

**CITY OF SAN MARCOS
1 CIVIC CENTER DRIVE
SAN MARCOS, CA 92069
(760) 744-1050, EXT. 3101**

OWNER/OPERATOR WITH CAMTC CERTIFICATION

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: _____
(Number) (Street) (City) (State) (Zip)

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 of Owner/Operator

OFFICE USE ONLY

ATTACH TO LICENSE # _____

CAMTC CERT VERIFIED: _____