



2929 Tapo Canyon Road,  
Simi Valley, CA 93063  
(805) 583-6736  
www.simivalley.org

**Massage Business  
Property Owner Acknowledgement**

Applicant Name: \_\_\_\_\_  
Massage Business Name: \_\_\_\_\_  
Business Location Address: \_\_\_\_\_

Dear Property Owner:

The above-named Applicant has applied for a new or renewal Permit to operate a Massage Establishment or Off-premises Massage Business.

If the applicant is not the legal owner of the real property, a notarized acknowledgment from the owner of the property that a massage establishment will be located on his or her property is required for each establishment location.

Please list all persons on the lease agreement or intended lessees, including any additional persons known by you to have responsibility for this lease:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

**NOTARIZED ACKNOWLEDGEMENT**

Property Owner: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

I, the undersigned acknowledge that a massage establishment will be located at the Business Location Address identified above and that I am the owner of record of the property or that I am an agent of the owner duly authorized to represent the owner in such matters. I declare under penalty of perjury under the laws of the State of California, that the foregoing is true and correct.

Signed: \_\_\_\_\_  
Printed Name: \_\_\_\_\_  
Title: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Notary must be attached  
or provided here.