

DATE OF APPLICATION: _____



CITY OF MOUNTAIN VIEW POLICE DEPARTMENT MESSAGE ESTABLISHMENT EMPLOYEE LIST

ESTABLISHMENT NAME: _____

ESTABLISHMENT ADDRESS: _____

ESTABLISHMENT PHONE NUMBER: _____

MANAGER NAME: _____ PHONE #: _____

OWNER NAME: _____ PHONE #: _____

- This form **MUST** be completed at the time of application and annual renewal for establishment permit.
- A copy of Government photo identification **MUST** be provided for each employee employed for massage.
- This list **MUST** be updated within seven (7) business days of any change to massage employee staffing.
- Duplicate this form as needed to provide additional names and information or updates to the Police Department.

	NAME	CAMTC #/ EXPIRATION DATE	DATE OF HIRE
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