

Business Site Address: _____

Business Site Parcel Number (to be filled in by the Planning Department): _____

Business Owner Name: _____

Business Owner Contact Information:

Address_____
Phone number_____
e-mail**Business Owner Signature attesting that all of the information provided is true and correct and agreeing to indemnification clause.**

1. I attest under penalty of perjury to the truth and accuracy of all the facts, exhibits, maps, and attachments presented with and made a part of this Registration.
2. I hereby agree to hold the County harmless from all costs and expenses, including attorney's fees, that the County incurs or held to be the liability of the County in connection with the County's defense of its actions in any proceeding brought in any State or Federal Court challenging the County's actions with respect to my project. This includes but is not limited to actions brought pursuant to the California Environmental Quality Act, the Alameda County Zoning Ordinance, or other State and County code and ordinance requirements. If I fail to defend adequately the County, the County may provide its own legal defense and project sponsor or its successors shall be responsible for the County's reasonable attorneys' fees. This agreement to hold the County harmless shall extend to any successors in interest to this request. I agree that if this request is signed by more than one person the obligations and liabilities of each person is joint and several, with each person being responsible for the entire obligation.

Signature_____
Date

California Massage Therapy Council Certificate Number and Expiration Date for the Business Owner and for Each Certified Massage Practitioner *(attach another sheet of paper if more than six certificates):*

Certified Massage Practitioner Name: _____ *CAMTC Certificate # ** _____ *Expiration Date:* _____

(***Note:** If Business Owner/Operator is not CAMTC Certified, he/she will need a Background Check from the Alameda County Sheriff's Office prior to operation of the business.)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Property Owner Name: _____

Property Owner Contact Information:

Address _____

Phone number _____ e-mail _____

Property Owner Signature attesting that he/she is aware of the request:

Signature _____ Date _____

Include the Following in the Registration / Request for Zoning Verification Letter:

1. Original CAMTC Certificate and Original Legal Picture Identification for each massage practitioner.
2. Fee of \$350.00 (if paid by check, made out to the “Treasurer of Alameda County”)
3. Floor Plans of the business drawn to scale, showing room names, dimensions, fixtures (sinks, tables, etc.)
4. If needed, evidence of Background Check with the Alameda County Sheriff’s Office.

During Review / Prior to Issuance of the Registration / Request for Zoning Verification Letter, contact:

1. **Alameda County Health Care Services Agency** at (510) 567-6858, or at 1131 Harbor Bay Parkway, Suite 111, First Floor, Alameda, CA 94502
 - a. During the request review process and **prior to issuance of the Zoning Verification Letter**, you will be required to *submit Written Evidence that the Alameda County Health Care Services Agency has approved the subject business* for compliance with the Health and Safety Code.
2. **Alameda County Sheriff’s Office** at (510) 667-3620, or at Eden Township Substation-Warrants & Permits, 15001 Foothill Blvd., San Leandro, CA 94578
3. **the applicable Fire Department:**

City of Hayward Fire Department for properties located within the Fairview area of unincorporated Alameda County, (510) 510-583-4912, or at Hayward City Hall, First Floor, 777 “B” St, Hayward, CA 94541.

Alameda County Fire Department for all other properties within unincorporated Alameda County, (510) 510-670-5853, or at the Permit Center, 399 Elmhurst Street, Room 141, Hayward, CA 94544.

 - a. During the request review process and **prior to issuance of the Zoning Verification Letter**, you will be required to *submit Written Evidence of a Fire Clearance from the Fire Department with Jurisdiction over the subject business.*

Submittals:

Submit the Registration / Request for Zoning Verification Letter and attachments to the Alameda County Planning Department, Zoning Counter.

Registration / Request for Zoning Verification Letter must be walked-in.

No incomplete registrations / requests accepted.

Zoning Counter Contact Information and Hours of Operation:

Permit Center, 399 Elmhurst Street, Room 141, Hayward, CA 94544, (510) 670-5400

Monday, Tuesday, Thursday and Friday, 8:30 am to 5:00 pm; Wednesday, 11:00 am to 5:00 pm

Alameda County Community Development Agency Planning Department
224 West Winton Avenue, Room 111, Hayward, CA 94544
Phone: (510) 670-5400 Fax: (510) 785-8793 Web: <http://www.acgov.org/cda/planning>