



SAN JOSE POLICE DEPARTMENT
PERMITS UNIT
(408) 277-4452
www.sjpd.org



APPLICATION PACKET FOR MESSAGE PERMITS (BUSINESS, OWNER / CO-OWNER, MANAGER)

SAN JOSE POLICE DEPARTMENT
PERMITS UNIT
201 West Mission Street
San Jose, CA 95110



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Mail notifications to:

San Jose Police Department
Permits Unit
201 West Mission Street
San Jose, CA 95110



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APPLICATION PACKET FOR MASSAGE PERMITS
(BUSINESS, OWNER / CO-OWNER, MANAGER)

Visit us on the web for updated fees:

http://www.sjpd.org/Records/Fees_Public_Safety_Permits.asp

6.44 of the City of San Jose Municipal Code regulates massage for businesses, owners, managers, therapists and practitioners. Massage businesses must comply with the provisions set forth in SJMC 6.44. A massage business cannot operate in the City of San Jose without obtaining and maintaining a permit for the City of San Jose.

- Applicant must complete, sign and submit an application to the Permits Unit and pay all required fees.
- All necessary documents must be submitted and proof of insurance must be on file with the City of San Jose's Risk Management Department; otherwise, the Permits Unit will not accept the application.
- For questions, please call our office at (408) 277-4452 and ask for the officer in charge of the massage program.
- Submit completed application, required documents and/or notifications by mail to:

SAN JOSE POLICE DEPARTMENT
PERMITS UNIT
201 West Mission Street
San Jose, CA 95110



MESSAGE PERMIT PROCEDURES

You must provide the following at the time of application:

1. **Color copy** of a valid California driver's license, California I.D., or U.S. passport.
SJMC 6.44.510(A)
2. **Copy of City of San Jose Business Tax Certificate issued to the massage business** obtained from the City of San Jose Business Licensing Department located at City Hall, 200 E. Santa Clara St., 1st floor, San Jose, CA 95113 (408) 535-7055.
3. **Proof of massage zoning compliance.** All businesses conducting massage must obtain a massage zoning verification letter of compliance from the City of San Jose's Planning Department located at City Hall, 200 E. Santa Clara St., 1st floor, San Jose, CA 95113 (408) 535-3555. SJMC 6.44.510(B)(1)
4. **Copy of professional liability insurance certificate or massage malpractice insurance**, with name of business on certificate and the City of San Jose as a certificate holder in the amount of \$1,000,000. This must be filed with the City of San Jose's Risk Management Department at the time of application. (408) 975-1438. SJMC 6.44.510(B)(2)
5. **A complete list of all individuals performing massage at the massage business.**
SJMC 6.44.230(E)(1), SJMC 6.44.510(A), SJMC 6.44.510(B)(3) and SJMC 6.44.530(B)(1)
 - a) Include full name, address and phone numbers where they can be reached.
 - b) **Color copy** of CAMTC Certification and CAMTC ID cards.
 - c) **Color copy** of government I.D. (CA driver's license, CA I.D., etc.)
 - d) Copy of Massage Therapist liability insurance certificate
6. **Color copy of massage school diploma or certificate of graduation** certifying successful completion of 100 hour course of instruction from a Recognized School of Massage pursuant to CA Business and Professions Code Section 4601 and SJMC 6.44.510(C)
7. **A complete list of all employees employed at the massage business.** SJMC 6.44.330
 - a) Include full name, address and phone numbers where they can be reached.
 - b) Include a **color copy** of government I.D. (CA driver's license, CA I.D., etc.)
8. **A drawing of the building's floorplan.** Include a drawing of the interior of the massage establishment. Wall dimensions will need to be included. Label all rooms (lobby, restroom, breakroom, massage rooms, steam room, etc.)
9. **Photos of the building.** Include **color photos** of the exterior (front, sides and rear) and the interior of the building. Photos should include all rooms (lobby, restroom, breakroom, massage rooms, steam room, etc.)



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MESSAGE PERMIT PROCEDURES

You must provide the following at the time of application:

10. **Copy of completed and signed fingerprint Live Scan form.** As part of the permitting process and background check, **all individuals of the business** are required to be fingerprinted by the San Jose Police Department Permits Unit. Fill out the **highlighted** section of the attached “**Request for Live Scan Service**” form and bring (3) copies of the form to a Live Scan location. To select a Live Scan location, go to the link below:

<https://oag.ca.gov/fingerprints/locations?county=Santa Clara>

11. **Payment by cash, check and credit cards are accepted.** If paying by check, make it payable to The City of San Jose.

Visit us on the web for updated fees:

http://www.sjpd.org/Records/Fees_Public_Safety_Permits.asp

12. **To expedite the processing of your application, submit all required documents, proof of fingerprints, completed application and payment together in one packet** by U.S. mail to:

SAN JOSE POLICE DEPARTMENT
PERMITS UNIT
201 West Mission Street
San Jose, CA 95110

13. The San Jose Police Department Permits Unit will call or email you after we receive and review your paperwork. Afterwards, an appointment will be set up to have **photos taken of all individuals of the business** and a site inspection will be scheduled. We can also answer any questions at that time.



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MESSAGE PERMIT APPLICATION (cont.)

APPLICANT INFORMATION

Applicant Title: Owner Co-Owner Manager

Application Type: New Renewal Lost ID

Message Business Name:

Message Business Address (Street #, Street, City, State, Zip Code):

Message Business Phone:

Message Business Web Address:

Applicant Name (First, Middle, Last):

Applicant Residential Address – No P.O. Box (Street #, Street, City, State, Zip Code):

Applicant Mailing Address (Street #, Street, City, State, Zip Code):

Date of Residence:

From: / / To: / /

Home Phone:

Cell Phone:

Applicant Email Address:

Valid Government Photo ID:

Government Photo ID Expiration:

Date of Birth:

Male/Female:

Height:

Weight:

Hair Color:

Eye Color:

APPLICANT RESIDENTIAL HISTORY

Previous Residential Address (Street #, Street, City, State, Zip Code):

Date of Residence:

From: / / To: / /

Previous Residential Address (Street #, Street, City, State, Zip Code):

Date of Residence:

From: / / To: / /

Previous Residential Address (Street #, Street, City, State, Zip Code):

Date of Residence:

From: / / To: / /

Previous Residential Address (Street #, Street, City, State, Zip Code):

Date of Residence:

From: / / To: / /



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MESSAGE PERMIT APPLICATION (cont.)

APPLICANT EMPLOYMENT HISTORY

Employer Name:	Date of Employment: From: / / To: / /
Employer Address (Street #, Street, City, State, Zip Code):	
Job Title / Duties:	Employer Phone:
Employer Name:	Date of Employment: From: / / To: / /
Employer Address (Street #, Street, City, State, Zip Code):	
Job Title / Duties:	Employer Phone:
Employer Name:	Date of Employment: From: / / To: / /
Employer Address (Street #, Street, City, State, Zip Code):	
Job Title / Duties:	Employer Phone:
Employer Name:	Date of Employment: From: / / To: / /
Employer Address (Street #, Street, City, State, Zip Code):	
Job Title / Duties:	Employer Phone:
Employer Name:	Date of Employment: From: / / To: / /
Employer Address (Street #, Street, City, State, Zip Code):	
Job Title / Duties:	Employer Phone:



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MESSAGE PERMIT APPLICATION (cont.)

INFORMATION OF PARTNERS OR CORPORATE OFFICERS

Partner/Corporate Officer Name (First, Middle, Last):		Partner/Corporate Officer Title:
Partner/Corporate Officer Residential Address – No P.O. Box (Street #, Street, City, State, Zip Code):		
Valid Government Photo ID:	Date of Birth:	Partner/Corporate Officer Phone:
Partner/Corporate Officer Name (First, Middle, Last):		Partner/Corporate Officer Title:
Partner/Corporate Officer Residential Address – No P.O. Box (Street #, Street, City, State, Zip Code):		
Valid Government Photo ID:	Date of Birth:	Partner/Corporate Officer Phone:
Partner/Corporate Officer Name (First, Middle, Last):		Partner/Corporate Officer Title:
Partner/Corporate Officer Residential Address – No P.O. Box (Street #, Street, City, State, Zip Code):		
Valid Government Photo ID:	Date of Birth:	Partner/Corporate Officer Phone:

**PARTNER OR CORPORATE INFORMATION
 (LIST ALL CURRENT BUSINESSES YOU HOLD AN INTEREST IN)**

Business Name:	Business Phone:
Business Address (Street #, Street, City, State, Zip Code):	
Business Name:	Business Phone:
Business Address (Street #, Street, City, State, Zip Code):	
Business Name:	Business Phone:
Business Address (Street #, Street, City, State, Zip Code):	



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MESSAGE PERMIT APPLICATION (cont.)

PERSONAL INFORMATION

Have you **EVER** been **ARRESTED OR CONVICTED** of **ANY** crime? **YES** **NO**
 (SJMC 6.44.240(A)(1), SJMC 6.44.560(C))

**IF YES, LIST ALL ARRESTS/CONVICTIONS INCLUDING DATES, LOCATIONS AND CHARGES
 USE ADDITIONAL PAPER IF NECESSARY**

Date of Arrest / Conviction:	Location of Arrest / Conviction:
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Explanation:

Date of Arrest / Conviction:	Location of Arrest / Conviction:
------------------------------	----------------------------------

Explanation:

Date of Arrest / Conviction:	Location of Arrest / Conviction:
------------------------------	----------------------------------

Explanation:

Date of Arrest / Conviction:	Location of Arrest / Conviction:
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Explanation:



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MESSAGE PERMIT APPLICATION (cont.)

PERSONAL INFORMATION (cont.)

Do you have ANY cases pending against you in any administrative, civil or criminal court? YES NO

**IF YES, LIST ALL CASES PENDING. INCLUDE DATES, LOCATIONS AND EXPLANATIONS
 USE ADDITIONAL PAPER IF NECESSARY**

Location of pending case (City, State):

Explanation:

Location of pending case (City, State):

Explanation:

Have you ever applied for or received a massage permit anywhere in the U.S.A.? YES NO

**IF YES, LIST BUSINESS INFORMATION AND PLEASE EXPLAIN
 USE ADDITIONAL PAPER IF NECESSARY**

Business Name:

Business Phone:

Business Address (Street #, Street, City, State, Zip Code):

Date of Employment:

From: / / To: / /

Explanation:

Business Name:

Business Phone:

Business Address (Street #, Street, City, State, Zip Code):

Date of Employment:

From: / / To: / /

Explanation:



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MESSAGE PERMIT APPLICATION (cont.)

PERSONAL INFORMATION (cont.)

Have you ever been denied a massage permit of any kind anywhere in the U.S.A.? YES NO

**IF YES, LIST BUSINESS INFORMATION AND PLEASE EXPLAIN
 USE ADDITIONAL PAPER IF NECESSARY**

Business Name:	Business Phone:
Business Address (Street #, Street, City, State, Zip Code):	
Explanation:	
Business Name:	Business Phone:
Business Address (Street #, Street, City, State, Zip Code):	
Explanation:	

Have you ever practiced massage in a business that was unlicensed? YES NO

**IF YES, LIST BUSINESS INFORMATION AND PLEASE EXPLAIN
 USE ADDITIONAL PAPER IF NECESSARY**

Business Name:	Business Phone:
Business Address (Street #, Street, City, State, Zip Code):	
Explanation:	
Business Name:	Business Phone:
Business Address (Street #, Street, City, State, Zip Code):	
Explanation:	



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MESSAGE PERMIT APPLICATION (cont.)

LIST OF MESSAGE THERAPISTS (1 OF 4)

1) Massage Therapist Name (First, Middle, Last):		Date of Hire: / /
Massage Therapist Residential Address – No P.O. Box (Street #, Street, City, State, Zip Code):		
Date of Birth: / /	Home Phone:	Cell Phone:
Valid Government Photo ID:	CAMTC Certificate #:	CAMTC Expiration: / /
Name and Address of Massage School Attended:		
Name and Address of Massage School Attended:		
2) Massage Therapist Name (First, Middle, Last):		Date of Hire: / /
Massage Therapist Residential Address – No P.O. Box (Street #, Street, City, State, Zip Code):		
Date of Birth: / /	Home Phone:	Cell Phone:
Valid Government Photo ID:	CAMTC Certificate #:	CAMTC Expiration: / /
Name and Address of Massage School Attended:		
Name and Address of Massage School Attended:		
3) Massage Therapist Name (First, Middle, Last):		Date of Hire: / /
Massage Therapist Residential Address – No P.O. Box (Street #, Street, City, State, Zip Code):		
Date of Birth: / /	Home Phone:	Cell Phone:
Valid Government Photo ID:	CAMTC Certificate #:	CAMTC Expiration: / /
Name and Address of Massage School Attended:		
Name and Address of Massage School Attended:		



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MESSAGE PERMIT APPLICATION (cont.)

LIST OF MESSAGE THERAPISTS (2 OF 4)

4) Message Therapist Name (First, Middle, Last):	Date of Hire: / /
--	----------------------

Message Therapist Residential Address – No P.O. Box (Street #, Street, City, State, Zip Code):

Date of Birth: / /	Home Phone:	Cell Phone:
-----------------------	-------------	-------------

Valid Government Photo ID:	CAMTC Certificate #:	CAMTC Expiration: / /
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Name and Address of Massage School Attended:

Name and Address of Massage School Attended:

5) Message Therapist Name (First, Middle, Last):	Date of Hire: / /
--	----------------------

Message Therapist Residential Address – No P.O. Box (Street #, Street, City, State, Zip Code):

Date of Birth: / /	Home Phone:	Cell Phone:
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Valid Government Photo ID:	CAMTC Certificate #:	CAMTC Expiration: / /
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Name and Address of Massage School Attended:

Name and Address of Massage School Attended:

6) Message Therapist Name (First, Middle, Last):	Date of Hire: / /
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Message Therapist Residential Address – No P.O. Box (Street #, Street, City, State, Zip Code):

Date of Birth: / /	Home Phone:	Cell Phone:
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Valid Government Photo ID:	CAMTC Certificate #:	CAMTC Expiration: / /
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Name and Address of Massage School Attended:

Name and Address of Massage School Attended:



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MESSAGE PERMIT APPLICATION (cont.)

LIST OF MESSAGE THERAPISTS (3 OF 4)

7) Message Therapist Name (First, Middle, Last):		Date of Hire: / /
Message Therapist Residential Address – No P.O. Box (Street #, Street, City, State, Zip Code):		
Date of Birth: / /	Home Phone:	Cell Phone:
Valid Government Photo ID:	CAMTC Certificate #:	CAMTC Expiration: / /
Name and Address of Massage School Attended:		
Name and Address of Massage School Attended:		
8) Message Therapist Name (First, Middle, Last):		Date of Hire: / /
Message Therapist Residential Address – No P.O. Box (Street #, Street, City, State, Zip Code):		
Date of Birth: / /	Home Phone:	Cell Phone:
Valid Government Photo ID:	CAMTC Certificate #:	CAMTC Expiration: / /
Name and Address of Massage School Attended:		
Name and Address of Massage School Attended:		
9) Message Therapist Name (First, Middle, Last):		Date of Hire: / /
Message Therapist Residential Address – No P.O. Box (Street #, Street, City, State, Zip Code):		
Date of Birth: / /	Home Phone:	Cell Phone:
Valid Government Photo ID:	CAMTC Certificate #:	CAMTC Expiration: / /
Name and Address of Massage School Attended:		
Name and Address of Massage School Attended:		



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MESSAGE PERMIT APPLICATION (cont.)

LIST OF MESSAGE THERAPISTS (4 OF 4)

10) Massage Therapist Name (First, Middle, Last):	Date of Hire: / /
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Massage Therapist Residential Address – No P.O. Box (Street #, Street, City, State, Zip Code):

Date of Birth: / /	Home Phone:	Cell Phone:
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Valid Government Photo ID:	CAMTC Certificate #:	CAMTC Expiration: / /
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Name and Address of Massage School Attended:

Name and Address of Massage School Attended:

11) Massage Therapist Name (First, Middle, Last):	Date of Hire: / /
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Massage Therapist Residential Address – No P.O. Box (Street #, Street, City, State, Zip Code):

Date of Birth: / /	Home Phone:	Cell Phone:
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Valid Government Photo ID:	CAMTC Certificate #:	CAMTC Expiration: / /
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Name and Address of Massage School Attended:

Name and Address of Massage School Attended:

12) Massage Therapist Name (First, Middle, Last):	Date of Hire: / /
---	----------------------

Massage Therapist Residential Address – No P.O. Box (Street #, Street, City, State, Zip Code):

Date of Birth: / /	Home Phone:	Cell Phone:
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Valid Government Photo ID:	CAMTC Certificate #:	CAMTC Expiration: / /
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Name and Address of Massage School Attended:

Name and Address of Massage School Attended:



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MESSAGE PERMIT APPLICATION (cont.)

**LIST OF EMPLOYEES
 NOT PROVIDING MESSAGE SERVICES (1 OF 2)**

1) Employee Name (First, Middle, Last):		Date of Hire: / /
Employee Residential Address – No P.O. Box (Street #, Street, City, State, Zip Code):		
Date of Birth: / /	Home Phone:	Cell Phone:
Valid Government Photo ID:	Job Duties:	
2) Employee Name (First, Middle, Last):		Date of Hire: / /
Employee Residential Address – No P.O. Box (Street #, Street, City, State, Zip Code):		
Date of Birth: / /	Home Phone:	Cell Phone:
Valid Government Photo ID:	Job Duties:	
3) Employee Name (First, Middle, Last):		Date of Hire: / /
Employee Residential Address – No P.O. Box (Street #, Street, City, State, Zip Code):		
Date of Birth: / /	Home Phone:	Cell Phone:
Valid Government Photo ID:	Job Duties:	
4) Employee Name (First, Middle, Last):		Date of Hire: / /
Employee Residential Address – No P.O. Box (Street #, Street, City, State, Zip Code):		
Date of Birth: / /	Home Phone:	Cell Phone:
Valid Government Photo ID:	Job Duties:	



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MESSAGE PERMIT APPLICATION (cont.)

**LIST OF EMPLOYEES
 NOT PROVIDING MESSAGE SERVICES (2 OF 2)**

5) Employee Name (First, Middle, Last):		Date of Hire: / /
Employee Residential Address – No P.O. Box (Street #, Street, City, State, Zip Code):		
Date of Birth: / /	Home Phone:	Cell Phone:
Valid Government Photo ID:	Job Duties:	
6) Employee Name (First, Middle, Last):		Date of Hire: / /
Employee Residential Address – No P.O. Box (Street #, Street, City, State, Zip Code):		
Date of Birth: / /	Home Phone:	Cell Phone:
Valid Government Photo ID:	Job Duties:	
7) Employee Name (First, Middle, Last):		Date of Hire: / /
Employee Residential Address – No P.O. Box (Street #, Street, City, State, Zip Code):		
Date of Birth: / /	Home Phone:	Cell Phone:
Valid Government Photo ID:	Job Duties:	
8) Employee Name (First, Middle, Last):		Date of Hire: / /
Employee Residential Address – No P.O. Box (Street #, Street, City, State, Zip Code):		
Date of Birth: / /	Home Phone:	Cell Phone:
Valid Government Photo ID:	Job Duties:	



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MESSAGE PERMIT APPLICATION (cont.)

All permits or licenses are NON-TRANSFERABLE. Application fees are NON-REFUNDABLE.

I CERTIFY UNDER PENALTY OF PERJURY THAT THE STATEMENTS I HAVE MADE ON THIS FORM ARE TRUE AND CORRECT. I AUTHORIZE THE CITY OF SAN JOSE, ITS AGENTS AND EMPLOYEES TO SEEK INFORMATION AND CONDUCT AN INVESTIGATION INTO THE TRUTH OF THE STATEMENTS SET FORTH IN THIS APPLICATION AND MY QUALIFICATIONS FOR THE LICENSE. I FURTHER UNDERSTAND THAT ANY OMISSIONS, FALSIFICATIONS OR MISREPRESENTATIONS, WILL BE GROUNDS FOR THE LICENSE DENIAL OR FUTURE REVOCATION. **IT IS MY RESPONSIBILITY TO NOTIFY THE CHIEF OF POLICE OF ARRESTS OF ANY OWNERS, MANAGERS, EMPLOYEES, OR MASSAGE THERAPISTS FOR OFFENSES OTHER THAN A MISDEMEANOR TRAFFIC OFFENSE. IT IS ALSO MY RESPONSIBILITY TO NOTIFY THE CHIEF OF POLICE OF ANY RESIGNATIONS, TERMINATIONS, HIRING OR TRANSFERS OF MASSAGE THERAPISTS, OWNERS OR MANAGERS.** I HAVE READ AND UNDERSTAND THE SAN JOSE MUNICIPAL CODE CHAPTER 6.44 WHICH REGULATES MASSAGE FOR BUSINESSES, OWNERS, MANAGERS, THERAPISTS AND PRACTITIONERS.

Print Name (First, Middle, Last)

Signature

Date



SAN JOSE POLICE DEPARTMENT
 PERMITS UNIT
 CALL FOR APPOINTMENT
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OFFICE USE ONLY

DO NOT WRITE BELOW THIS LINE

BUSINESS	\$ _____	_____	PERMIT	_____	EXP DATE	_____
OWNER/MGR	\$ _____	_____				
OWNER/MGR ID	\$ _____	_____	PHOTO	_____	EXP DATE	_____
TOTAL	\$ _____					

GOVERNMENT ID
 PROOF OF ZONING
 CITY OF SAN JOSE BUSINESS TAX CERTIFICATE
 CERT. OF INSURANCE
 LIST OF EMPLOYEES
 LIST OF MASSAGE THERAPISTS
 MASSAGE THERAPISTS CAMTC CERTIFICATION AND ID'S
 MASSAGE DIPLOMA
 MASSAGE THERAPIST INSURANCE

Section 1 – Reviewer Approval

COMPLETE INCOMPLETE
 NOTES: _____

Reviewer	Badge #	Date
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Section 2 – Vice Unit Approval

APPROVED DENIED
 NOTES: _____

Vice Officer	Badge #	Date
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Section 3 – Permits Unit Approval

APPROVED DENIED
 NOTES: _____

Permits Officer	Badge #	Date
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**INSURANCE REQUIREMENTS FOR MASSAGE BUSINESS
AND MASSAGE THERAPIST**

Licensee shall procure and maintain, for the duration of their license and/or permit, insurance against claims for bodily injury due to alleged malpractice. (Masseurs Errors and Omissions coverage)

- **MINIMUM LIMIT OF INSURANCE**

\$1,000,000 Each Claim
\$1,000,000 Aggregate

- **DEDUCTIBLES AND SELF-INSURANCE RETENTIONS**

Any deductibles or self-insured retentions must be declared to, and approved by, the City's Risk Management Department.

- **OTHER INSURANCE PROVISIONS**

Insurance policy shall be endorsed to state that coverage shall not be suspended, cancelled, or reduced in limits except after thirty (30) days prior written notice has been given to the City.

- **ACCEPTABILITY OF INSURERS**

Insurance to be placed with an admitted insurer with an A.M. Best's Rating of A-, VII or greater.

- **VERIFICATION OF COVERAGE**

Licensee/Permittee shall furnish the City with a certificate of insurance. Certificate is to be signed by a person authorized by that insurer to bind coverage on its behalf.

Proof of insurance shall be mailed to or emailed to Risk Management.

CITY OF SAN JOSE
Risk Management
200 East Santa Clara Street, 14th Floor
San Jose, CA 95113
riskmgmt@sanjoseca.gov

(408) 975-1438



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MESSAGE BUSINESS ARREST NOTIFICATION FORM

SJMC 6.44.240 (A) – A Permittee shall immediately notify the Chief of Police of any of the following occurrences:

- Arrests of any owners, managers, employees, or Massage Therapists for an offense other than a misdemeanor traffic offense**

ARRESTEE INFORMATION

Employment Title:

Owner Co-Owner Manager Therapist Other Employee

Massage Business Name:

Massage Business Phone:

Massage Business Address (Street #, Street, City, State, Zip Code):

Employee Name (First, Middle, Last):

Employee Residential Address – No P.O. Box (Street #, Street, City, State, Zip Code):

Job Duties:

Date of Hire:

/ /

Home Phone:

Cell Phone:

Male/Female:

Date of Birth:

Valid Government Photo ID:

Date of Arrest:

/ /

Arresting Law Enforcement Agency:

Explanation:

I CERTIFY UNDER PENALTY OF PERJURY THAT THE STATEMENTS I HAVE MADE ON THIS FORM ARE, TO THE BEST OF MY KNOWLEDGE, TRUE AND CORRECT.

 Print Name (First, Middle, Last)

Owner

Co-Owner

 Signature

 Date



SAN JOSE POLICE DEPARTMENT
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MESSAGE BUSINESS EMPLOYMENT STATUS NOTIFICATION FORM

SJMC 6.44.240 (A) – A Permittee shall immediately notify the Chief of Police of any of the following occurrences:

- 2. Resignations, terminations, or transfers of owner/manager licensee or Massage Therapists employed or otherwise retained by Permittee to provide massage**

SJMC 6.44.530 (A) – The permittee shall notify the chief of police, in writing, of the name and residence and business premises address of each person employed as a massage therapist or a manager prior to the start of employment.

EMPLOYMENT STATUS INFORMATION

Employee Title:

- Owner Co-Owner Manager Therapist

Message Business Name:

Message Business Phone:

Message Business Address (Street #, Street, City, State, Zip Code):

Employment Status (select all that apply):

- New Hire Re-Hire

Resignation (explain) _____

Termination (explain) _____

Transfer (specify location) _____

Employee Name (First, Middle, Last):

Applicant Residential Address – No P.O. Box (Street #, Street, City, State, Zip Code):

Date of Hire:

From: / / To: / /

Home Phone:

Cell Phone:

Male/Female:

Date of Birth:

Valid Government Photo ID:

I CERTIFY UNDER PENALTY OF PERJURY THAT THE STATEMENTS I HAVE MADE ON THIS FORM ARE, TO THE BEST OF MY KNOWLEDGE, TRUE AND CORRECT.

 Print Name (First, Middle, Last)

- Owner Co-Owner

 Signature

 Date



SAN JOSE POLICE DEPARTMENT
 PERMITS UNIT
 (408) 277-4452
www.sjpd.org



MESSAGE BUSINESS EVENT NOTIFICATION FORM

SJMC 6.44.240 (A) – A Permittee shall immediately notify the Chief of Police of any of the following occurrences:

- Any event involving the Massage Business, Permittee, owner/manager licensee or Massage Therapist that constitutes or may constitute a violation of this Chapter, Municipal Code, or state or federal law.

EMPLOYMENT STATUS INFORMATION

Employee Title:

Owner Co-Owner Manager Therapist

Massage Business Name:

Massage Business Phone:

Massage Business Address (Street #, Street, City, State, Zip Code):

Employee Name (First, Middle, Last):

Applicant Residential Address – No P.O. Box (Street #, Street, City, State, Zip Code):

Date of Hire:

From: / / To: / /

Home Phone:

Cell Phone:

Male/Female:

Date of Birth:

Valid Government Photo ID:

Explanation:

I CERTIFY UNDER PENALTY OF PERJURY THAT THE STATEMENTS I HAVE MADE ON THIS FORM ARE, TO THE BEST OF MY KNOWLEDGE, TRUE AND CORRECT.

 Print Name (First, Middle, Last)

Owner

Co-Owner

 Signature

 Date



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

CA0431300
ORI (Code assigned by DOJ)

LICENSE, CERTIFICATE, PERMIT
Authorized Applicant Type

MESSAGE PERMIT
Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

SAN JOSE POLICE DEPARTMENT
Agency Authorized to Receive Criminal Record Information

04144
Mail Code (five-digit code assigned by DOJ)

201 W. MISSION STREET
Street Address or P.O. Box

SJPD-PERMITS UNIT
Contact Name (mandatory for all school submissions)

SAN JOSE CA 95110
City State ZIP Code

(408) 277-4452
Contact Telephone Number

Applicant Information:

Last Name

First Name Middle Initial Suffix

Other Name (AKA or Alias) Last

First Suffix

Date of Birth Sex Male Female

Driver's License Number

Height Weight Eye Color Hair Color

Billing Number (Agency Billing Number)

Place of Birth (State or Country) Social Security Number

Misc. Number (Other Identification Number)

Home Address Street Address or P.O. Box

City State ZIP Code

Your Number: MESSAGE - 1097N
OCA Number (Agency Identifying Number)

Level of Service: DOJ FBI
(If the Level of Service indicates FBI, the fingerprints will be used to check the criminal history record information of the FBI)

If re-submission, list original ATI number:
(Must provide proof of rejection)

Original ATI Number

Employer (Additional response for agencies specified by statute):

Employer Name

Mail Code (five digit code assigned by DOJ)

Street Address or P.O. Box

City State ZIP Code

Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency LSID

ATI Number Amount Collected/Billed

[REDACTED]

[REDACTED]

[REDACTED]

RE: [REDACTED]

Dear [REDACTED]:

In response to your letter regarding the current zoning to allow massage as a personal service for the above referenced property, the following information is being provided:

Zoning & General Plan: The subject property is in the CG Commercial General Zoning District. The property has a General Plan Land Use/Transportation Diagram designation of Neighborhood/Community Commercial. Personal Service is allowed in this Zoning District.

The proposed land use is a Personal Service and not defined as a massage parlor, because the massage will be conducted by an establishment that has only state-certified massage therapists/practitioners. **Personal Service is permitted by right in this CG Commercial General Zoning District.** A state-certified massage therapist/practitioner has been issued a certificate by the California Massage Therapy Council, pursuant to Chapter 10.5 of the California Business and Professional Code. Each person administering massage at this location must have their own state-issued certificate.

Listed below are the persons who have received a certificate from the California Massage Therapy Council, which has been verified by the City of San Jose as currently valid:

1. [REDACTED] Certificate # [REDACTED] Expires [REDACTED]


Note: If the list of persons administering massage changes, it shall be the responsibility of the applicant to submit a new Public Information Letter Application in order for the City of San Jose to verify the certification of any additional staff.

Please be aware that if you intend to operate a massage parlor or massage business in the City of San Jose, then the site of the massage parlor and its business operation must meet all the requirements of the Massage Business Ordinance, Chapter 6.44 of Title 6 and the Adult Uses regulations of Part 1 of Chapter 20.80 of Title 20 of the San Jose Municipal Code. The entire San Jose Municipal Code, including Chapter 6.44, can be viewed online at http://www.amlegal.com/sanjose_ca/.

You should also be aware that this letter is intended to provide information only and it does not in any way provide a legal excuse or defense to a violation of the San Jose Municipal Code. This Division also has been further advised that the mandatory requirements of the above-cited provisions of the San Jose Municipal Code are misdemeanors and any person who violates them is subject to

criminal prosecution. In addition, any condition in violation of any provision of the Code is a public nuisance that may be abated by the City. This Division has been further advised that the City of San Jose may enforce these mandatory requirements in superior court through a civil lawsuit for injunctive relieve and the assessment of civil penalties in an amount not to exceed \$2,500.00 per day for each day that the violation continues. Additionally, the City may enforce these provisions under the Administrative Remedies Ordinance, Chapter 1.14 of Title 1 of the San Jose Municipal Code, which authorizes the Director of Planning, Building and Code Enforcement to issue a compliance order for continuing violations of the San Jose Municipal Code. If the violations cited in the compliance order are not remedied within the time granted in the order, the Director may pursue an order to correct and administrative penalties at a hearing before the City of San Jose Appeals Hearing Board. The Board is authorized to assess administrative penalties not to exceed \$2,500.00 per day with a total administrative penalty not to exceed \$100,000.00, exclusive of administrative costs and interest, which it is also authorized to impose on a violator.

If you have any questions about the requirements of the Massage Business Ordinance, Chapter 6.44 of Title 6 of the San Jose Municipal Code, please contact the San Jose Police Department Permits Unit at (408) 277-4452.

Should you have any further questions regarding the above matters, please contact me by email at @SanJoseCA.gov.

Sincerely,


Planner, Permit Center

Chapter 6.44 - MASSAGE

Part 1 - GENERAL PROVISIONS

6.44.010 - Purpose.

- A. The City of San José is authorized to regulate massage establishments pursuant to Government Code Section 51030 et seq., Business and Professions Code Sections 460 and 4600 et seq., Section 7 of Article XI of the California Constitution, and its Charter and general police powers under the California Constitution.
- B. In enacting these regulations the San José Council ("city council") recognizes that massage is a viable professional field offering the public valuable health and therapeutic services.
- C. It is the purpose and intent of the city council that the operation of massage establishments and persons offering massage be regulated in the interests of public health, safety, and welfare by providing minimum building, sanitation, and health standards and to ensure that persons offering massage shall possess the minimum qualifications necessary to operate such businesses and to perform such services offered.
- D. It is the intent of this chapter to enact regulations to insure that those offering massage services are qualified and trained and can be expected to conduct their services in a lawful and professional manner. The city council finds that existing controls have not satisfactorily addressed or regulated serious criminal and public health problems, nor have the existing controls regulated the profession so as to sufficiently encourage compliance with state and local laws.

(Ord. 29662.)

6.44.020 - Definitions.

The definitions set forth in this part shall govern the application and interpretation of this chapter.

(Ord. 29662.)

6.44.030 - California Massage Therapy Council or CAMTC.

"California Massage Therapy Council" or "CAMTC" means the State of California non-profit organization established pursuant to Business and Professions Code Section 4602, as may be amended.

(Ord. 29662.)

6.44.040 - Chief of police.

"Chief of police" means the chief of police of the City of San José or his or her authorized agents.

(Ord. 29662.)

6.44.050 - Client.

"Client" means any person who receives a massage in exchange for money or any other thing of value, or for checks, credit or any other representation of value.

(Ord. 29662.)

6.44.060 - Massage.

"Massage" means any method of treating the external parts of the body for remedial, health or hygienic purposes by means of pressure on or friction against; or stroking, kneading, rubbing, tapping, pounding or stimulating the external parts of the body with hands or other parts of the body with or without the aid of any supplementary aids, such as rubbing alcohol, liniments, antiseptics, oils, powders, creams, lotions, ointments or other similar preparations commonly used in this practice; or by baths, not limited to Turkish, Russian, Swedish, Japanese, vapor, shower, electric tub, mineral, fomentation, or any other type of bath.

(Ord. 29662.)

6.44.070 - Massage business.

"Massage business" means the business of providing massage to a client.

(Ord. 29662.)

6.44.080 - Massage therapist.

"Massage therapist" means any person who is certified as a certified massage practitioner or certified massage therapist pursuant to California Business and Profession Code Section 4600 et seq.

(Ord. 29662.)

6.44.090 - Off-premises massage business.

"Off-premises massage business" means any massage business that is conducted at locations other than at specified business premises maintained by the business operator for the purpose of providing massage on the premises.

(Ord. 29662.)

6.44.100 - Permittee.

"Permittee" means the holder of a massage business permit issued by the chief of police.

(Ord. 29662.)

6.44.110 - Recognized school of massage.

"Recognized school of massage" means any school or institution of learning that is recognized as an approved school pursuant to California Business and Professions Code Section 4601, as may be amended.

(Ord. 29662.)

6.44.120 - Business permit required.

It shall be unlawful for a person to maintain, manage, operate, conduct, control or own a massage business or off-premises massage business unless the business is maintained and operated in strict compliance with a valid business permit issued by the chief of police. A separate business permit is required for each location if a person maintains, manages, operates, conducts, controls or owns multiple massage businesses at different locations.

(Ord. 29662.)

6.44.130 - Ownership/management license required.

- A. It shall be unlawful for any person to work as a manager or have any ownership interest in a massage business or off-premises massage business without having first obtained an ownership/management license from the chief of police.
- B. It shall be unlawful for any massage business to provide massage in exchange for money or any other thing of value, or for checks, credit or any other representation of value, unless all individuals employed by the massage business to perform massage, whether as an employee, independent contractor, sole proprietorship, or otherwise, are certified massage therapists.
- C. A separate ownership/management license is required for each location if a person owns, manages, or operates multiple massage businesses at different locations.

(Ord. 29662.)

6.44.140 - Massage therapy certification required.

It shall be unlawful for a person to perform massage on a person in exchange for money or any other thing of value, or for checks, credit or any other representation of value unless that individual is a certified massage therapist.

(Ord. 29662.)

6.44.150 - Exemptions.

The provisions of this chapter shall not apply to the following classes of persons while engaged in the performance of the duties of their respective professions:

- A. Physicians, surgeons, chiropractors, osteopaths, acupuncturists, or physical therapists who are duly licensed to practice their respective professions in the State of California.
- B. Nurses registered under the laws of the State of California.
- C. Barbers and beauticians who are duly licensed under the laws of the State of California while engaging in practices within the scope of their licenses, limited solely to the massaging of the neck, face, scalp, feet up to the ankle, or hands up to the wrist of the client.
- D. Hospitals, nursing homes, sanitariums or other health care facilities duly licensed by the State of California.
- E. Accredited high schools, junior colleges, and colleges or universities where coaches and trainers are acting within the scope of their employment.
- F. Trainers of amateur, semi-professional or professional athletes or athletic teams.

(Ord. 29662.)

Part 2 - OPERATING REGULATIONS AND CONDITIONS

6.44.200 - Operating regulations and permit conditions.

- A. The provisions of this part shall constitute business permit terms and conditions applicable to each business permit issued by the chief of police.
- B. In addition, the provisions of this part shall constitute operating regulations. It shall be unlawful for any person to violate these provisions.

(Ord. 29662.)

6.44.210 - Hours of operation.

- A. Massage in exchange for money or any other thing of value, or for checks, credit or any other representation of value shall be provided or given only between the hours of 7:00 a.m. and 10:00 p.m.
- B. The premises on which a massage business is operated or conducted shall be open only between the hours of 7:00 a.m. and 10:00 p.m.

(Ord. 29662.)

6.44.215 - Entry and exit.

All clients shall enter and exit exclusively through the front door of the massage business. The front door shall be the door facing the street, or if no such door exists, the door that is most visible to members of the public passing by the massage business.

(Ord. 29662.)

6.44.220 - Listing of services.

- A. A list of services available shall be displayed in an open and conspicuous manner in a public place within the premises and shall be described in readily understandable language. No person shall perform or offer to perform any service other than those posted.
- B. A massage therapist for an off-premises massage business shall provide to clients and to the public upon request the list of services described in Subsection A.

(Ord. 29662.)

6.44.230 - Records of massage services.

- A. The permittee shall keep a written record of the date and hour of each massage service; the name and address of each client; the name of the massage therapist administering the service, the address at which the service was provided, the type of service administered, and such other information as the chief of police considers necessary on a client service release form approved by the chief of police.

- B. Such written record shall be open to inspection by city officials including the police department and the city attorney's office for the administration and enforcement of the Municipal Code or state law.
- C. Such records shall be maintained on the premises of the massage business for a period of two years.
- D. In the case of an off-premises massage business, the permittee shall maintain the above specified records at the business address provided by the permittee on the business permit application.
- E. Each permittee shall:
 1. Provide the chief of police with a copy of the valid CAMTC certificate for every person who is employed or otherwise retained by permittee to provide massage prior to the commencement of such person's employment or massage service.
 2. Display in the reception area or similar open public place on the premises a copy of each CAMTC certificate for all persons employed or otherwise providing massage. CAMTC certificates of former employees or contractors shall immediately be removed as soon as the massage therapist is no longer employed or providing massage services through the massage business.
 3. Require each massage therapist to clearly and prominently wear a CAMTC certification card at all times when the massage therapist is inside a massage business or providing massage at an off-site premise.

(Ord. 29662.)

6.44.240 - Notifications.

- A. A permittee shall immediately notify the chief of police of any of the following occurrences:
 1. Arrests of any owners, managers, employees, or massage therapists for an offense other than a misdemeanor traffic offense;
 2. Resignations, terminations, or transfers of owner/manager licensee or massage therapists employed or otherwise retained by permittee to provide massage;
 3. Any event involving the massage business, permittee, owner/manager licensee or massage therapist that constitutes or may constitute a violation of this chapter, Municipal Code, or state or federal law.
- B. This provision requires reporting to the chief of police even if the permittee believes the chief of police has or will receive the information from another source.

(Ord. 29662.)

6.44.250 - Linens required.

- A. The permittee shall, at all times, have an adequate supply of clean sanitary towels, coverings and linens.
- B. Clean towels, coverings and linens shall be stored in cabinets.
- C. Towels and linens shall not be used on more than one client, unless they have first been laundered and disinfected.
- D. Disposable towels and coverings shall not be used on more than one client.
- E. Soiled linens and paper towels shall be deposited in separate, approved receptacles.

(Ord. 29662.)

6.44.260 - Separate facilities required.

- A. The permittee shall provide separate massage rooms and separate dressing facilities if male and female clients are to be treated simultaneously on the same massage business premises, unless there is consent from the male and female clients to receive massage on separate massage tables in the same room.
- B. Massage businesses shall not contain sleeping quarters on the premises. There shall be no room or space used for sleeping, living or residential uses on the massage business premises.

(Ord. 29662.)

6.44.270 - Clothing requirement.

- A. The permittee, owners, managers, employees, and massage therapists, when present on the premises of a massage business or when working or providing services for an off-premises massage business, shall be clean and shall wear clean, nontransparent outer garments. Such garments shall not expose their genitals, pubic areas, buttocks or chests and shall be in compliance with California Business and Professions Code Section 4609, as may be amended.
- B. A massage shall not be given unless the client's genitals and female client's breasts are fully covered.
- C. A massage therapist shall not, in the course of administering any massage, make physical contact with the genitals of any person regardless whether the contact is over or under the person's clothing.

(Ord. 29662.)

6.44.280 - Drugs and alcohol prohibited.

- A. No person shall enter or remain in any part of the premises of a massage business, or conduct, operate, be employed by or provide massage for an off-premises massage business, while in the possession of, consuming, or using any alcoholic beverage or drugs except for medication provided pursuant to a prescription issued by a physician duly licensed to practice in the State of California. The permittee, owner, operator, manager or massage therapist shall not permit any such person to enter or remain on such premises.
- B. No alcoholic beverage or drug, other than a prescription medication in the possession of the person for whom the prescription was written shall be stored or kept on the premises of a massage business.

(Ord. 29662.)

6.44.290 - Condoms prohibited.

- A. No person shall enter or remain in any part of the premises of a massage business, or conduct, operate, be employed by or provide massage for an off-premises massage business, while in the possession of or while using a condom.
- B. No condom shall be stored or kept on the premises of a massage business.

(Ord. 29662.)

6.44.300 - School of massage prohibited.

- A. No massage business or off-premises massage business shall operate as a school of massage or use any of the premises or facilities of a school of massage except as specified in Subsection B.

- B. A school of massage may be operated simultaneously with and in the same or a contiguous building with a massage business, provided that the facilities of the school are physically separated, clearly delineated and there is not a sharing of any portion of those respective facilities.

(Ord. 29662.)

6.44.310 - Advertising restrictions.

No person shall publish or distribute, or cause to be published or distributed, any advertising matter including on the internet or business identification card that would reasonably suggest to prospective clients that any service is available other than a massage. For example, no advertising shall contain any nudity or suggest sexual services are available.

(Ord. 29662.)

6.44.320 - Locks prohibited.

- A. No massage shall be conducted within any cubicle, room, booth or treatment room on the premises of a massage business which is fitted with a lock.
- B. All exterior doors on the premises of a massage business shall remain unlocked from the interior side during business hours unless the massage business meets the requirement of California Government Code Section 51034(b)(5), as may be amended.

(Ord. 29662.)

6.44.330 - Minimum age requirement.

No person shall be employed in a massage business or perform massage or manage or hold an ownership interest in a massage business who is not at least eighteen years of age.

(Ord. 29662.)

6.44.340 - Insurance requirement.

- A. During the term of a business permit, the permittee and each massage therapist who works for the permittee or on the permittee's business premises shall maintain in full force and effect professional liability or massage malpractice insurance or other such policy as the office of the risk manager shall require:
 - 1. With minimum policy limits to be set by the risk manager;
 - 2. Issued by an admitted insurer or insurers as defined by the California Insurance Code; and
 - 3. Providing that no cancellation, change in coverage, or expiration by the insurance company or the insured shall occur during the term of the business permit, without thirty days written notice to the chief of police prior to the effective date of such cancellation or reduction in coverage.
- B. Proof of insurance shall be provided to the office of the risk manager.

(Ord. 29662.)

6.44.350 - Business name.

No person shall conduct or operate a massage business under any name not specified in a valid business permit issued by the chief of police.

(Ord. 29662.)

6.44.360 - Massage business premises - Physical requirements.

The premises of every massage business shall be maintained and shall at all times when open for business meet the following requirements:

- A. Minimum lighting shall be provided in accordance with Article 220 of the National Electrical Code, and, in addition, at least one artificial light of not less than forty watts shall be provided in each room or enclosure where massage services are performed on clients;
- B. Hot and cold running water shall be provided at all times on the premises;
- C. Cabinets shall be provided for storage of clean linens;
- D. Adequate bathing, dressing, locker and toilet facilities shall be provided for clients;
- E. A minimum of one separate wash basin for employees shall be provided at all times. The basin shall be located within or as close as practicable to the area devoted to the performing of massage services. Sanitary towels shall also be provided at each basin;
- F. Pads used on massage tables shall be covered with a durable washable plastic or other waterproof material which shall be cleaned and disinfected with a disinfectant at least once each day the premises are open;
- G. Wet and dry heat rooms, steam or vapor rooms or cabinets, toilet rooms, shower and bath rooms, bathtubs, tanning booths, whirlpool baths and pools shall be thoroughly cleaned and disinfected as needed, and at least once each day the premises are open, with a disinfectant.
- H. All walls, ceilings, floors and other physical facilities for the establishment must be in good repair and maintained in a clean and sanitary condition.
- I. All massage tables shall be at least two feet away from any wall at all times.
- J. Comply with all planning, building and other applicable codes and regulations.

(Ord. 29662.)

6.44.370 - Presence of massage therapist.

No massage business shall be open for business without having at least one massage therapist who holds a valid massage therapist certification from CAMTC present on the premises during all business hours.

(Ord. 29662.)

6.44.380 - Massage at hotels and motels.

It shall be unlawful for a person to perform massage at a hotel or motel that does not have a business permit issued pursuant to this chapter.

(Ord. 29662.)

6.44.390 - Massage at place of business.

It shall be unlawful to perform massage on any client at any place of business that does not have a business permit unless:

- A. The place of business is an office regularly occupied by the client for business purposes;
- B. The client is the business owner, operator or an employee of the business; and
- C. The massage is performed by a massage therapist who is employed by an off-premises massage business that holds a valid business permit.

(Ord. 29662.)

6.44.400 - Identification card display.

- A. It shall be unlawful for any massage therapist to be present on the premises of a massage business or work for an off-premises massage business, or to otherwise perform massage on a client without having prominently displayed his or her CAMTC certification card issued by the CAMTC.
- B. The identification card shall be prominently displayed on the outermost garment at approximately chest height.
- C. The personal identification card shall be in good and readable condition at all times.
- D. A massage therapist shall only provide massage under the name specified in his or her CAMTC certificate.

(Ord. 29662.)

6.44.410 - Signs.

Any massage business signs shall be in conformance with the current ordinances and regulations of the city.

(Ord. 29662.)

Part 3 - PERMITS AND LICENSES

6.44.500 - Procedures and determinations.

The procedures set forth in Chapter 6.02 for permits and licenses shall govern the application for, investigation, approval, denial, suspension and revocation of any business permit, ownership/management license, or massage therapist license issued pursuant to this chapter, except as specifically provided in this part.

(Ord. 29662.)

6.44.510 - Additional requirements for permits and licenses.

In addition to the procedures set forth in Chapter 6.02, a person applying for a permit or license under this chapter shall provide to the chief of police:

- A. Proof that the applicant is at least eighteen years of age.
- B. For a business permit, the applicant shall provide:
 - 1. Proof of zoning approval for the business premises;
 - 2. Proof of professional liability or malpractice insurance as specified in Part 2 of this chapter;
 - 3. The name and address of each massage therapist employed by the permittee or who works on the permittee's business premises.
- C. For an ownership/management license, when the applicant is or will be a manager of the business, the applicant shall provide proof of a diploma or certificate of graduation from a recognized school of massage after successfully completing a one-hundred-hour course of instruction.

(Ord. 29662.)

6.44.520 - Inspection to determine compliance.

The city officials charged with investigating and enforcing this chapter and the Municipal Code, including, but not limited to, the police department, fire department, and planning, building and code enforcement department, are authorized to inspect the premises and all business records of each massage business during business hours for the purposes of determining compliance with the provisions of this chapter.

(Ord. 29662.)

6.44.530 - New managers and massage therapists - Notification.

- A. The permittee shall notify the chief of police, in writing, of the name and residence and business premises address of each person employed as a massage therapist or a manager prior to the start of employment.
- B. A massage therapist shall not commence employment or providing massage services unless the following has been provided to the chief of police:
 - 1. Proof of insurance; and
 - 2. A copy of the CAMTC certification.

(Ord. 29662.)

6.44.540 - Change of name or location.

A change of location or name of a massage business shall be subject to the approval of the chief of police. The new location shall comply with each and every requirement of this chapter.

(Ord. 29662.)

6.44.550 - Permit and license fees.

Fees for the massage business permit and ownership/management license applications, and renewal applications shall be as set forth in the schedule of fees established by resolution of the city council.

(Ord. 29662.)

6.44.560 - Term of permits and licenses.

- A. Each business permit and ownership/management license issued pursuant to this chapter shall expire two years after the date of issuance.
- B. No business permit or ownership/management license issued by the chief of police pursuant to this chapter may be sold, transferred or assigned by the permittee or licensee, or by operation of law, to any other person or persons; any such sale, transfer or assignment, or attempted sale, transfer or assignment, shall be deemed to constitute voluntary surrender of such permit or license and such permit or license shall thereafter be deemed terminated and void.
- C. In addition to the provisions set forth in Chapter 6.02 of the Municipal Code, a business permit or owner/manager license issued pursuant to this chapter may be denied, suspended or revoked if the permittee or licensee committed any offense involving lewdness, indecent exposure, prostitution, human trafficking, sex trafficking, labor trafficking or other similar offense or the employees, independent contractors, sole proprietorship, or otherwise of the massage business have committed such offenses during the course of employment or services.

(Ord. 29662.)

6.44.570 - Compliance with all laws.

All massage business, including permittee, owner, manager, operator or massage therapist, shall comply with all local, state, and federal laws and regulations.

(Ord. 29662.)

6.44.580 - Public nuisance and remedies.

It shall be unlawful and a public nuisance for a massage business to be operated, conducted, or maintained in violation of the provisions of this chapter. The city may exercise its discretion and commence any criminal or civil actions or proceedings available under the Municipal Code, state or federal law against any person or entity in violation of this chapter or any other applicable law. All remedies under Chapter 6.02, this chapter, the Municipal Code and state and federal law are cumulative.

(Ord. 29662.)

6.44.590 - Conflicts.

In the event of any conflicts or inconsistencies between the provisions of this chapter and the provisions of any other chapter(s) of the Municipal Code, the provisions of this chapter shall control, unless to do so would be inconsistent with the stated purpose of this chapter.

(Ord. 29662.)