



MASSAGE THERAPY APPLICATION

- 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 Permit (must be submitted at least seven (7) days prior to the day of the special event.)

APPLICATION FEE

\$342.00	Massage Therapy Establishment (#2105)
\$342.00	Renewal Massage Therapy Establishment (#2105)
\$273.00	Personal Massage Therapist Permit (#2105)
\$273.00	Outcall Massage Therapist Permit (#2105)
\$189.00	Massage Therapist Permit/Renewal (#2105)
\$100.00	One Day Special Event Permit (#2105)

FEE POLICY

This is an **Initial Deposit** application. The actual cost for a project is determined according to the time spent by City personnel on that project and the associated personnel benefits, Department overhead, and other indirect costs incurred for that project. Whenever 75% of a deposit has been expended and the Department 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. Work will be suspended on the project when 95% of the deposit previously received has been expended. **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 \$100 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, after notice and request for additional deposit have been provided to the applicant, cannot be appealed.

TABLE OF CONTENTS

Part A:	Information and Procedures
Part B:	Massage Therapy Application Questionnaire
Part C:	Declaration
Part D:	Surrounding Property Owners Certification
Part E:	Submittal Checklist
Part F:	Site Plan Checklist

PART A: INFORMATION AND PROCEDURES

1. Before submitting your application, we encourage you or a representative to discuss the proposal with the Planning Division staff at the public information counter to obtain general information regarding applicable regulations and the necessary procedures. In addition, visit any outside agencies where permits may be required.
2. Any land use decision to approve, deny or impose specific conditions on the approval of any land use application may be appealed by any interested party, including the applicant. The appeal must be filed with the City on the appropriate appeal form, along with the appropriate fee, prior to the effective date of the land use decision.
3. Following the acceptance of your application, notification of your proposal will be sent to City Departments for review and conditions of approval, appropriate outside agencies for their comment, and surrounding property owners.
4. Prior to conditionally approving Massage Therapy Permit, the decision making authority must find and justify that all of required findings listed in the Development Code are true.
5. Actions to approve or deny a Massage Therapy Establishment Permit or a Personal Massage Therapy Permit application are taken by City's staff.
6. Applicant or interested third party may appeal staff's determinations within ten (10) days of that determination, utilizing the appropriate City form and payment of the appeal fee. The City Clerk shall schedule a public hearing before the City Council at the next regularly scheduled City Council meeting for which there is sufficient time to have the matter properly noticed.
7. Before an approval letter is issued, the initial deposit account balance must be paid in full.

APPLICATION PROCESS SUMMARY

1. Preparation of Site Plan and Floor Plans if it is a new establishment.
2. Application Acceptance
3. Notification Acceptance
 - a. Surrounding property owners/other interested parties
 - b. Other agencies
4. The Applicant can use the opportunity to discuss the proposed Conditions of Approval.
5. Applicant or interested third party may appeal staff's determinations within ten (10) days of that determination, utilizing the appropriate City form and payment of the appeal fee.
6. Applicant submits the final processing fee payment.

PART B: MESSAGE THERAPY APPLICATION FORM

PLEASE COMPLETE EACH STATEMENT OR ANSWER EACH QUESTION to the best of your ability. **All questions must be answered, or the application will not be taken in.** If the answer is unknown, or if the question is not applicable, please write "Don't Know" or "Not Applicable" as appropriate. Only use City forms. If more space is needed, use attachments.

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.

APPLICATION TYPE:

- New Massage Therapy Establishment
- New Personal Massage Therapist Permit
- Outcall Massage Therapist Permit
- Renewal Massage Therapy Establishment
- Renew Personal Massage Therapist Permit
- One Day Special Event Permit

A. APPLICANT INFORMATION (New or Renewal)

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: _____
6. Applicant's Date of Birth: _____
7. Applicant's driver's license number & state of issue: _____
8. Applicant's social security number and/or state or federally issued tax identification number:

9. 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):

10. Prospective On-site Manager's Name: _____

11. Prospective On-site Manager's Current Address:

12. Prospective On-site Manager's Addresses for the last 10 years, including the dates of residency at each such address:

13. Prospective On-site Manager's driver's license number & state of issue:

14. Prospective On-site Manager's social security number and/or state or federally issued tax identification number:

15. 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:

16. Complete name of partnership (if applicable), legal names of general partners, any aliases, and dates of birth:

17. Complete name of corporation (if applicable), legal names and any aliases, dates of birth and capacity of all officers:

B. PROJECT INFORMATION

1. Name of Business: _____

2. Location of proposed massage therapy establishment, including a legal description of the property, street address, and telephone number(s) currently in service:

3. Present Land Use District designation:

4. CUP case number (if applicable): _____

5. General location of property: Include street address, location from nearest street or intersection, indicating which side of the street:

6. 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:

7. Address of the special event (if applicable):

8. 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 noncompliance 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

PART C: CITY OF YUCAIPA MASSAGE 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

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.

Applicant's Signature: _____ Date: _____

Print Full Name: _____

PART E: MASSAGE THERAPY PERMIT SUBMITTAL CHECK LIST

+ ALL ITEMS MUST BE INCLUDED AT THE TIME OF FILING +

PLEASE RETURN THIS CHECKLIST WITH APPLICATION PACKET UPON SUBMITTAL. ONLY USE CITY FORMS. IF MORE SPACE IS NEEDED, USE ATTACHMENTS. COMPUTER GENERATED APPLICATIONS ARE NOT ACCEPTABLE.

PLEASE NOTE: All items listed in the submittal checklist **is required** for **new applications**. The items marked with “*” **is only required** for **renewal applications**.

- 1.* Massage Therapy Permit Application fully completed.
- 2.* Cash, check or money order made payable to the City of Yucaipa for the applicable initial deposit.
- 3.* If obtained, provide a copy of California Massage Therapy Council (CAMTC) Certificate and license.
4. Two recent Passport photographs of the Applicant or the prospective On-site Manager, if other than the applicant.
- 5.* Massage establishment operators and or therapist who do not possess a current and valid CAMTC certificate are subject to a background check. Those who are subject to a background check provide proof that each massage operators and or therapist has provided the Yucaipa Police Department with the current processing fee and authorization to conduct the necessary background investigation.
6. Massage establishment operators and or therapist who do not possess a current and valid CAMTC should provide 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 two hundred and fifty (250) 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).
- 7.* If applicable, a list of the applicant’s and prospective On-site Manager’s convictions, excluding traffic violations.
8. 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).
9. A certified statement from the real property owner authorizing the proposed use of the premises as a massage establishment (if applicable).
10. 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.

11. CUP Conditions of Approval (if applicable).
12. Surrounding Property Owners' Certification, mailing, labels, and surrounding ownership radius map.
 - a. **One copy** of the signed Surrounding Property Owners' Certification (Part D). (Property owner information may be obtained from Assessor's Parcel Books in the County Assessor's Office).
 - b. **Three sets** and **one xerox copy** of labels (see format on Part D) listing names and addresses of surrounding property owners, the applicant, and all representatives.
 - c. **One Copy** of the surrounding ownership map.
- 13.* List of the massage therapists who will be working at the Massage Therapy Establishment or special event (if applicable). In addition, copies of any valid massage therapy licenses or permits (ex. CAMTC or City of Yucaipa Massage Therapy Permit) of your employees.
- 14.* Signed declarations from each massage therapist (see attached) or On-site Managers (if applicable).
- 15.* Massage establishment operators and or therapist who do not possess a current and valid CAMTC certificate are subject to provide 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. Refer to Sections 5.24.120 of the Development Code.

PART F: SITE PLAN CHECKLIST FOR MASSAGE THERAPY PERMIT

All items listed below **must** be on the site plan. The application **will not** be taken in if any items are left off. ATTACHMENTS ARE NOT ACCEPTABLE. PLEASE RETURN THIS CHECKLIST WITH APPLICATION PACKET UPON SUBMITTAL.

1. **Identification:** Indicate names, addresses, and telephone numbers of the Record Owner, Applicant, and the person preparing the plan.
2. **North Point:** Indicate north point, date of drawing, and the scale. Use an **Engineer's Scale** (i.e., 1" to 10', 1" to 20', 1" to 30', etc.). The direction of the "north" arrow should be shown pointing towards the **top or right hand side** of the site plan.
3. **Dimensions:** Indicate property lines and show dimensions. Indicate boundary lines of project if only a portion of the property is being developed.
4. **Roads:** Indicate location, names, and boundary streets.
5. **Land Use District (Project Area):** Indicate existing and proposed General Plan Land Use District of project.
6. **Land Use District (Adjacent Areas):** Indicate General Plan Land Use District classification on all adjacent property including across any streets.
7. **Structures (Adjacent Areas):** Indicate type of development on **all adjacent property** including across any streets.
8. **Structures (Project Area):** For all **existing or proposed** structures, including but not limited to power poles, towers, walls, fences, trash enclosures, signs, septic systems, curbs, driveways, and sidewalks:
 - a. Locate by distance in relation to other structures and property lines and indicate existing structures.
 - b. Indicate height, building footprint dimensions (including eave overhang projections), square footage of each story and number of stories, including basements.
9. **Signage:** A side elevation of any proposed identification sign is to be shown scaled and dimensioned separately on the site plan, including the proposed "copy" on the sign. Include distance from both top and bottom of sign to grade. Refer to City Development Code for detailed information on type and size of sign. If no signs are proposed or not proposed at this time, include a note indicating signage will be submitted at a later date.
10. **Parking:** Show parking areas for the proposed project: Please refer to the Development Code and the City's Design Guidelines for the number of required parking spaces, aisle/driveway width and surfacing requirements for your project and substantiate that the proposed site layout meets the requirements. Include the following details:
 - a. Indicate the dimensions of the parking stalls. Identify any handicap and/or compact spaces, as well as loading zones.

- b. Show dimension/type of parking spaces, aisle/driveway widths and directional arrows indicating the flow of traffic.
- c. Indicate the existing and proposed type of surfacing for parking area and aisle/driveways.
- d. Show the formula consistent with the City's Development Code by which you compute the number of spaces required for each use/tenant/unit. Indicate the number of spaces required for each use and indicate the number of spaces proposed. Use the following as an example:

Use	Sq. ft.	Formula	Required	Provided
Warehouse	5,000	1 space per 1,000 sq. ft and 1 loading zone per 5,000	5 spaces and 1 loading zone	6 spaces and 1 loading zone
Office	2,500	1 space per 250 sq. ft.	10 spaces	10 spaces
Total:			15 spaces and 1 loading zone; one space ADA accessible	16 spaces and 1 loading zone; one space ADA accessible

- 11. **Floor Plans:** Provide floor plans on separate sheets. Show compliance with Development Code for Massage Therapy Establishments. Refer to Sections 5.24.210 to 5.24.320 of the Development Code.