



AGGOURA HILLS

Department of Planning

30001 Ladyface Court, Agoura Hills, CA 91301 Phone (818) 597-7309 / Fax (818) 597-7352 www.ci.agoura-hills.ca.us

MESSAGE ESTABLISHMENT PERMIT APPLICATION

APPLICANT (OWNER OF MESSAGE ESTABLISHMENT)				
Name:	The undersigned certifies under penalty of perjury under the State of California laws that all information in this application is true and correct.			
Address:				
Phone:	<i>Signature</i>		<i>Date</i>	
E-mail:	<i>If there are additional applicants, please use space on back.</i>			
BUSINESS LOCATION		LAND OWNER		
Name of Business:	Name:			
Address:	Address:			
Phone:	Phone:			
Assessor's Parcel Number:	E-mail:			
<i>To Be Completed by Staff</i>		The undersigned certify record ownership of the property described on the application, and hereby approve the action requested herein.		
Application Fee	P1	\$		
Received by:				
Date:	Case #:			
Notes:	<i>Signature</i>		<i>Date</i>	
<i>If there are additional owners, please use space on back.</i>				
DETAILED LIST OF SERVICES TO BE PROVIDED <i>Include specific types of massage and other related services in detail.</i>				
INDIVIDUALS PROVIDING MESSAGE <i>Include all employees and independent contractors. If there are additional, please use space on back.</i>				
Name	Telephone Number	Date Employed	Specific Duties	CAMTC Certificate No.

