



MESSAGE ESTABLISHMENT EMPLOYEE LIST



CHANGES RELATED TO EMPLOYEE LIST MUST BE REPORTED TO THE CHIEF OF POLICE WITHIN 10 BUSINESS DAYS

ESTABLISHMENT NAME:				
LOCATION ADDRESS:				
OWNER/PRIMARY CONTACT:				
BUSINESS PHONE:				
NEW LIST:		UPDATE:		DATE OF LIST:

THIS LIST MUST BE KEPT UP TO DATE

I, _____, AM THE OWNER OF THE ABOVE ESTABLISHMENT. I UNDERSTAND THAT AN OWNER OR MANAGER AND ONE CAMTC-LICENSED STAFF MUST MUST BE ON THE PREMISES AT ALL TIMES THE MESSAGE ESTABLISHMENT IS OPEN. IN MY ABSENCE, THE MANAGER MAY BE CHARGED IN THE SAME MANNER AND TO THE SAME EXTENT AS AN OWNER FOR ANY VIOLATION OF ORDINANCE.

LIST ALL OWNERS & EMPLOYEES WHETHER PAID ON A W2 OR 1099 BASIS

(CHECK ALL THAT APPLY)

OWNER	DESIGNATED MANAGER	DESIGNATED RECEPTIONIST	CERTIFIED PRACTITIONER	OTHER:	
LAST NAME:			FIRST NAME:		
OTHER NAMES USED:					
ADDRESS:					
PHONE NO.			TYPE OF EMPLOYEE:	W-2	1099
STATE CERTIFICATION #:			CERTIFICATION EXPIRATION:		

OWNER	DESIGNATED MANAGER	DESIGNATED RECEPTIONIST	CERTIFIED PRACTITIONER	OTHER:	
LAST NAME:			FIRST NAME:		
OTHER NAMES USED:					
ADDRESS:					
PHONE NO.			TYPE OF EMPLOYEE:	W-2	1099
STATE CERTIFICATION #:			CERTIFICATION EXPIRATION:		



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ESTABLISHMENT NAME:	DATE:
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LAST NAME:		FIRST NAME:		
OTHER NAMES USED:				
ADDRESS:				
PHONE NO.		TYPE OF EMPLOYEE:		W-2 1099
STATE CERTIFICATION #:		CERTIFICATION EXPIRATION:		

OWNER	DESIGNATED MANAGER	DESIGNATED RECEPTIONIST	CERTIFIED PRACTITIONER	OTHER:
LAST NAME:		FIRST NAME:		
OTHER NAMES USED:				
ADDRESS:				
PHONE NO.		TYPE OF EMPLOYEE:		W-2 1099
STATE CERTIFICATION #:		CERTIFICATION EXPIRATION:		

OWNER	DESIGNATED MANAGER	DESIGNATED RECEPTIONIST	CERTIFIED PRACTITIONER	OTHER:
LAST NAME:		FIRST NAME:		
OTHER NAMES USED:				
ADDRESS:				
PHONE NO.		TYPE OF EMPLOYEE:		W-2 1099
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OWNER	DESIGNATED MANAGER	DESIGNATED RECEPTIONIST	CERTIFIED PRACTITIONER	OTHER:
LAST NAME:		FIRST NAME:		
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