



DEVELOPMENT SERVICES DEPARTMENT  
PLANNING DIVISION  
Telephone (909) 931-4130  
Facsimile (909) 931-4321

## CITY OF UPLAND MESSAGE OPERATORS PERMIT

The City of Upland wishes to facilitate the ethical practice of massage by the orderly regulation of massage operators in the interest of public health, safety, and welfare. As a result, massage establishment owners in the City of Upland are required to obtain a Massage Operator's Permit (MOP) and a City of Upland business licenses.

This information sheet was prepared to assist massage establishment owners to understand the permit and license requirements and is not intended to supersede any provisions in the Upland Municipal Code.

### **MESSAGE OPERATORS PERMIT (MOP)**

#### ***Who is required to obtain a massage operators permit?***

Any establishment in a fixed place of business at which massage is performed for a fee and where massage is a primary use of service is required to obtain a massage establishment permit. Exemptions can be found in Upland Municipal Code Section 17.29 Massage Therapy.

#### ***How do I file an application for a Massage Operators Permit?***

In order to file an application for a Massage Operator's Permit, the business owner will need to provide all required information and documentation required on the application forms. The attached forms include:

FORM NO. 1	General Application and Required Filing Requirements
FORM NO. 2	Business Owner Information
FORM NO. 3	Business Owner Previous Employment History
FORM NO. 4	Massage Permit History
FORM NO. 5	Other Businesses Owned by Business Owner
FORM NO. 6	Employee Information
FORM NO. 7	Live Scan How to and Application

#### ***How do I submit my application?***

The applications can be returned to the front counter of the **City of Upland Planning Division, 460 N. Euclid Ave, Upland CA, 91786** during normal business hours (Monday – Thursday, 8:00 am – 5:00 pm, closed 12:00 pm-1:00 pm for Lunch). Applications will not be accepted through the mail or through e-mail. Fees can be paid in cash (exact amount), personal check, credit card or Cashier's check. Live scan information shall be submitted to the City of Upland Police Department, 1499 W 13<sup>th</sup> Street, Upland CA 91786.

#### ***When will I receive my permit?***

Generally, applications are approved and permits are issued within 60-90 days from the date received, unless delayed by other factors that require additional review by the City of Upland. Please Contact the Upland Planning Division at (909) 931-4130 with any additional questions.



# MESSAGE OPERATOR'S PERMIT APPLICATION FORM NO. 1 GENERAL APPLICATION AND FILING REQUIREMENTS

<p><b>Message Business Information</b></p> <p>Location/Address: _____</p> <p>Business Name: _____</p> <p>Type of Ownership:</p> <p><input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership</p> <p><input type="checkbox"/> Other: _____</p>	<p style="text-align: center;"><b>STAFF ONLY SECTION</b></p> <p><b>FILE NO.:</b></p> <p><b>MOP</b> _____ - _____</p> <hr/> <p><b>RELATED FILES:</b></p>
<p><b>AUTHORIZED REPRESENTATIVE NAME:</b></p> <p>_____</p> <p><b>ADDRESS:</b> _____</p> <p>_____</p> <p><b>PHONE:</b> _____</p> <p><b>FAX:</b> _____</p> <p><b>E-MAIL:</b> _____</p>	<p><b>PROPERTY OWNER:</b></p> <p>_____</p> <p><b>ADDRESS:</b> _____</p> <p>_____</p> <p><b>PHONE:</b> _____</p> <p><b>FAX:</b> _____</p> <p><b>E-MAIL:</b> _____</p>
<p><b>STAFF ONLY SECTION</b></p> <p>Assessor Parcel No. (APN): _____</p> <p>General Plan/ Zoning Designation: _____</p> <p>Existing Land Use: _____</p>	

<b>APPLICANT CERTIFICATION</b>
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I hereby certify that the information provided is complete and that the facts, statements, and information presented are true and correct to the best of my knowledge and belief. I authorize the City and its agents and employees to seek verification of the application information provided.

\_\_\_\_\_

Signature Date

<b>DATE RECEIVED:</b>	<b>RECEIVED BY:</b>	<b>FEES:</b>	<b>RECEIPT NO:</b>

## Filing Requirements

### General:

- All plans **must** be folded to approximately 8.5 x 11 inches.
- A digital copy of all applicable materials in JPEG and PDF format on a flash drive is required upon submission to the Planning Department.
- Color photographs of the interior and exterior of the site.

### Massage Establishment Operator Permit:

- A letter describing the request in detail.
  - Provide hours of operation. The premises shall be open, only between the hours of 7:00 am and 9:00 pm Massage services shall be carried out and concluded in time to comply with the 9:00 pm closing time.
  - Provide a list of services available as approved pursuant to the application and the cost of such services shall be posted in an open public place within the premises and shall be described in readily understandable language.
- A notarized letter identifying the authorized representative from the owner(s) is required if the business is owned by more than one person.
  - If the applicant is a corporation, the name of the corporation shall be set forth exactly as shown in its articles of incorporation or charter together with the state and date of incorporation and the names and residence addresses of each of its current officers, directors and each stockholder holding more than five percent of the stock of that corporation.
  - If the applicant is a partnership, the application shall set forth the name and residence address of each of the partners, including limited partners.
  - If the applicant is a limited partnership, it shall furnish a copy of its certificate of limited partnership filed with the secretary of state. If one or more of the partners is a corporation, the provisions of the subsection pertaining to corporations shall apply.
- A notarized letter of authorization from the property owner(s) is required if the application is not being made by the property owner(s).
- A complete current list of the names and residence addresses of all proposed massage technicians (Please submit copies of all employee CAMTC License's with Photo ID), aides, trainees and other employees who are or will be employed in the massage establishment, if known. If not known at the time of submission of the application the applicant shall provide the required information no later than ten calendar days prior to opening for business.
- The name and residence addresses of the proposed operator and manager who will be principally in charge of the operation of the massage establishment.
- A description of any other business operated on the same premises as the proposed massage establishment, or within the city or the state, which is owned or operated by the owner or operator.
- In the event the applicant is not the legal owner of the property, the application must be accompanied by a copy of the lease and notarized affidavit from the owner of the property acknowledging that a massage establishment will be located on his/her property.



## Plans & Exhibits Check List

The following Massage Establishment Design Standards shall be included on the illustrated plans and/or exhibits demonstrating that the facilities meet all of the following requirements:

- Signs shall be in conformance with Chapter 17.15 (Signs)
- Minimum lighting shall be provided in accordance with the California Building Code or successor provision or provisions. In addition, at least one artificial light of not less than 60 watts shall be provided in each room or enclosure where massage services are performed on patrons. The lighting in each room or enclosure shall be activated and maintained in operation without interruption at all times while patron is in such room or enclosure.
- Adequate equipment for disinfecting and sterilizing instruments used in performing the acts of massage shall be readily available.
- Hot and cold running water shall be provided at all times.
- Closed cabinets with solid doors shall be provided for storage of clean linens.
- Adequate, dressing, locker, and toilet facilities shall be provided to patrons. Dressing areas and lockers that are capable of being locked, may be provided in enclosed massage therapy rooms; alternatively separate male and female dressing rooms with lockers that are capable of being locked, shall be provided.
- Restrooms shall be provided either as a single occupancy gender neutral restroom facility, or separate male and female restrooms shall be provided.
- A minimum of one separate wash basin for employees shall be provided at all times. The basin shall be separate from the public restrooms and located within or as close as practical to the area devoted to performing massage services. Sanitary towels shall also be provided at each basin.
- Massage tables or massage chairs of a type and nature used by professionals in this industry shall be utilized and each shall have, at minimum, a 2-inch thick foam pad covered with durable, washable plastic or other waterproof material. Beds, floor mattresses, and waterbeds are not permitted to be used.
- No massage establishment shall have installed or utilized any signaling devices of any type to alert employees and/or customers to the presence of law enforcement personnel.
- The receptionist's station shall be a designated area for greeting customers, contiguous to the customer lobby. If partitioned from the customer lobby, it shall have and maintain at all times, a clear, unobstructed opening, or an opening of clear unobstructed glass, at least thirty inches by thirty inches which allows unobstructed visibility between the customer lobby and the interior of the receptionist station.
- Submit copies of all employee CAMTC License's with Photo ID.
- All Businesses shall be inspected the City of Upland Police Department, after application submittal, please call the Upland Police Department, Code Enforcement Division at (909)931-4260.

**Return completed application to:**  
Upland Planning Division  
460 N. Euclid Ave  
Upland, CA 91786



# MESSAGE OPERATOR'S PERMIT APPLICATION FORM NO. 2 BUSINESS OWNER INFORMATION

<b>Message Business Information</b> Location/Address: _____ Business Name: _____ Business License No: _____	<b>STAFF ONLY SECTION</b> <b>FILE NO.:</b>  <b>MOP</b> _____ - _____
<b>Owner (s) Information</b>	
<b>Owner Name: First</b> _____ <b>M(Initial)</b> _____ <b>Last</b> _____ <b>Phone No:</b> _____ <b>DOB:</b> _____ <b>Driver License/California ID No.</b> _____ <b>Residential Address for the Past Eight Years:</b> _____ From: _____ To: _____ _____ From: _____ To: _____ _____ From: _____ To: _____ _____ From: _____ To: _____	
<b>Owner Name: First</b> _____ <b>M(Initial)</b> _____ <b>Last</b> _____ <b>Phone No:</b> _____ <b>DOB:</b> _____ <b>Driver License/California ID No.</b> _____ <b>Residential Address for the Past Eight Years:</b> _____ From: _____ To: _____ _____ From: _____ To: _____ _____ From: _____ To: _____ _____ From: _____ To: _____	
<b>Owner Name:</b> _____ <b>Phone No:</b> _____ <b>DOB:</b> _____ <b>Driver License/California ID No.</b> _____ <b>Residential Address for the Past Eight Years:</b> _____ From: _____ To: _____ _____ From: _____ To: _____ _____ From: _____ To: _____ _____ From: _____ To: _____	

**Owner Name: First** \_\_\_\_\_ **M(Initial)** \_\_\_\_\_ **Last** \_\_\_\_\_

**Phone No:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Driver License/California ID No.** \_\_\_\_\_

**Residential Address for the Past Eight Years:**

\_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

**Owner Name: First** \_\_\_\_\_ **M(Initial)** \_\_\_\_\_ **Last** \_\_\_\_\_

**Phone No:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Driver License/California ID No.** \_\_\_\_\_

**Residential Address for the Past Eight Years:**

\_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

**Owner Name: First** \_\_\_\_\_ **M(Initial)** \_\_\_\_\_ **Last** \_\_\_\_\_

**Phone No:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Driver License/California ID No.** \_\_\_\_\_

**Residential Address for the Past Eight Years:**

\_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

**Owner Name: First** \_\_\_\_\_ **M(Initial)** \_\_\_\_\_ **Last** \_\_\_\_\_

**Phone No:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Driver License/California ID No.** \_\_\_\_\_

**Residential Address for the Past Eight Years:**

\_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_



# MESSAGE OPERATORS PERMIT APPLICATION FORM NO. 3 BUSINESS OWNER PREVIOUS EMPLOYMENT HISTORY

<b>Message Business Information</b> Location/Address: _____ Business Name: _____	<b>STAFF ONLY SECTION</b> FILE NO.: _____ MOP _____ - _____
<b>List of Previous Employment for the past Eight Years</b>	
<b>Employer Name:</b> _____ <b>From:</b> _____ <b>To:</b> _____ <b>Dates of Employment:</b> _____ <b>Phone No.</b> _____ <b>Employer Address:</b> _____ _____	
<b>Employer Name:</b> _____ <b>From:</b> _____ <b>To:</b> _____ <b>Dates of Employment:</b> _____ <b>Phone No.</b> _____ <b>Employer Address:</b> _____ _____	
<b>Employer Name:</b> _____ <b>From:</b> _____ <b>To:</b> _____ <b>Dates of Employment:</b> _____ <b>Phone No.</b> _____ <b>Employer Address:</b> _____ _____	
<b>Employer Name:</b> _____ <b>From:</b> _____ <b>To:</b> _____ <b>Dates of Employment:</b> _____ <b>Phone No.</b> _____ <b>Employer Address:</b> _____ _____	

**Employer Name:** \_\_\_\_\_ **From:** \_\_\_\_\_ **To** \_\_\_\_\_  
**Dates of Employment:** \_\_\_\_\_ **Phone No.** \_\_\_\_\_  
**Employer Address:** \_\_\_\_\_

**Employer Name:** \_\_\_\_\_ **From:** \_\_\_\_\_ **To** \_\_\_\_\_  
**Dates of Employment:** \_\_\_\_\_ **Phone No.** \_\_\_\_\_  
**Employer Address:** \_\_\_\_\_

**Employer Name:** \_\_\_\_\_ **From:** \_\_\_\_\_ **To** \_\_\_\_\_  
**Dates of Employment:** \_\_\_\_\_ **Phone No.** \_\_\_\_\_  
**Employer Address:** \_\_\_\_\_

**Employer Name:** \_\_\_\_\_ **From:** \_\_\_\_\_ **To** \_\_\_\_\_  
**Dates of Employment:** \_\_\_\_\_ **Phone No.** \_\_\_\_\_  
**Employer Address:** \_\_\_\_\_

**Employer Name:** \_\_\_\_\_ **From:** \_\_\_\_\_ **To** \_\_\_\_\_  
**Dates of Employment:** \_\_\_\_\_ **Phone No.** \_\_\_\_\_  
**Employer Address:** \_\_\_\_\_

**Employer Name:** \_\_\_\_\_ **From:** \_\_\_\_\_ **To** \_\_\_\_\_  
**Dates of Employment:** \_\_\_\_\_ **Phone No.** \_\_\_\_\_  
**Employer Address:** \_\_\_\_\_



# MESSAGE OPERATOR'S PERMIT APPLICATION FORM NO. 4 MESSAGE PERMIT HISTORY

<b>Message Business Information</b> Location/Address: _____ Business Name: _____	<b>STAFF ONLY SECTION</b> <b>FILE NO.:</b> _____ <b>MOP</b> _____ - _____
<b>List of Previous or Currently Held Massage Permits</b>	
<b>Permit Holder Name: First</b> _____ <b>Last</b> _____ <b>Location/Address:</b> _____ <b>Permit Name:</b> _____ <b>Permit No.:</b> _____ <b>Date Issued:</b> _____ <b>Date Expired:</b> _____ <b>Has this permit ever been denied, revoked or suspended:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b>If yes, provide a brief reason:</b> _____ _____ _____	
<b>Permit Holder Name: First</b> _____ <b>Last</b> _____ <b>Location/Address:</b> _____ <b>Permit Name:</b> _____ <b>Permit No.:</b> _____ <b>Date Issued:</b> _____ <b>Date Expired:</b> _____ <b>Has this permit ever been denied, revoked or suspended:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b>If yes, provide a brief reason:</b> _____ _____ _____	
<b>Permit Holder Name: First</b> _____ <b>Last</b> _____ <b>Location/Address:</b> _____ <b>Permit Name:</b> _____ <b>Permit No.:</b> _____ <b>Date Issued:</b> _____ <b>Date Expired:</b> _____ <b>Has this permit ever been denied, revoked or suspended:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b>If yes, provide a brief reason:</b> _____ _____ _____	

**Permit Holder Name: First** \_\_\_\_\_ **Last** \_\_\_\_\_  
**Location/Address:** \_\_\_\_\_  
**Permit Name:** \_\_\_\_\_  
**Permit No.:** \_\_\_\_\_ **Date Issued:** \_\_\_\_\_ **Date Expired:** \_\_\_\_\_  
**Has this permit ever been denied, revoked or suspended:**  **YES**  **NO**  
**If yes, provide a brief reason:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Permit Holder Name: First** \_\_\_\_\_ **Last** \_\_\_\_\_  
**Location/Address:** \_\_\_\_\_  
**Permit Name:** \_\_\_\_\_  
**Permit No.:** \_\_\_\_\_ **Date Issued:** \_\_\_\_\_ **Date Expired:** \_\_\_\_\_  
**Has this permit ever been denied, revoked or suspended:**  **YES**  **NO**  
**If yes, provide a brief reason:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Permit Holder Name: First** \_\_\_\_\_ **Last** \_\_\_\_\_  
**Location/Address:** \_\_\_\_\_  
**Permit Name:** \_\_\_\_\_  
**Permit No.:** \_\_\_\_\_ **Date Issued:** \_\_\_\_\_ **Date Expired:** \_\_\_\_\_  
**Has this permit ever been denied, revoked or suspended:**  **YES**  **NO**  
**If yes, provide a brief reason:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Permit Holder Name: First** \_\_\_\_\_ **Last** \_\_\_\_\_  
**Location/Address:** \_\_\_\_\_  
**Permit Name:** \_\_\_\_\_  
**Permit No.:** \_\_\_\_\_ **Date Issued:** \_\_\_\_\_ **Date Expired:** \_\_\_\_\_  
**Has this permit ever been denied, revoked or suspended:**  **YES**  **NO**  
**If yes, provide a brief reason:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# MESSAGE OPERATOR'S PERMIT APPLICATION FORM NO. 5 OTHER BUSINESSES OWNED BY BUSINESS OWNER(S)

<b>Message Business Information</b> Location/Address: _____ Business Name: _____	<b>STAFF ONLY SECTION</b> FILE NO.: _____ MOP _____ - _____
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## List of Other Businesses Owned or Operated by Massage Operator

**Business Name:** \_\_\_\_\_ **From:** \_\_\_\_\_ **To:** \_\_\_\_\_

**Phone No.:** \_\_\_\_\_ **Type of Business:** \_\_\_\_\_

**Business Owner Name:** \_\_\_\_\_

**Ownership Type:**  Individual  LLC  Corp.  Inc.  \_\_\_\_\_

**Business Address:** \_\_\_\_\_

\_\_\_\_\_

**Business Name** \_\_\_\_\_ **From:** \_\_\_\_\_ **To:** \_\_\_\_\_

**Phone No.:** \_\_\_\_\_ **Type of Business:** \_\_\_\_\_

**Business Owner Name:** \_\_\_\_\_

**Ownership Type:**  Individual  LLC  Corp.  Inc.  \_\_\_\_\_

**Business Address:** \_\_\_\_\_

\_\_\_\_\_

**Business Name:** \_\_\_\_\_ **From:** \_\_\_\_\_ **To:** \_\_\_\_\_

**Phone No.:** \_\_\_\_\_ **Type of Business:** \_\_\_\_\_

**Business Owner Name:** \_\_\_\_\_

**Ownership Type:**  Individual  LLC  Corp.  Inc.  \_\_\_\_\_

**Business Address:** \_\_\_\_\_

\_\_\_\_\_

**Business Name:** \_\_\_\_\_ **From:** \_\_\_\_\_ **To:** \_\_\_\_\_

**Phone No.:** \_\_\_\_\_ **Type of Business:** \_\_\_\_\_

**Business Owner Name:** \_\_\_\_\_

**Ownership Type:**  Individual  LLC  Corp.  Inc.  \_\_\_\_\_

**Business Address:** \_\_\_\_\_

\_\_\_\_\_

**Business Name:** \_\_\_\_\_ **From:** \_\_\_\_\_ **To:** \_\_\_\_\_

**Phone No.:** \_\_\_\_\_ **Type of Business:** \_\_\_\_\_

**Business Owner Name:** \_\_\_\_\_

**Ownership Type:**  Individual  LLC  Corp.  Inc.  \_\_\_\_\_

**Business Address:** \_\_\_\_\_

\_\_\_\_\_

**Business Name:** \_\_\_\_\_ **From:** \_\_\_\_\_ **To:** \_\_\_\_\_

**Phone No.:** \_\_\_\_\_ **Type of Business:** \_\_\_\_\_

**Business Owner Name:** \_\_\_\_\_

**Ownership Type:**  Individual  LLC  Corp.  Inc.  \_\_\_\_\_

**Business Address:** \_\_\_\_\_

\_\_\_\_\_

**Business Name:** \_\_\_\_\_ **From:** \_\_\_\_\_ **To:** \_\_\_\_\_

**Phone No.:** \_\_\_\_\_ **Type of Business:** \_\_\_\_\_

**Business Owner Name:** \_\_\_\_\_

**Ownership Type:**  Individual  LLC  Corp.  Inc.  \_\_\_\_\_

**Business Address:** \_\_\_\_\_

\_\_\_\_\_



# MESSAGE OPERATOR'S PERMIT APPLICATION FORM NO. 6 EMPLOYEE INFORMATION

(For Individual Screenings a deposit of \$800.00 is required. An individual screening is required when a new employees without a CMTC license is hired after the business has an approved Massage Operators Permit)

<b>Message Business Information</b>  Location/Address: _____  Business Name: _____	<b>STAFF ONLY SECTION</b>  <b>FILE NO.:</b>  <b>MOP</b> _____ - _____
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**List Information for all Employees**

**Employee Name: First** \_\_\_\_\_ **Last** \_\_\_\_\_

**Phone No:** \_\_\_\_\_ **Drivers License or California ID No:** \_\_\_\_\_

**Employment Position:**  **Massage Technician**  **Aid**  **Trainee**  \_\_\_\_\_

**CAMTC ID No:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

**Residential Address:** \_\_\_\_\_  
\_\_\_\_\_

**Employee Name: First** \_\_\_\_\_ **Last** \_\_\_\_\_

**Phone No:** \_\_\_\_\_ **Drivers License or California ID No:** \_\_\_\_\_

**Employment Position:**  **Massage Technician**  **Aid**  **Trainee**  \_\_\_\_\_

**CAMTC ID No:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

**Residential Address:** \_\_\_\_\_  
\_\_\_\_\_

**Employee Name: First** \_\_\_\_\_ **Last** \_\_\_\_\_

**Phone No:** \_\_\_\_\_ **Drivers License or California ID No:** \_\_\_\_\_

**Employment Position:**  **Massage Technician**  **Aid**  **Trainee**  \_\_\_\_\_

**CAMTC ID No:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

**Residential Address:** \_\_\_\_\_  
\_\_\_\_\_

**Employee Name: First** \_\_\_\_\_ **Last** \_\_\_\_\_

**Phone No:** \_\_\_\_\_ **Drivers License or California ID No:** \_\_\_\_\_

**Employment Position:**  **Massage Technician**  **Aid**  **Trainee**  \_\_\_\_\_

**CAMTC ID No:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

**Residential Address:** \_\_\_\_\_

\_\_\_\_\_

**Employee Name: First** \_\_\_\_\_ **Last** \_\_\_\_\_

**Phone No:** \_\_\_\_\_ **Drivers License or California ID No:** \_\_\_\_\_

**Employment Position:**  **Massage Technician**  **Aid**  **Trainee**  \_\_\_\_\_

**CAMTC ID No:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

**Residential Address:** \_\_\_\_\_

\_\_\_\_\_

**Employee Name: First** \_\_\_\_\_ **Last** \_\_\_\_\_

**Phone No:** \_\_\_\_\_ **Drivers License or California ID No:** \_\_\_\_\_

**Employment Position:**  **Massage Technician**  **Aid**  **Trainee**  \_\_\_\_\_

**CAMTC ID No:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

**Residential Address:** \_\_\_\_\_

\_\_\_\_\_

**Employee Name: First** \_\_\_\_\_ **Last** \_\_\_\_\_

**Phone No:** \_\_\_\_\_ **Drivers License or California ID No:** \_\_\_\_\_

**Employment Position:**  **Massage Technician**  **Aid**  **Trainee**  \_\_\_\_\_

**CAMTC ID No:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

**Residential Address:** \_\_\_\_\_

\_\_\_\_\_

**Employee Name:** \_\_\_\_\_

**Phone No:** \_\_\_\_\_ **Drivers License or California ID No:** \_\_\_\_\_

**Employment Position:**  **Massage Technician**  **Aid**  **Trainee**  \_\_\_\_\_

**CAMTC ID No:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

**Residential Address:** \_\_\_\_\_

\_\_\_\_\_

**Employee Name:** \_\_\_\_\_

**Phone No:** \_\_\_\_\_ **Drivers License or California ID No:** \_\_\_\_\_

**Employment Position:**  **Massage Technician**  **Aid**  **Trainee**  \_\_\_\_\_

**CAMTC ID No:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

**Residential Address:** \_\_\_\_\_

\_\_\_\_\_

**Employee Name:** \_\_\_\_\_

**Phone No:** \_\_\_\_\_ **Drivers License or California ID No:** \_\_\_\_\_

**Employment Position:**  **Massage Technician**  **Aid**  **Trainee**  \_\_\_\_\_

**CAMTC ID No:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

**Residential Address:** \_\_\_\_\_

\_\_\_\_\_

**Employee Name:** \_\_\_\_\_

**Phone No:** \_\_\_\_\_ **Drivers License or California ID No:** \_\_\_\_\_

**Employment Position:**  **Massage Technician**  **Aid**  **Trainee**  \_\_\_\_\_

**CAMTC ID No:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

**Residential Address:** \_\_\_\_\_

\_\_\_\_\_

**\*\*Attach copies of CAMTC License with Photo ID to this page\*\***



# MESSAGE OPERATOR'S PERMIT FORM 7 LIVE SCAN PROCESS

Who Must Get a Live Scan	
<p>You are requested to complete a Live Scan if you are an employee, or owner or operator of a business conducting massage. Massage Technicians with a valid and current California Massage Therapy Council Certification have already completed a Live Scan with the State and are therefore exempt from this requirement.</p>	
Directions	
<p><b>Step 1. Request a Live Scan Form from the Upland Planning Division. Planning Staff will provide the OCA Number.</b> <b>Step 2. Fill Out the "Applicant Information" section only</b> <b>Step 3. Schedule an appointment with the Upland Police Department</b> <b>Step 4. Pay the Live Scan Operator</b> <b>Step 5. Complete Live Scan</b></p>	
Materials Included in Application Packet	
Contact Us	
<p><b>City of Upland Planning Division 460 N. Euclid Avenue Upland, CA 91786 Phone (909) 931-4130</b></p> <p><b>Counter Hours: Mon. – Thurs. 8:00am – 5:30 pm Closed 12:00 pm- 1:00 pm</b></p>	<p><b>City of Upland Police Department Code Enforcement Division 1499 W 13<sup>th</sup> Street Upland, CA 91786 Phone (909)946-7624</b></p> <p><b>Counter Hours: Mon. – Fri. 8:00 a.m. – 5:00 p.m. (Must make an appointment to meet with the Officer)</b></p>

**Return completed Live Scan Form to:**  
City of Upland Police Department  
1499 W. 13<sup>th</sup> Street  
Upland, CA 91786



### REQUEST FOR LIVE SCAN SERVICE

#### Applicant Submission

CA0361100

ORI (Code assigned by DOJ)

NON-SWORN LEA PERSONNEL

Authorized Applicant Type

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

#### Contributing Agency Information:

CITY OF UPLAND - POLICE DEPARTMENT

Agency Authorized to Receive Criminal Record Information

1499 W. 13TH STREET

Street Address or P.O. Box

UPLAND

City

CA 91786

State ZIP Code

17803

Mail Code (five-digit code assigned by DOJ)

OFFICER KABAYAN

Contact Name (mandatory for all school submissions)

(909) 920-6530

Contact Telephone Number

#### Applicant Information

# Sample Only

Last Name

First Name

Middle Initial

Suffix

Other Name

(AKA or Alias) Last

First

Suffix

Date of Birth

Sex  Male  Female

Driver's License Number

Height

Weight

Eye Color

Hair Color

Billing Number

(Agency Billing Number)

Place of Birth (State or Country)

Social Security Number

Misc. Number

(Other Identification Number)

Home Address

Street Address or P.O. Box

City

State

ZIP Code

Your Number:

OCA Number (Agency Identifying Number)

Level of Service:

DOJ

FBI

If re-submission, list original ATI number:  
(Must provide proof of rejection)

Original ATI Number

Employer (Additional response for agencies specified by statute):

Employer Name

Mail Code (five digit code assigned by DOJ)

Street Address or P.O. Box

City

State

ZIP Code

Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency

LSID

ATI Number

Amount Collected/Billed