



TOWN OF PARADISE POLICE DEPARTMENT

5595 Black Olive Drive, Paradise, CA 95969 • 24-Hour (530) 872-6241 • General (530) 872-6161 • FAX (530) 872-4950

INSTRUCTIONS TO APPLICANT

Massage License Owner – Initial or Renewal

In order to obtain or renew your local regulatory permit as a Massage Therapist and owner of establishment, please complete the following items and return them to the Paradise Police Department: By applying for a Massage License Owner Permit, you are registering for the Town's Business License. (Business License Fee Waived)

- Completed and Signed Business License Application
- Massage License fee
 - Initial Fee made payable to the Town of Paradise (See current Master Fee Schedule)
 - OR**
 - Renewal Fee made payable to the Town of Paradise (See current Master Fee Schedule)
- Certification
 - Copy of Certificate of Completion from a certified massage therapist program **and/or**
 - Copy of current California Massage Therapy Council certificate* or California Association of Massage Therapists*
- Completed Live Scan fingerprint application (If neither of the above are submitted*)
- Payment of Live Scan fees (If none of above are submitted*)

A Live Scan fingerprint appointment will be made at the time the completed application is submitted. Payment for Live Scan services is payable at the time of the Live Scan appointment. Live Scan fees are non-refundable. No applications will be approved until the fingerprint results are returned by the Department of Justice. Please note: There is no specific time frame in which the Department of Justice is required to return results of fingerprints.

You will be notified when your application has been approved. At that time an appointment will be scheduled to receive your Massage license.

- Approval by Police Department

Massage licenses are valid for twelve months (12) from the date of issue. To renew, please submit an updated application and follow the process above.

It is the responsibility of the applicant to know and understand the relevant Town municipal code section and any other state or federal codes which may apply.

The Town of Paradise Municipal Codes and current Master Fee Schedule can be found at www.townofparadise.com

• It is unlawful for any person or entity to violate or fail to comply with the provisions of chapter 5.18 of the Paradise Municipal Code. Such violation shall be punishable as an infraction. • Under Federal and State law, a fee may be collected in addition to any other fees for compliance with disability access laws.

Revised 5/2/18



Town of Paradise

Business License Application

5555 Skyway
Paradise, CA 95969
Tel: 530-872-6291
www.townofparadise.com

New Business (\$40) Renewal (\$25) Commercial Home Based Business Bank Located outside Paradise

BUSINESS INFORMATION

Information in this section is available to the public if requested

Business Name:

Business Phone:

Business Website:

Business Address:

Would you like your Business Name and Website included in an online directory?

Yes No

City:

State:

ZIP Code:

Business Mailing Address (if different) (Address, City, State and ZIP):

NAICS Code: _____

Business Category (circle one):

If you do not know your NAICS code, visit
<https://www.census.gov/eos/www/naics/>

Retail / Construction & Development / Technology & Communication / Food Services & Ag
Production / Government & Non-Profit / Healthcare / Manufacturing / Tourism / Utilities /
Real Estate / Other

Number of Employees:

State of California Seller's Permit Number:

Hours/Days of Operation:

Tax Exempt

Yes No

Religious Organization

Yes No

Please describe in detail your business activity to be conducted within the Town of Paradise:

EMERGENCY CONTACT INFORMATION (PLEASE LIST 3 UNIQUE CONTACTS)

Personal Contact information will be kept private

Contact 1 – Business Owner Name:

Phone 1:

Phone 2:

Email:

Contact 2 – Name and Relationship/Title:

Phone 1:

Phone 2:

Email:

Contact 3 – Name and Relationship/Title:

Phone 1:

Phone 2:

Email:

Property Owner Name (if different from business owner)

Phone 1:

Phone 2:

Email:

Alarm Permit Number: _____

Alarm Type (circle all that apply):

Alarm Company: _____

Water Flow / Smoke Detector / Heat Detector / Manual Pull Box / motion – intruder /
Other _____

Responsible Contact:

Janitorial Service:

Phone:

Hours at Location:

BUILDING INFORMATION (NOT REQUIRED IF LOCATED OUTSIDE PARADISE)

Information in this section is available to the public if requested

Structure Type (circle one): Commercial / Residential Single Family / Residential Multi-Family / Assembly /
Manufacturing / Other _____

Floor plan diagram (Optional FD Use)

Animals Located on Business Premise?

Yes No

Fire Suppression System (Sprinklers)?

Yes No

Knox Box?

Yes No

Utility Shutoff Locations : Gas:

Hazardous Materials on site? Yes No

Hazardous Materials Location: _____

Electric:

For information on reporting requirements, visit

<http://www.buttecounty.net/publichealth/EnvironmentalHealth/Hazmat-CUPA.aspx>

TOWN OF PARADISE

Administrative Services Department, 5555 Skyway, Paradise, CA 95969 -- (530) 872-6291
Paradise Police Department, 5595 Black Olive Dr. Paradise, CA 95969 -- (530) 872-6241 or (530) 872-6161

Specialty Permit Information

 Initial Renewal

TO BE COMPLETED BY APPLICANT

Applicant Name: _____ Event Location: _____
Home Address: _____ Event Dates: _____ to _____
City: _____ State _____ ZIP: _____ Event Times: _____ to _____
Home Phone: _____ Event Dates: _____ to _____
DOB: _____ SSN: _____ Event Times: _____ to _____
CDL: _____ State _____ Expires: _____ Event Located in Downtown Paradise Area
Mobile _____ E-Mail _____ Type of Merchandise being sold? _____
Additional Information: _____

Address: _____ From _____ To _____
Address: _____ From _____ To _____
Address: _____ From _____ To _____

Have you ever been convicted of a felony, as defined by California law? YES NO
If YES, Date of conviction: _____ Offense _____
Have you ever been required to register with a law enforcement agency pursuant to Section 290 of the Penal Code?
 YES NO If YES, Date _____ Law Enforcement Agency _____

It shall be unlawful for any person knowingly to falsify or conceal any fact or make any false or fraudulent statement or misrepresentation in any matter or proceeding within the jurisdiction of any department or agency of the Town (Ordinance 16, Section 15-11).
I declare under the penalty of perjury that the foregoing is true and complete to the best of my knowledge and belief.
Signature: _____ Date _____