



SAN JOSE POLICE DEPARTMENT
 PERMITS UNIT
 (408) 277-4452
www.sjpd.org



MESSAGE BUSINESS ARREST NOTIFICATION FORM

SJMC 6.44.240 (A) – A Permittee shall immediately notify the Chief of Police of any of the following occurrences:

- Arrests of any owners, managers, employees, or Massage Therapists for an offense other than a misdemeanor traffic offense**

ARRESTEE INFORMATION

Employment Title:

- Owner Co-Owner Manager Therapist Other Employee

Massage Business Name:

Massage Business Phone:

Massage Business Address (Street #, Street, City, State, Zip Code):

Employee Name (First, Middle, Last):

Employee Residential Address – No P.O. Box (Street #, Street, City, State, Zip Code):

Job Duties:

Date of Hire:

/ /

Home Phone:

Cell Phone:

Male/Female:

Date of Birth:

Valid Government Photo ID:

Date of Arrest:

/ /

Arresting Law Enforcement Agency:

Explanation:

I CERTIFY UNDER PENALTY OF PERJURY THAT THE STATEMENTS I HAVE MADE ON THIS FORM ARE, TO THE BEST OF MY KNOWLEDGE, TRUE AND CORRECT.

 Print Name (First, Middle, Last)

Owner

Co-Owner

 Signature

 Date



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MESSAGE BUSINESS EMPLOYMENT STATUS NOTIFICATION FORM

SJMC 6.44.240 (A) – A Permittee shall immediately notify the Chief of Police of any of the following occurrences:

- 2. Resignations, terminations, or transfers of owner/manager licensee or Massage Therapists employed or otherwise retained by Permittee to provide massage**

SJMC 6.44.530 (A) – The permittee shall notify the chief of police, in writing, of the name and residence and business premises address of each person employed as a massage therapist or a manager prior to the start of employment.

EMPLOYMENT STATUS INFORMATION

Employee Title:

- Owner Co-Owner Manager Therapist

Massage Business Name:

Massage Business Phone:

Massage Business Address (Street #, Street, City, State, Zip Code):

Employment Status (select all that apply):

- New Hire Re-Hire

Resignation (explain) _____

Termination (explain) _____

Transfer (specify location) _____

Employee Name (First, Middle, Last):

Applicant Residential Address – No P.O. Box (Street #, Street, City, State, Zip Code):

Date of Hire:

From: / / To: / /

Home Phone:

Cell Phone:

Male/Female:

Date of Birth:

Valid Government Photo ID:

I CERTIFY UNDER PENALTY OF PERJURY THAT THE STATEMENTS I HAVE MADE ON THIS FORM ARE, TO THE BEST OF MY KNOWLEDGE, TRUE AND CORRECT.

 Print Name (First, Middle, Last)

Owner

Co-Owner

 Signature

 Date



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MESSAGE BUSINESS EVENT NOTIFICATION FORM

SJMC 6.44.240 (A) – A Permittee shall immediately notify the Chief of Police of any of the following occurrences:

- Any event involving the Massage Business, Permittee, owner/manager licensee or Massage Therapist that constitutes or may constitute a violation of this Chapter, Municipal Code, or state or federal law.

EMPLOYMENT STATUS INFORMATION

Employee Title:

Owner Co-Owner Manager Therapist

Massage Business Name:

Massage Business Phone:

Massage Business Address (Street #, Street, City, State, Zip Code):

Employee Name (First, Middle, Last):

Applicant Residential Address – No P.O. Box (Street #, Street, City, State, Zip Code):

Date of Hire:

From: / / To: / /

Home Phone:

Cell Phone:

Male/Female:

Date of Birth:

Valid Government Photo ID:

Explanation:

I CERTIFY UNDER PENALTY OF PERJURY THAT THE STATEMENTS I HAVE MADE ON THIS FORM ARE, TO THE BEST OF MY KNOWLEDGE, TRUE AND CORRECT.

 Print Name (First, Middle, Last)

Owner

Co-Owner

 Signature

 Date