



# PUBLIC HEALTH PERMIT/LICENSE - SUPPLEMENTAL APPLICATION MESSAGE ESTABLISHMENT

Environmental Health Division  
5050 Commerce Drive, Baldwin Park, CA 91706  
[www.publichealth.lacounty.gov/eh](http://www.publichealth.lacounty.gov/eh)  
(888) 700-9995



<b>Date of Application:</b>	<b>Legal Name of Business (DBA):</b>	<b>OFFICE USE ONLY</b> SR # _____ Invoice # _____	
<b>ATTACHMENTS</b>	<p>The following documents must be submitted with this application:</p> <ol style="list-style-type: none"> <li>1. Public Health Permit/License Application;</li> <li>2. Written evidence that the applicant is at least 18 years of age (i.e., California Driver License, Passport, State ID);</li> <li>3. A list of all Massage Establishment employees and their CAMTC certification or a copy of their valid LA County Massage Technician license number;</li> <li>4. If applicable, provide provision of business license referral from the Los Angeles County Tax Collector.</li> <li>5. A copy of the Employer Identification Number (EIN) document.</li> </ol>	<p style="text-align: center;"><i>Check-off submitted documents:</i></p> <p style="text-align: right;"> <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/> </p>	
	<b>This Section to Be Completed by Applicant – Please Print or Type</b>		
<b>OWNER/S</b>	<b>Legal names and other names used by all owners and co-owners in the last five (5) years:</b>	<b>Residence Address</b>	<b>Telephone Number/s</b>
	Owner 1:		
	Owner 2:		
<b>OWNERSHIP CATEGORY</b>			
<input type="checkbox"/> Individual/Sole Proprietorship (Provide Seller's Permit, Business License, & Driver License) <span style="float: right;"><b>Section A:</b> List of Corporate Officers or Limited Partners:</span>			
For the following, provide: Seller's Permit, Business License, Federal Employee Identification Number (Tax ID), Articles of Incorporation (INC) or Articles of Organization (LLC), and Statement of Information <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Corporation - fill out <b>Section A</b>  <input type="checkbox"/> Limited Liability Company (LLC) - fill out <b>Section A</b>  <input type="checkbox"/> Limited Partnership (LP)  <input type="checkbox"/> Limited Liability Partnership (LLP)  <input type="checkbox"/> Partnership  <input type="checkbox"/> Other, specify: _____         </div> <div style="width: 45%;">           _____            _____            _____            _____         </div> </div>			
<b>CONVICIONS</b>			
Declare all convictions, except for minor traffic violations. <b>If none, initial here:</b> Owner 1 _____; Owner 2 _____			
	<b>Date of Conviction:</b>	<b>Nature of Offense:</b>	<b>Nature of Sentence:</b>
Owner 1:			
Owner 2:			
<b>VIOLATIONS</b>	Report any and all violations within the last five (5) years, including revocation, suspensions or denials of any licenses or permits, of any City, County or State laws governing Massage Establishments. <b>If none, initial here:</b> Owner 1 _____; Owner 2 _____		
	<b>Owner 1</b>	<b>Owner 2</b>	
<b>ACKNOWLEDGMENT</b>	By signing below, I acknowledge that the information contained in this Public Health Permit/License Supplemental Application and attached documents are true and correct; and I am responsible for the conduct of the establishment and will comply with the Business and Professions Code section 4600 et seq., and any local, State, or federal laws.		
	<b>Owner 1</b>	<b>Owner 2</b>	
	Print Name:	Print Name:	
	Signature:	Signature:	
	Title:	Title:	
Date:	Date:		