



City of
Santa Monica

Revenue Division
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Santa Monica, CA 90407-2200

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BUSINESS LICENSE MESSAGE BUSINESS MONTHLY REPORT

OFFICIAL USE ONLY

BL #:

Date Stamp

In accordance with Santa Monica Municipal Code Section 6.104.090(y), every Massage (Establishment) Operator shall, on or before the fifth (5th) working day of each calendar month, report to the City a full list of all employees, independent contractors, volunteers or other persons, including Massage Technicians, working or providing any service at the massage establishment. Such report shall include a statement by the Operator or Responsible Employee that each person performing massage services has a Santa Monica Massage technician permit or State Certification (**copy of certification must be attached to this report**).

BUSINESS ENTITY INFORMATION

Legal Business Name:		DBA (if applicable):	
Business Physical Address: _____			
Number Street Unit/Suite # City State Zip			
Business Phone:	Email:	Fax:	
Reporting Period:	Month:	Year:	
Contact First Name:	Last Name:		Title:
Information: Phone:	Email:		

MESSAGE TECHNICIANS and OTHER EMPLOYEES (use additional sheets if necessary)

1	<input type="checkbox"/> Technician <input type="checkbox"/> Other Employee <input type="checkbox"/> Other (specify):	Name: _____ Date Hired: _____ Date Terminated: _____ <input type="checkbox"/> W-2 Employee OR <input type="checkbox"/> 1099 Independent Contractor	<input type="checkbox"/> City Permit # OR <input type="checkbox"/> State Cert # (attach copy):
2	<input type="checkbox"/> Technician <input type="checkbox"/> Other Employee <input type="checkbox"/> Other (specify):	Name: _____ Date Hired: _____ Date Terminated: _____ <input type="checkbox"/> W-2 Employee OR <input type="checkbox"/> 1099 Independent Contractor	<input type="checkbox"/> City Permit # OR <input type="checkbox"/> State Cert # (attach copy):
3	<input type="checkbox"/> Technician <input type="checkbox"/> Other Employee <input type="checkbox"/> Other (specify):	Name: _____ Date Hired: _____ Date Terminated: _____ <input type="checkbox"/> W-2 Employee OR <input type="checkbox"/> 1099 Independent Contractor	<input type="checkbox"/> City Permit # OR <input type="checkbox"/> State Cert # (attach copy):
4	<input type="checkbox"/> Technician <input type="checkbox"/> Other Employee <input type="checkbox"/> Other (specify):	Name: _____ Date Hired: _____ Date Terminated: _____ <input type="checkbox"/> W-2 Employee OR <input type="checkbox"/> 1099 Independent Contractor	<input type="checkbox"/> City Permit # OR <input type="checkbox"/> State Cert # (attach copy):
5	<input type="checkbox"/> Technician <input type="checkbox"/> Other Employee <input type="checkbox"/> Other (specify):	Name: _____ Date Hired: _____ Date Terminated: _____ <input type="checkbox"/> W-2 Employee OR <input type="checkbox"/> 1099 Independent Contractor	<input type="checkbox"/> City Permit # OR <input type="checkbox"/> State Cert # (attach copy):

CERTIFICATION AND SIGNATURE

In accordance with SMMC Sections 6.104.090(x)(y), I certify that this is a full and complete report of all persons working or providing any service at this massage establishment and that all hires, rehires, discharges or terminations of Massage Technicians working at the massage establishment during the preceding calendar month have been reported to the City within three (3) working days of the date of hire, rehire, discharge or termination. I further certify that all persons providing massage services at this massage business possess a current, valid City of Santa Monica Massage Technician permit OR a California state massage certification issued by the California Massage Therapy Council.

Printed Name

Signature

Date

SANTA MONICA BUSINESS LICENSE—MESSAGE BUSINESS—MONTHLY REPORT