



MASSAGE BUSINESS PERMIT CHECKLIST

A separate massage establishment permit shall be obtained for each massage establishment and/or any change in ownership to a massage establishment. Refer to Rancho Cucamonga Municipal Code Chapter 5.18 for Massage Business Requirements.

SECTION 1: Filing Requirements

Supplemental information may be required as determined by the Planning Department upon completion of the review of the application.

- 1. A Massage Business Permit Application and required materials (attached).
- 2. Signed Property Owner Declaration Form (attached).
- 3. Two (2) sets of the development package (see Section 3) to be reviewed by staff for completeness and accuracy.
- 4. List of all tenants within the center or complex by name, address and type of use. This information should be readily available from the property manager/leasing agent.
- 5. Proof of current and valid workers' compensation insurance from an insurer authorized to do business in the state, in an amount as required by law.
- 6. Filing Fees (see Section 2).

SECTION 2: Filing Fees

Refer to the Planning Department Fee List for most current fees. Additional fees may apply upon review of the application.

- Massage Business Permit See current fee list.
- Live Scan Service (if applicable)..... Payable with the planning fee.

SECTION 3: Contents of Development Package

The items listed below are considered a minimum. Additional information may be necessary for clarification during the review process. All required plans shall be collated, stapled together and shall be rolled into individual development package sets, secured with rubber bands. For items A and B in addition to providing scaled drawings, the applicant shall provide one set of 8 1/2 x 11 reductions.

- A. **Site Plan:** This plan, drawn to scale, shall include the subject property, any improvements to the property, and the location of the proposed uses.
- B. **Floor Plan:** This plan, drawn to scale, shall indicate the proposed seating arrangement and number of seats and aisleways, and the location of interior uses (i.e. office, bathroom, waiting area, etc.). Dimension all room sizes, corridors and hallways, and aisle widths. Show existing and proposed improvements. Label all rooms by proposed use (massage, facial, etc.).



PROPERTY OWNER DECLARATION FORM

PROJECT INFORMATION

Name of Proposed Project:	Staff Use Only FILE NO.:
Location of Project:	
Assessor's Parcel Number:	
RELATED FILES:	
Applicant Name:	Phone Number:
	Email:
Address:	

Type of Review Requested

- | | | |
|---|--|--|
| <input type="checkbox"/> Certificate of Appropriateness | <input type="checkbox"/> Landmark Alteration Permit | <input type="checkbox"/> Similar Use Determination |
| <input type="checkbox"/> Certificate of Economic Hardship | <input type="checkbox"/> Large Family Daycare Permit | <input type="checkbox"/> Site Development Review |
| <input type="checkbox"/> Community Plan Amendment | <input type="checkbox"/> Mills Act | <input type="checkbox"/> Specific Plan Amendment |
| <input type="checkbox"/> Conditional Use Permit | <input type="checkbox"/> Minor Design Review | <input type="checkbox"/> Temporary Use Permit |
| <input type="checkbox"/> Design Review | <input type="checkbox"/> Minor Exception | <input type="checkbox"/> Tentative Subdivision Map |
| <input type="checkbox"/> Development Agreement | <input type="checkbox"/> Plan Check/Zoning Clearance | <input type="checkbox"/> Tree Removal Permit |
| <input type="checkbox"/> Development Code Amendment | <input type="checkbox"/> Planned Community | <input type="checkbox"/> Uniform Sign Program |
| <input type="checkbox"/> Entertainment Permit | <input type="checkbox"/> Pre-Zoning | <input type="checkbox"/> Vacation of Easement |
| <input type="checkbox"/> General Plan Amendment | <input type="checkbox"/> Public Convenience or Necessity | <input type="checkbox"/> Variance |
| <input type="checkbox"/> Hillside Design Review | <input type="checkbox"/> Reasonable Accommodation | <input type="checkbox"/> Zoning Map Amendment |
| <input type="checkbox"/> Home Occupation Permit | <input type="checkbox"/> Sign Permit | <input type="checkbox"/> Other: _____ |

OWNER DECLARATION

I declare that, I am the owner, I legally represent the owner, of real property involved in this application and do hereby consent to the filing of the above information.

Date:	Signature:	
Print Name and Title:	Phone Number:	Email:
Address:		



MESSAGE BUSINESS PERMIT APPLICATION

Business Type (check only one):

Association

Co-Partnership

Corporation

Firm

Individual

Joint Venture

Business Name		Business Phone	
Business Address	City	State	Zip
Mailing Address (if different from above)	City	State	Zip

Property Owner Information:

Property Owner Name		Business Phone	
Business Address	City	State	Zip
Mailing Address (if different from above)	City	State	Zip
Property Management Company Name		Business Phone	
Property Management Contact Name		Title	
Business Address	City	State	Zip
Mailing Address (if different from above)	City	State	Zip

I certify that I am presently the legal owner of the above-described property. Further, I acknowledge the filing of this application and certify that all of the above information is true and correct. (If the person signing is different from the legal property owner, a letter of authorization must accompany this form).

Signature		Business Phone
Printed Name	Title	



Application Type (check only one):

Massage Establishment

Ancillary Massage Services

List all services being offered at the business (Attach separate sheet if necessary)

Services Offered

List the days and hours of operation for the business.

Day	Open	Closed
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		



Applicant Information: (individual or one form for each business partner/person)

*The applicant section of this application **must be completed for each** co-partner of a co-partnership or joint venture; and for each principal officer, director or shareholder of an association or corporation. Any application filed on behalf of a partnership/corporation shall be signed by each of the partners/shareholders.*

Last Name				First Name			Middle	Age	Date of Birth
Sex	Height	Weight	Hair Color	Eye Color	Residence Phone		Business Phone		
E-mail Address									
Residence Address					City			State	Zip
Mailing Address (if different from above)					City			State	Zip
California Massage Therapy Council License #			Driver's License #			Expiration Date		State of Issue	
United States Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No				Have you even been convicted of any crime within the past five years? <input type="checkbox"/> Yes <input type="checkbox"/> No (if YES, please attach a separate sheet					
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced				Name of spouse			Phone		
				Last known address of spouse (if different from applicant) Residence Address: _____ Business Address: _____					

List all **FORMER EMPLOYERS** for the preceding five years beginning with the most recent. (Attach separate sheet if necessary)

Employer	Address	City	State	Zip	From	To



List all **FORMER RESIDENCES** for the preceding three years beginning with the most current. (Attach separate sheet if necessary)

Address	City	State	Zip	From	To

List any **MESSAGE ESTABLISHMENTS** owned by applicant in preceding five years.

Address	City	State	Zip	Status of Business

If applicant does not possess a valid license from CMTC, please attach the following:

- Two passport size (2inches by 2 inches) photos taken within 60 days prior to date of filing this application
- Copy of your current driver’s license

If applicant possesses a valid license from the California Massage Therapy Council License (CMTC), please attach the following:

- Copy of CMTC license and identification card
- Copy of your current driver’s license

I certify under the penalty of perjury of the laws of the State of California, that all the information provided in this application is true and correct. I understand and agree that any business or activity conducted or operated under this permit shall be operated in full conformity with all laws of the state and the laws and regulations of the City of Rancho Cucamonga applicable thereto. I understand that any violation of any such laws or regulations in such place of business, or in connection therewith, shall render any permit subject to immediate revocation. I understand that any omission or falsification on this application will be grounds to deny a permit.

My signature authorizes the City of Rancho Cucamonga, its staff and agents to seek information and conduct investigations, including but not limited to a records check of prior convictions, into the truth of the statements set forth in the application and my qualifications for the permit.

I also certify that I have received a copy of Rancho Cucamonga Municipal Code Chapter 5.18, understand its contents and understand that I am responsible for the conduct of the massage establishment’s employees and any independent contractors providing massage services at the massage establishment.

Applicant Signature

Date