S attach a typewrit	ertified massage the ekground check we should you need eten statement to the	he review of your Mass herapist, you are not a ith the City of Cupert to provide explanation his questionnaire. Be a of your application.	required to ino. Please on for any
certificate, per related business If yes, please at • The dat • The rea • The nai	mit, or other auth s, suspended or rev tach details provid e/s of the suspension son for the suspension	norization to engage woked within the partial the following is on or revocation. Sion or revocation of the jurisdiction of	nt of a business, had ge in the practice of a sat ten years?	massage or -
abatement productions? Penal Code significations? If yes, please at The nar The dat	ceeding under the Sections 11225 tach details providence and address of the that you were ended.	e California Red through 11325) ding the following it the business. mployed at the business.		(California in other

Massage Application Questionnaire Revised: March 2022

including the case number. The outcome of the abatement.

	Signature Print Name	Date
are sta dei fra	Under penalty of perjury, I attest that all statements and information contare true and correct. I understand that making false, misleading, o statements or omissions within this application will result in the appli denied. If any of the information provided herein is found to be false, m fraudulent after a permit has been issued, it shall be grounds for immediate said permit(s) by the City of Cupertino.	r frauduler cation bein isleading, c
8.	8. Have you been convicted for any offense other than traffic violations we ten years? If yes, please attach additional details.	ithin the pa
7.	7. Have you ever been convicted of any offense involving the use of force upon another person, any offense involving sexual misconduct with chi offense involving theft? If yes, please attach additional details	ldren, or an
6.	6. Have you ever been convicted of an offense which involves violation Health and Safety Sections 11351, 11352, 11358 through 11363, 113 11380, 11054, 11056, 11057, 11058, any other violation(s) invo possession for sale, or sales of a controlled substance, or equivalent of the laws of another jurisdiction, even if expunged pursuant to Penal C 1203.4? If yes, please attach additional details.	78 through lving illega ffenses unde
5.	 Have you ever been convicted of an offense which requires registration California Penal Code Section 290? If yes, please attach additional details. 	n pursuant t
4.	4. Have you ever been convicted of an offense which is in violation of the the California Penal Code Sections 266(I), 311 through 311.7, 314, 31 647(b) or (d), or equivalent offenses under the laws of another jurisdic expunged pursuant to Penal Code Section 1203.4? If yes, please attach additional details.	15, 316, 318
3.	3. Have you previously applied to the City of Cupertino for a massage of permit, managing employee permit, or massage therapist permit? If yes, please attach the date of application and every name under application was made.	