

MESSAGE ESTABLISHMENT PERMIT APPLICATION

(Please print in blue or black ink)

Applicant Information (Check Only One)		
Corporation	Limited Liability Company (LLC)	General Partnership
Limited Partnership	Limited Liability Partnership (LLP)	Sole Proprietorship
LEGAL BUSINESS NAME (CORPORATION/LLC/PARTNERSHIP/ASSOCIATION/SOLE PROPRIETOR):		
LAST NAME (SOLE PROPRIETORSHIP ONLY):		FIRST NAME (SOLE PROPRIETORSHIP ONLY):
DOING BUSINESS AS (DBA):		
TAXPAYER IDENTIFICATION NUMBER (SSN/ITIN, EIN/FED TAX ID):		
BUSINESS SITE ADDRESS: *		
APPLICANT/BUSINESS PHONE: *		APPLICANT/BUSINESS EMAIL ADDRESS: *
MAILING ADDRESS: *	CITY:	STATE:
ZIP CODE:	COUNTY:	COUNTRY:

***Note: Contact information provided in these fields will be used by the City to communicate with applicant.**

Business Information							
ESTABLISHMENT HOURS OF OPERATION:							
Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Open							
Close							
TYPES OF MESSAGE SERVICES OFFERED AT ESTABLISHMENT:							
SWEDISH MASSAGE	ROLFING	DEEP TISSUE	FOOT MASSAGE				
SPORTS MASSAGE	HELLERWORK	HOT STONE	OTHER: _____				
SHIATSU	REFLEXOGY	TRIGGER POINT					
POLARITY THERAPY	THAI MASSAGE	PRENATAL MASSAGE					
ARE YOU CONDUCTING ANY OTHER BUSINESS AT THE MESSAGE ESTABLISHMENT (E.G. BEAUTY SALON, NAIL SALON, ETC.)?							
YES	NO	IF "YES", WHAT IS THE TYPE OF BUSINESS? _____					

Owner(s) or Individuals with a Financial Interest	
NOTE: Please fill out a separate section for each owner or any individual that has a financial interest in the massage establishment	
LAST NAME:	FIRST NAME:
HOME ADDRESS:	
PHONE:	EMAIL:
DATE OF BIRTH:	PLACE OF BIRTH:
DRIVER'S LICENSE/STATE ID NUMBER:	DL/ID ISSUED STATE:
BUSINESS TITLE:	PERCENTAGE OWNED:
CAMTC CERTIFIED?: YES NO	
CAMTC LICENSE NUMBER (if applicable):	CAMTC LICENSE EXPIRATION DATE (if applicable):
LAST NAME:	FIRST NAME:
HOME ADDRESS:	
PHONE:	EMAIL:
DATE OF BIRTH:	PLACE OF BIRTH:
DRIVER'S LICENSE/STATE ID NUMBER:	DL/ID ISSUED STATE:
BUSINESS TITLE:	PERCENTAGE OWNED:
CAMTC CERTIFIED?: YES NO	
CAMTC LICENSE NUMBER (if applicable):	CAMTC LICENSE EXPIRATION DATE (if applicable):

**** If there are additional owners, please attach additional pages**

Owner Disclosures	Yes	No
1. Will you or any of the listed owners be offering massage services? If "yes", please attach a copy of your CAMTC certificate and ID card.		
2. Has you ever had a City of Long Beach license or permit suspended or revoked?		
3. Has you ever been denied a business license in the City of Long Beach?		
If you answered "Yes" to questions 2 through 3 above, please provide a written statement detailing the date(s) and circumstances of such denials, suspensions, or revocations.		

Verification of LBMC Chapter 5.58

The undersigned, on behalf of the Massage Establishment Permit applicant, declares under penalty of perjury that they have read and understand the provisions of Long Beach Municipal Code (LBMC) Chapter 5.58, and shall, collectively and individually, ensure that neither the applicant nor its employees shall engage in any activities that will violate the terms and conditions of the Massage Establishment Permit, which states in relevant part that:

_____ A. No person shall engage in, carry on, or conduct the of a massage establishment without first having obtained a Business License as prescribed by the provisions of Chapter 3.80, and, where required by this Chapter, a Massage Establishment Permit, a Health Permit, and an Administrative Use Permit as prescribed in Title 21.

_____ B. No person shall engage in, conduct, or carryon the function of a massage therapist, whether as an independent contractor, employee or owner of a massage establishment, without being certified by the CAMTC as a certified massage therapist, certified massage practitioner, or conditionally certified massage practitioner pursuant to California Business and Professions Code Sections 4600 et seq. Persons practicing acupressure under the direction of a licensed State of California acupuncturist shall obtain CAMTC certification as required in this Chapter.

_____ C. Massage Establishment Permit: A massage establishment, except an independent contractor, must be issued a Massage Establishment Permit. A Massage Establishment Permit issued under this Chapter does not authorize the permittee to commence operations pursuant to the permit until the permittee has complied with all business license requirements, zoning/planning requirements, and all other applicable federal, state, and City of Long Beach laws and regulations. A Massage Establishment Permit does not authorize the permittee to provide massage therapy services, and it is unlawful to do so without valid CAMTC certification.

_____ D. Health Permit. A massage establishment, except an independent contractor, must be issued a Health Permit. A Health Permit shall be issued by the Health Officer when investigation has determined that the proposed massage establishment and its facility and method of operation meets the specifications or conforms to the requirements of this Chapter and any applicable laws and regulations. A Health Permit, once issued, is nontransferable and shall only be valid for the person or entity, location, type of services or activities, and, unless suspended or revoked, for the time period indicated. Any Health Permit fees, including recovery and enforcement costs, shall be determined by resolution of the City Council.

_____ E. Administrative Use Permit (AUP) for massage as a Primary Use. A massage establishment, other than an independent contractor, where massage is the primary use (over 50%) of the business must apply for and be issued, prior to operation, an Administrative Use Permit (AUP), and such AUP shall be maintained, in accordance with Chapters 21.25 and 21.32 of the Long Beach Municipal Code.

_____ F. A massage establishment shall not be issued a Business License without a Massage Establishment Permit, Health Permit, or Administrative Use Permit when required by this Chapter.

I hereby declare the information contained within and attached to this application is complete, true, and accurate. I understand a misrepresentation of fact is cause for rejection of this application, denial of the permit, or revocation of an issued permit.

Print Name:

Owner Signature:

Date:

Declarations		
I hereby represent and warrant that I am authorized to submit this application on behalf of the entity listed on the application because I am an owner of the entity or because I have authority from the owner.		
I hereby represent and warrant under penalty of perjury that all the documents that I am submitting with this application are true and accurate to the best of my knowledge and that all executed documents are valid and enforceable.		
I hereby represent and warrant that I have read and understand all the laws, rules and regulations, and policies and procedures associated with my application; and that I fully understand the nature, meaning, and content of such laws, rules, and policies. I warrant and represent that I will abide by such laws, rules, and policies during the application process after my permit is issued by the City.		
I hereby represent and warrant that I have conducted my own research and investigation regarding the compliance of my proposed location with state and local laws, including but not limited to proximity restrictions, zoning regulations, and address requirements. I further warrant and represent that the proposed location of my massage establishment fully complies with such state and local law.		
I understand that any promise, representation, or any other statement made to me by any agent or employee of the City that is not contained within this application is null, void, and unenforceable and that I am not relying on any such promise, representation, or statement.		
I understand the City will review the application for compliance with state and local laws, and that my application may be denied as allowed by laws, rule, or policies of the City.		
I understand the City may initiate disciplinary action on this permit based upon any conduct associated with the permit, including conduct by previous owners, managers, or employees. I further understand that this permit constitutes a revocable privilege and that I am liable for all actions associated with this permit.		
I understand that this application is neither an entitlement nor a vested right, and I acknowledge that I must qualify for and obtain the permit or permit status that I am seeking prior to operating or otherwise claiming that I have any right to such.		
I represent and warrant that I have read this acknowledgement and advisement, that I have had the opportunity to consult with legal counsel, and that I am knowingly and voluntarily submitting my application in compliance with this acknowledgement and advisement and all applicable laws.		
I understand that I may be jointly and severally liable for any and all taxes, fees, and charges associated with the permit.		
The applicant by signing this application consents to service of any notice required or provided for by the laws, rules, regulations, or ordinances of the City of Long Beach upon the person(s) at the address listed in this application as the business address, will constitute sufficient and legal notice. Any change in the person or the address listed in the application may be made only in writing to the Director of Financial Management.		
I hereby declare the information contained within and attached to this application is complete, true, and accurate. I understand a misrepresentation of fact is cause for rejection of this application, denial of the permit, or revocation of an issued permit.		
Print Name:	Owner Signature:	Date:

Application Attachments

Floor Plan which accurately depicts the inside of the establishment

Copy of current CAMTC certificate, CAMTC picture identification (ID) and government-issued identification (ID) card for each owner performing massage therapy

OR

If any owner(s) are not performing massage therapy and are not certified by the CAMTC:

Copy of one (1) fully legible valid government issued form of identification for each owner.

Proof of Live Scan completion by a representative of the LBPD for proof of fingerprint submission to the Department of Justice

**** Please note that acceptable forms of government issued identification include, but are not limited to: Driver's licenses or photo identity cards issued by the Department of Motor Vehicles that meet REAL ID benchmarks, a passport issued by the United States or by a foreign government, U.S. Military I.D. cards (active duty or retired military and their dependents), or a Permanent Resident Card.**

Copy of the CAMTC certification and government issued ID cards for all W-2 employees employed at the business who are offering massage therapy services

****1099 employees are considered independent contractors and are required to obtain an individual business license**

Copy of Fictitious Business Name Filing, if applicable.

Corporation, Limited Liability Companies, Limited Liability Partnerships:

- Copy of your Articles of Incorporation/ Organization; and
- Copy of your Statement of Information

Copy of Establishment License from State Board of Barber and Cosmetology (if providing services other than massage)