

**CITY OF YUCAIPA  
COMMUNITY DEVELOPMENT DEPARTMENT  
34272 YUCAIPA BOULEVARD  
YUCAIPA, CA 92399  
(909) 797-2489 EXT. 250**

**MASSAGE THERAPY PERMIT**

**THIS IS A REQUEST TO APPLY FOR (CHECK THE APPROPRIATE PERMIT TYPE BELOW):**

- a Massage Therapy Establishment Permit to operate, maintain, run, or manage a massage therapy business at a location other than one's personal residence (any massage therapy services that are to be provided at a massage therapist's residence will require an approved Home Occupation Permit prior to the start of any such activities)
- a Personal Massage Therapist Permit
- an Outcall Massage Therapist Permit
- a Massage Therapy One-day Special Event Permit (must be submitted at least seven (7) days prior to the date of the special event)

Complete the attached Massage Therapy Permit Application form and submit it to the Community Development Department, along with all of the applicable items on the Application Check List and the required processing fee. **Please note: incomplete applications will not be processed.** See Chapter 5.24 of the Yucaipa Municipal Code for additional information.

**INITIAL DEPOSIT POLICY**

**Initial Deposits** are determined by the amount of time historically spent on similar projects. Whenever 75% of a deposit has been expended and staff determines that the estimated actual cost of the job will exceed the amount deposited, additional deposit of such excess amount shall be required. Notification of additional deposit required will be mailed to the applicant, who shall deposit such additional monies prior to the date specified in the notice. **Projects will not be completed with money due.** If the additional deposit is not made by the date specified in the notice, the project shall be deemed denied on the date specified, without further action on the part of the City. If, within 30 calendar days after a project is deemed denied for failure of the applicant to make a required additional deposit, the applicant makes the additional deposit plus a \$70 processing fee, the project shall be reinstated as of the date the additional deposit and processing fee are paid. Notwithstanding Section 83.010605 of the City Municipal Code, denial without prejudice of a project because of insufficient funds, is not appealable.

**MASSAGE THERAPY PERMIT**  
**APPLICATION CHECK LIST**

**(All applicable items must be included at the time of filing)**

**APPLICATION CHECK LIST:**

- [ ] Massage Therapy Permit Application fully completed.
- [ ] Cash, check or money order made payable to the City of Yucaipa for the applicable initial deposit.
- [ ] Two recent **Passport** photographs of the Applicant or the prospective On-site Manager, if other than the applicant.
- [ ] Proof that each massage therapist has provided the Yucaipa Police Department with the current processing fee and authorization to conduct the necessary background investigation.
- [ ] A sealed transcript and a certified copy of the Applicant's or prospective On-site Manager's (if other than applicant) diploma or certificate of graduation from a recognized school of massage verifying that the Applicant has completed at least one hundred (100) hours of massage therapy training (Note: six-hundred (600) hours of massage therapy training is required for an owner/operator or On-site Manager of a massage therapy establishment).
- [ ] A list of the Applicant's and prospective On-site Manager's, if other than the applicant, convictions, excluding traffic violations.
- [ ] Proof of legal title or a possessory or leasehold interest in the real property upon which the proposed massage establishment will be operated (if applicable).
- [ ] A certified statement from the real property owner authorizing the proposed use of the premises as a massage establishment (if applicable).
- [ ] If applicable, a diagram showing the configuration of the premises of the massage establishment, drawn to a designated scale or drawn with marked dimensions of the interior of the premises to an accuracy of plus or minus six inches, including a statement of total floor space occupied by the massage establishment. See attached "Site Plan Requirements" for complete details.

**MASSAGE THERAPY PERMIT**  
**APPLICATION CHECK LIST**

**(All applicable items must be included at the time of filing)**

- [ ] CUP Conditions of Approval (if applicable).
- [ ] Three sets of mailing labels and a legible list of the contiguous property owners' names and mailing addresses. Contiguous property owner information must be obtained from the County Tax Assessor's Office. Include a signed and dated copy of the attached Surrounding Property Owner Certification.
- [ ] List of the massage therapists who will be working at the Massage Therapy Establishment or special event (if applicable).
- [ ] Copies of any valid massage therapy licenses or permits you or your employees may have from other cities.
- [ ] Signed declarations from each massage therapist (see attached) or On-site Managers (if applicable).
- [ ] A certified statement from a physician licensed to practice medicine in the United States that provides that the applicant has, within sixty (60) days prior to the filing date of the application, been examined by said physician and it has been determined that the applicant is free of any communicable disease which is capable of being transmitted to clients through the physical contact that is normally associated with massage activities. "Communicable disease" shall mean tuberculosis, or any disease which may be transmitted from a massage therapist to a client through normal physical contact during the performance of any massage service as permitted under this Chapter" (Massage Therapy Ordinance No. 222 p.6)

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**MESSAGE THERAPY PERMIT  
APPLICATION**

Date: \_\_\_\_\_

Initial Deposit: Massage Therapy Establishment:	\$200.00 (#2105)
Initial Deposit: Personal Massage Therapist Permit:	\$100.00* (#2105)
Initial Deposit: Outcall Massage Therapist Permit:	\$100.00* (#2105)
Initial Deposit: One day Special Event Permit:	\$100.00 (#2105)

If additional funds are necessary to cover the above costs, the applicant shall pay such additional costs to the City before further processing of the application may proceed. Any unused portion of the deposit shall be refunded to the applicant.

\*The filing of concurrent applications by a single individual for Personal and Outcall Massage Therapist Permits shall require the submittal of only one (1) application deposit fee for both applications.

1. Applicant's Name: \_\_\_\_\_
2. Applicant's Aliases: \_\_\_\_\_
3. Applicant's Current Address: \_\_\_\_\_  
\_\_\_\_\_
4. Applicant's Addresses for the last 10 years, including the dates of residency at each such address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Applicant's Phone: \_\_\_\_\_ Applicant's Date of Birth \_\_\_\_\_
6. Applicant's driver's license number & state of issue: \_\_\_\_\_
7. Applicant's social security number and/or state or federally issued tax identification number: \_\_\_\_\_

8. Names, addresses and descriptions of all current and former businesses owned, operated or managed by Applicant for the ten years prior to the date of the application and the dates the Applicant owned, operated or managed such business(es): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. Prospective On-site Manager's Name: \_\_\_\_\_
10. Prospective On-site Manager's Current Address: \_\_\_\_\_  
\_\_\_\_\_
11. Prospective On-site Manager's Addresses for the last 10 years, including the dates of residency at each such address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
12. Prospective On-site Manager's driver's license number & state of issue: \_\_\_\_\_  
\_\_\_\_\_
13. Prospective On-site Manager's social security number and/or state or federally issued tax identification number: \_\_\_\_\_
14. Names, addresses and descriptions of all current and former businesses owned, operated or managed by Prospective On-site Manager for the ten years prior to the date of the application and the dates the Prospective On-site Manager owned, operated or managed such business: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
15. Complete name of partnership (if applicable), legal names of general partners, any aliases, and dates of birth: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
16. Complete name of corporation (if applicable), legal names and any aliases, dates of birth and capacity of all officers: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
17. Name of Business: \_\_\_\_\_
18. Location of proposed massage therapy establishment, including a legal description of the property, street address, and telephone number(s) currently in service: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

19. Present Land Use District designation: \_\_\_\_\_
20. CUP case number (if applicable): \_\_\_\_\_
21. General location of property: Include street address, location from nearest street or intersection, indicating which side of the street:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
22. Massage Therapy Establishment Operational Information:
- A. Approximate volume, units sold, number of customers treated per day, year, or other time increments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- B. Description of equipment used (specify horsepower, voltage, etc.):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- C. Materials used and their manner of delivery to and from location (include toxic/flammable chemicals or materials): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- D. Square feet of total work and storage areas: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- E. Maximum number of employees or therapists occupying site and/or attending functions at any given time: \_\_\_\_\_
- F. List other agencies for which permits/clearance must be obtained: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
23. Address of the special event (if applicable): \_\_\_\_\_  
\_\_\_\_\_

24. Date and hours of the special event (if applicable): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby certify under penalty of perjury that all of the above information is true and correct. I also understand that my Massage Therapy Permit may be revoked or suspended for non-compliance with the conditions of approval set forth in the permit, or for violating any of the provisions contained in Section 5.24.430 of the Yucaipa Municipal Code.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Property Owner's Signature

\_\_\_\_\_  
Date

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**For Office Use Only**

Approved: \_\_\_\_\_

Disapproved: \_\_\_\_\_

Filing Date: \_\_\_\_\_

Appeal Filed: \_\_\_\_\_

Suspense Date: \_\_\_\_\_

Fee Paid: \_\_\_\_\_

Fee Paid: \_\_\_\_\_

Method of Payment: \_\_\_\_\_

Method of Payment: \_\_\_\_\_

**CITY OF YUCAIPA  
SITE PLAN REQUIREMENTS  
FOR MASSAGE THERAPY ESTABLISHMENT PERMIT**

- Site Plan preferably at 1" = 20', 1" = 30', or 1" = 40' scale.
- Vicinity map. Clearly identify the way in which the project fits in with adjacent streets and other features.
- North arrow directed towards the top of the plan.
- Address of the Massage Therapy Establishment and property owner information.
- Alignment and names of streets which border site, including nearby intersections, with full dimensions. Show the distances from proposed and/or existing driveways on the site.
- All paved areas, including parking areas, driveways, malls, plazas, curbs, (location and height), gutters, and existing and proposed sidewalks.
- Pavement striping and marking.
- Present a summary of total parking provided. Include calculations showing City Code required parking, and actual parking provided. Show numerical count of all types of parking spaces as well as percentages.
- Label all parking aisles, width of accesses, and distance from each access to curb line of the nearest intersection.
- Dimension all parking and circulation set-backs and overhangs.
- Identify the existing land uses adjacent to the project.
- Location and heights of all walls or fences with details, materials, and construction.
- Location of all buildings, both existing and proposed.
- Dimension of property lines which bound the site.
- Accurate floor plan of all existing and proposed structures identifying the proposed uses of all interior spaces.

**CITY OF YUCAIPA**  
**MESSAGE THERAPY PERMIT**  
**DECLARATION**

I do not have any communicable diseases which are capable of being transmitted to clients through the kind of physical contact normally associated with massage activities; and

I have not been convicted of any of the following: (a) pandering as set forth in California Penal Code Section 266i, (b) keeping or residing in a house of ill-fame as set forth in California Penal Code Section 315, (c) keeping a disorderly house as set forth in California Penal Code Section 316, (d) prevailing upon a person to visit a place of illegal gambling or prostitution as set forth in California Penal Code Section 318, (e) lewd conduct as set forth in California Penal Code Section 647, subdivision (a), or (f) prostitution activities as set forth in California Penal Code Section 647, subdivisions (a) or (b); and

I have not been convicted in any other state of any offense which, if committed or attempted in this state, would have been punishable as one or more of the offenses set forth in California Penal Code Sections 266i, 315, 316, 318, or 647 (a) or (b); and

I am not required to register as a sex offender as set forth in California Penal Code Section 290; and

I have not been convicted of any felony offense involving the sale of any controlled substance specified in California Health and Safety Code Sections 11054, 11055, 11056, 11057, or 11058; and

I have not been convicted in any other state of any offense which, if committed or attempted in this state, would have been punishable as a felony offense involving the sale of any controlled substance specified in California Health and Safety Code Sections 11054, 11055, 11056, 11057, or 11058; and

I have not had a previous Massage Therapy Establishment Permit, an Outcall Massage Therapist Permit, a Personal Massage Therapist Permit or any other massage permit issued pursuant to this Code, or any other similar massage permit ordinance of the City or other jurisdiction, which was denied, suspended or revoked; and if any such denial, suspension or revocation occurred, I will provide the name and location of the massage establishment for which the license or permit was denied, suspended or revoked, the date of the denial, suspension or revocation, and the reason or reasons for the denial, suspension or revocation; and

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**DECLARATION**

I have not been a sole proprietor, general partner, officer, or director of any massage establishment or other massage business that has had a previous massage establishment permit or other massage permit issued pursuant to this Code, or any other similar massage ordinance of the City or other jurisdiction which was denied, suspended or revoked; and if any such denial, suspension or revocation occurred, I shall provide the name and location of the massage establishment or business for which the permit was denied, suspended or revoked, the date of the denial, suspension or revocation, and the reason or reasons for the denial, suspension or revocation.

I hereby certify under the penalty of perjury, that to the best of my knowledge, all of the information contained in this declaration is true and correct as of the date entered below.

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Applicant's Signature

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Date

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Print Full Name