



## *City of Calimesa Planning Department*

### *Personal Massage Therapist Permit Application*

#### **Submittal Requirements:**

- Completed application form (attached).

There are different types of permits and permit application forms and submittal requirements depending upon the type of massage therapy to be provided. Be sure to submit the correction application. This application is for **Personal Massage Therapist Permit Application** to perform, practice, administer, or conduct massages at a massage therapy establishment.

Other types of application forms include: Massage Therapy Establishment Permit Application to operate, maintain, run, or manage a massage therapy establishment; an Outcall Massage Therapist Permit Application to operate, maintain, run, or manage an outcall massage therapy service; and a Home Occupation Massage Therapy Permit Application to perform, practice, administer, or conduct massages at the therapist's own home. *Please note these permits are not required for cosmetologists, barbers, or for persons licensed to practice any healing under the provisions of Division 2 (commencing with Section 500) of the California Business and Professions Code where such persons are solely providing certain massage therapy services which are specifically exempted from local regulation pursuant to state law.*

- A copy of the applicant's fingerprints taken by the Riverside County Sheriff's Station in Cabazon, CA within the previous sixty (60) days. Please note the application will not be accepted unless the application deposit fee and proof of the fingerprinting are submitted with the respective application. To schedule an appointment with the Riverside County Sheriff's Station, please call (951) 922-7100.
- 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 the massage activities described in this chapter:
- A list of all of applicant's convictions, excluding traffic violations, from a law enforcement agency.
- An application deposit fee of one hundred dollars (\$100.00) to pay for the administrative costs associated with the review of the application. If additional funds are necessary to cover the above costs, the applicant will be required to pay any additional costs before further processing of the application may proceed. Any unused portion of the deposit will be refunded to the applicant.

#### **Processing**

Within thirty (30) days after the City has received the application, staff will notify the applicant whether the application is complete or request additional information. After the application is deemed complete, it will be routed for review by City departments and the City Manager, or his or her designee, will grant or deny an application within sixty (60) business days of the submittal of a complete application.



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*City of Calimesa Planning Department*

*Personal Massage Therapist Permit Application*

Fill in the requested information in the space provided below or attach additional sheets, if more space is needed. Also, submit all items that are indicated to be attached or provided below.

- Provide the applicant's legal name, any aliases, and date of birth:

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- The name of the applicant's massage therapy establishment employer:

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- The applicant's home and business addresses and phone number:

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- The previous home addresses of applicant for the ten years prior to the filing date of the application and the dates of residency at each such address:

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- The names, addresses and descriptions of all current and former businesses owned, operated or managed by applicant for the ten years prior to the filing date of the application and the dates applicant owned, operated or managed such business:

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- The applicant's driver's license number or identification number:

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- The applicant's social security number and/or state or federally issued tax identification number:

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## Information or Items To Be Attached

A copy of the applicant's fingerprints taken by the Riverside County Sheriff's Station in Cabazon, CA within the previous sixty (60) days. Please note the application will not be accepted unless the application deposit fee and proof of the fingerprinting are submitted with the respective application. To schedule an appointment with the Riverside County Sheriff's Station, please call (951) 922-7100.

A recent photograph of the applicant.

A certified copy of the applicant's diploma or certificate of graduation from a recognized school of massage and a sealed certified transcript verifying that the applicant has completed at least one hundred (100) hours of massage therapy training:

A certified statement dated within sixty (60) days of the submittal of the application from a physician licensed to practice medicine in the United States that the applicant has been examined and does not have any communicable diseases that are capable of being transmitted to clients through the type of physical contact that is normally associated with the proposed massage activities.

A notarized declaration, signed under penalty of perjury by the applicant, that states the following:

- The applicant has not been convicted of any of the following: (a) pandering as set forth in California Penal Code Section 266(i), (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(a), or (f) prostitution activities as set forth in California Penal Code Section 647(a) or (b);
- The applicant has 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 266(i), 315, 316, 318, or 647(a) or (b);
- The applicant is not required to register as a sex offender as set forth in California Penal Code Section 290;
- The applicant has 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;
- The applicant has 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;
- Whether the applicant has 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 chapter 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, the applicant shall provide the name and location of the massage therapy 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; and

- Whether the applicant has been a sole proprietor, general partner, officer, or director of any massage therapy business that has had a massage therapy establishment permit, an outcall massage therapist permit, a personal massage therapist permit, or any other massage permit issued pursuant to this chapter or any other similar massage permit ordinance of the city, which was denied, suspended or revoked and if any such denial, suspension or revocation occurred, the applicant 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.

**Applicant's Certification**

**I hereby certify, under penalty of perjury, that the information contained in the application is true and correct and I authorize the City of Calimesa to conduct the necessary background investigations to determine the truthfulness and correctness of this information for the purpose of determining whether to approve this application for a massage therapy establishment permit:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\*\*\*\*\* FOR CITY USE ONLY \*\*\*\*\*

Stamp Rec'd	Date Received: _____
	By: _____
Initials _____	Amount Received _____
	<input type="checkbox"/> Cash
	<input type="checkbox"/> Credit, Last 4-digits: _____ MC/Visa
	<input type="checkbox"/> Check; number: _____
	Receipt Number _____

## DECLARATION FOR PERSONAL MASSAGE THERAPY APPLICATION

I declare, under penalty of perjury, that following statements are true and correct:

- I have not been convicted of any of the following: (a) pandering as set forth in California Penal Code Section 266(i), (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(a), or (f) prostitution activities as set forth in California Penal Code Section 647(b) (attaché declaration); 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 266(i), 315, 316, 318, or 647(a) or (b); and,
- I have not been 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 within the City of Calimesa, or any other jurisdiction, which was denied, suspended or revoked.
- I have not been the 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 within the City of Calimesa or any jurisdiction which was denied, suspended or revoked

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Printed Name

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Signature

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Date

**REQUEST FOR LIVE SCAN SERVICE**

BCII 8016 (3/07)

***Applicant Submission***

ORI: \_\_\_\_\_ Type of Application: \_\_\_\_\_  
Code assigned by DOJ

Job Title or Type of License, Certification or Permit: \_\_\_\_\_

Agency Address Set Contributing Agency:

\_\_\_\_\_ Mail Code (five-digit code assigned by DOJ) \_\_\_\_\_  
Agency authorized to receive criminal history information

Street No. Street or PO Box Contact Name (Mandatory for all school submissions) \_\_\_\_\_  
 \_\_\_\_\_ ( ) \_\_\_\_\_  
 City State Zip Code Contact Telephone No.

Name of Applicant: \_\_\_\_\_  
(Please print) Last First MI

Alias: \_\_\_\_\_ Driver's License No: \_\_\_\_\_  
Last First

Date of Birth: \_\_\_\_\_ Sex:  Male  Female Misc. No. BIL - \_\_\_\_\_  
Agency Billing Number

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Misc. Number: \_\_\_\_\_

Home Address: \_\_\_\_\_  
 \_\_\_\_\_  
Street No. Street or PO Box

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Place of Birth: \_\_\_\_\_  
 \_\_\_\_\_  
City, State and Zip Code

Social Security Number: \_\_\_\_\_

Your Number: \_\_\_\_\_  
OCA No. (Agency Identifying No.)

Level of Service:  DOJ  FBI

If resubmission, list Original ATI Number: \_\_\_\_\_

Employer: (Additional response for agencies specified by statute)

Employer Name \_\_\_\_\_

Street No. Street or PO Box Mail Code (five digit code assigned by DOJ) \_\_\_\_\_  
 \_\_\_\_\_ ( ) \_\_\_\_\_  
 City State Zip Code Agency Telephone No. (optional)

Live Scan Transaction Completed By: \_\_\_\_\_  
Name of Operator Date

Transmitting Agency \_\_\_\_\_ ATI No. \_\_\_\_\_ Amount Collected/Billed \_\_\_\_\_