



City of Pacific Grove
Massage Permit Application

300 Forest Ave, Pacific Grove CA
Phone: (831) 648-3116

Please mail the completed application, a copy of your drivers license, or ID, and a copy of your CAMTC Certificate or ID card to Code Compliance, 300 Forest Ave, Pacific Grove, CA 93950 or email codecompliance@cityofpacificgrove.org. The permit application fee is \$154.00.

APPLICANT TYPE											
Application Type:				Applicant Type:							
BUSINESS INFORMATION											
Business Name:						Today's Date:					
Business Owner Name:											
Business Street Address:											
Mailing Address:											
Primary Phone #:						Secondary Phone #:					
E-Mail Address:											
APPLICANT INFORMATION											
Applicant Name:											
Home Address:											
Primary Phone #:						Secondary Phone #:					
E-Mail Address:											
Govt. ID Type:				ID Number:				Expiration Date:			
Date of Birth:				Sex:		Eyes:		Hair:		HT:	
										WT:	
PGMC § 7.06 MASSAGE THERAPY AND MASSAGE BUSINESS OR ESTABLISHMENTS											
It shall be unlawful for any person to engage in or conduct a massage business or establishment in the city for compensation without first having obtained a permit to conduct such business pursuant to this chapter. Every applicant for a massage business or establishment permit shall complete an application furnished by the city, and shall pay the nonrefundable application fee as determined by city council resolution to cover the cost of the permitting activities established by this chapter. The permit required hereby shall be in addition to any business license required by the city's municipal code.											
CERTIFICATION											
I hereby certify under penalty of perjury that the information given is true and correct. I understand that providing false information or withholding information is grounds for denial or revocation of my permit and may subject me to criminal prosecution.											
Signature:						Date:					
For Official Use Only											
Permit #:				Permit Expiration:							
TracNet Entry By:				Date Entered:							
ID Proof Provided:				Fees Paid:							
Approved By:				Date Approved:							