



COMMUNITY DEVELOPMENT DEPARTMENT
CODE ENFORCEMENT
10300 TORRE AVENUE • CUPERTINO, CA 95014-3202
(408) 777-3182 • code@cupertino.gov
www.cupertino.gov

Massage Establishment Permit – Employee(s) Acknowledgement

I, _____, the undersigned applicant/permit holder of
(Please print name here)

_____, declare as follows:
(Name of Establishment here)

1. I declare and acknowledge that any changes in the operation of the establishment must be communicated to the City of Cupertino Code Enforcement Division prior to these taking place.
2. I understand it is my responsibility to file a Permit Update prior to any changes taking place. Payment of any applicable fee(s) is due at the time of filing.
3. I declare (Initial only that which applies to your permit):

_____ I do not have any massage technician employees working at the above-named establishment.

_____ I have provided a complete list of all massage technician employees working at the above-named establishment, including certificate information and government issued identification for each.

4. I understand that failure to follow the [Cupertino Municipal Code](#) may result in violations which can lead to enforcement actions, including citations and/or referral to California Massage Therapy Council (CAMTC), and can result in the revocation of the Establishment Permit.

I hereby certify that I understand the aforementioned terms. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on this _____ day of _____, 20____, in _____,
California.

SIGNATURE

PRINT NAME

**List employees on back side.*

List of Employees:

Name:

Title or Position Held & Date of Hire:

[illegible]