City of Santa Monica
Revenue Division
PO Box 2200
Santa Monica, CA 90407-2200
P: 310-458-8745 • F: 310-451-3283
E: business.license@santamonica.gov
W: santamonica.gov/businesslicense

BUSINESS LICENSE MASSAGE PERMIT REQUIREMENTS

DATE STAMP

Below are the requirements for a massage business. For more information see SMMC sec 6.104.

REQUIREMENT DETAILS

MASSAGE OPERATOR REQUIREMENTS

- ☐ Business owner must obtain operator's permit, unless the business is a certified sole proprietorship.
- ☐ Business Owner must complete a Massage Operator Business License Packet.
- ☐ Business owner must pass City's massage operator's examination, unless the business is a certified sole proprietorship.
- ☐ Business owner must be fingerprinted, unless the business is a certified sole proprietorship.
- ☐ Operate business in compliance with current regulations.
- ☐ Report on a monthly basis of all employees, independent contractors, volunteers, or other persons, including massage technicians, working at the site.
- ☐ Provide copy of lease.
- ☐ Property owner provide notarized affidavit consenting to operation of massage business.
- ☐ Provide proof of $100,000 liability insurance.

MASSAGE TECHNICIAN REQUIREMENTS

- ☐ Massage technician permit required, unless technician has valid state certification.
- ☐ 500 Minimum number of hours of training, unless technician has valid state certification.
- ☐ Must pass massage proficiency test, unless technician has valid state certification.
- ☐ Must provide proof of $100,000.00 liability insurance, unless technician has valid state certification.
- ☐ Must submit annual physician's certification, unless technician has valid state certification.

This summary is provided for your convenience only. It does not contain all the City's regulations applicable to massage establishments and/or massage technicians. Any conflict between this summary and the municipal code shall be resolved in favor of the municipal code.

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BUSINESS LICENSE APPLICATION COMMERCIAL LOCATION

Notice #:	
OFFICIAL USE ONLY	
BL #:	

Fees Paid: $_____

Paid By:
☐ Ca ☐ Ck #_____ ☐ AMEX
☐ Visa ☐ Disc. ☐ MC ☐ Web

Date Paid: _____

Processed by: _____

Santa Monica Business License Period—July 1 through June 30

There is no proration for a business license issued after the start of a licensing period. A standard business license will expire on the next June 30th after it was issued. (SMMC 6.04.120 and 6.04.110)

Complete this application if your business is operated from a commercial location within the City of Santa Monica.

BUSINESS ENTITY INFORMATION (ALL FIELDS REQUIRED)

1 DBA (*if applicable*):

2 Legal Business Name:

3 Business Physical Address: Santa Monica CA
Number Street Unit/Suite # City State Zip

4 Business Mailing Address:
☐ Same as Physical Address *Number Street Unit/Suite # City State Zip*

5 Business Phone: | Alternate Phone: ☐ Fax ☐ Mobile ☐ Other

6 Date business began or will begin within the City of Santa Monica?

Month	Day	Year

Is this business a non-profit or exempt entity? ☐ Yes ☐ No
If yes, please provide documentation with your application

7 Business Type: ☐ Sole Proprietor ☐ Partnership ☐ Trust ☐ LLC ☐ Corporation | Corporation/LLP/LLC Entity #:

8 Email: | Website:

9 Please describe your general business activities and the specific business activities that take place at this business location in detail.

10 NAIC Code (*if known*): | Resale Number (*if applicable*): | Federal Employer ID #:

11 State License # *(if applicable):* | License Type: | Exp. Date:

12 Does this business sell tobacco products? ☐ Yes ☐ No | If selling goods, what type of sales? ☐ Retail ☐ Wholesale ☐ Both ☐ N/A

OWNER/OFFICER INFORMATION (ALL FIELDS REQUIRED)

13 First Name: | Last Name:

Title: ☐ Sole Proprietor ☐ Partner ☐ President ☐ Managing Member ☐ Trustee ☐ Other: _____

Residential Address:
Number Street Unit/Suite # City State Zip

Email: | Date of Birth: | Driver's License or Gov't Issued ID: | Phone:

ADDITIONAL OWNER/OFFICER INFORMATION (IF APPLICABLE)

14 First Name: | Last Name:

Title: ☐ Sole Proprietor ☐ Partner ☐ President ☐ Managing Member ☐ Trustee ☐ Other: _____

Residential Address:
Number Street Unit/Suite # City State Zip

Email: | Date of Birth: | Driver's License or Gov't Issued ID: | Phone:

Complete next page

AUTHORIZED REPRESENTATIVE CONTACT INFORMATION

15	☐ Same as owner	First Name:	Last Name:	Title:
		Contact Phone:	Email:	

BUSINESS ACTIVITY INFORMATION (REQUIRED)

16 Please designate the type of business you are or intend to engage in at the address in line 3:

- ☐ Agent/Broker (Commodities, Real Estate, Etc.)
- ☐ Auto Dealership
- ☐ Building Contractor (Specialty:_____)
- ☐ Corporate or Administrative Headquarters
- ☐ Delivery or Pickup — ***complete the Delivery Application***
- ☐ Professions (Lawyer, Doctor, Etc.)
- ☐ Rental of Property (Commercial or Residential) — **submit the *Lessor Application***
- ☐ Retail/Wholesale/Manufacturing
- ☐ Service
- ☐ Other (*specify*): _____

17 Number of personnel working 4 hours or more per week at this site? _____ *Per Santa Monica Municipal Code 9.53.010, an accurate employee count is required to comply with Transportation Demand Management. For questions, email TDMPlans@santamonica.gov.*

18 ☐ Check here if you do not wish your business' information posted on the City of Santa Monica's website.

DECLARATION AND SIGNATURE (ALL FIELDS REQUIRED)

I declare, under penalty of making a false declaration, that I am authorized to complete this form, and to the best of my knowledge and belief it is a true, correct and complete statement, made in good faith. I understand and agree that the granting of this license requires my compliance with all applicable Santa Monica Municipal Code provisions, state and federal laws and all conditions set forth above. I also understand and I am familiar with such local, state and federal laws and the conditions set forth above may result in revocation of this license.

Print Name:	Title:
Signature:	Date:

FEES DUE:

RETURN ENTIRE APPLICATION PACKET WITH PAYMENT TO ABOVE ADDRESS • MAKE CHECK PAYABLE TO THE CITY OF SANTA MONICA

Acceptance of payment does not constitute approval of business license. Authorization to conduct business is not granted until license is issued.

☐ **Check here and enter $0 in the Business License Tax box below if claiming the Small Business Exemption (SBE)**
You may not claim the SBE if annual worldwide gross receipts will exceed $40,000.00 or if you are filing this application more than thirty (30) days after your business start date.

☐ **Check here and enter Exempt in the Business License Tax box below if claiming tax exempt status.**
Please submit proof of exemption status with your application.

NOTE: On 9/19/12, Governor Brown signed into law Senate Bill 1186 which adds a state fee of $1 on any applicant for a local business license, similar instrument or permit, or renewal. On 10/11/17, Governor Brown signed into law Assembly Bill 1379, which increases the fee to $4 for six years from 1/1/18 through 12/31/23. The purpose of this fee is to increase disability access and compliance with construction-related accessibility requirements and to develop education resources for business in order to facilitate compliance with federal and state disability laws, as specified under federal law. Compliance with disability access is a serious and significant responsibility that applies to all California building owners and tenants with buildings open to the public. You may obtain information about your legal obligation to comply with the disability access laws at the following agencies:

The Division of the State Architect at dgs.ca.gov/DSA
The Department of Rehabilitation at dor.ca.gov
The California Commission on Disability Access at dgs.ca.gov/CCDA

LICENSE FEES DUE		OFFICIAL USE ONLY
Please Note: Fee payments are non-refundable		
Business License Tax	$ 75.00	$
Zoning Review Fee (Complete form)	$ 104.93	$
State Mandated Fee	$ 4.00	$
Massage Establishment Permit Fee	$ 312.86	$
Late Penalty	$	$
BID Fees	$	$
Additional Fees	$	$
Total Due	$	$
Amount Paid	$	$
Fees Due	$	$

Thank you for doing business in the City of Santa Monica!

NOTICE TO APPLICANTS FOR BUSINESS LICENSES AND COMMERCIAL BUILDING PERMITS

DISABILITY ACCESS REQUIREMENTS AND RESOURCES

Under federal and state law, compliance with disability access laws is a serious and significant responsibility that applies to all California building owners and tenants with buildings open to the public. You may obtain information about your legal obligations and how to comply with disability access laws at the following agencies:

DEPARTMENT OF GENERALSERVICES, Division of the State Architect, CASp Program

www.dgs.ca.gov/dsa

www.dgs.ca.gov/casp

DEPARTMENT OF REHABILITATION Disability Access Services

www.dor.ca.gov

www.rehab.cahwnet.gov/disabilityaccessinfo

DEPARTMENT OF GENERALSERVICES, California Commission on Disability Access

www.ccda.ca.gov

www.ccda.ca.gov/resources-menu/

CERTIFIED ACCESS SPECIALIST INSPECTION SERVICES

Compliance with state and federal construction-related accessibility standards ensures that public places are accessible and available to individuals with disabilities. Whether your business is moving into a newly constructed facility or you are planning an alteration to your current facility, by engaging the services of a Certified Access Specialist (CASp) early in this process you will benefit from the advantages of compliance and under the Construction-Related Accessibility Standards Compliance Act (CRASCA, Civil Code 55.51-55.545), also benefit from legal protections.

Although your new facility may have already been permitted and approved by the building department, it is important to obtain CASp inspection services after your move-in because unintended access barriers and violations can be created, for example, placing your furniture and equipment in areas required to be maintained clear of obstructions. For planned alterations, a CASp can provide plan review of your improvement plans and an access compliance evaluation of the public accommodation areas of your facility that may not be part of the alteration.

A CASp is a professional who has been certified by the State of California to have specialized knowledge regarding the applicability of accessibility standards. CASp inspection reports prepared according to CRASCA entitle business and facility owners to specific legal benefits, in the event that a construction-related accessibility claim is filed against them.

To find a CASp, visit *www.apps2.dgs.ca.gov/DSA/casp/casp_certified_list.aspx*.

<CONTINUED ON REVERSE>

GOVERNMENT TAX CREDITS, TAX DEDUCTIONS AND FINANCING

State and federal programs below are available to assist businesses with access compliance and access expenditures:

Disabled Access Credit for Eligible Small Businesses

FEDERAL TAX CREDIT—Internal Revenue Code Section 44 provides a federal tax credit for small businesses that incur expenditures for the purpose of providing access to persons with disabilities. For more information, refer to Internal Revenue Service (IRS) Form 8826: Disabled Access Credit at *www.irs.gov*.

STATE TAX CREDIT—Revenue and Taxation Code Sections 17053.42 and 23642 provide a state tax credit similar to the federal Disabled Access Credit, with exceptions. For more information, refer to Franchise Tax Board (FTB) Form 3548: Disabled Access Credit for Eligible Small Businesses at *www.ftb.ca.gov*.

Architectural and Transportation Barrier Removal Deduction

FEDERAL TAX DEDUCTION—Internal Revenue Code Section 190 allows businesses of all sizes to claim an annual deduction for qualified expenses incurred to remove physical, structural and transportation barriers for persons with disabilities. For more information, refer to IRS Publication 535: Business Expenses at *www.irs.gov*.

California Capital Access Financing Program

STATE FINANCE OPTION—The California Capital Access Program (CalCAP) Americans with Disabilities Act (CalCAP/ADA) financing program assists small businesses with financing the costs to alter or retrofit existing small business facilities to comply with the requirements of the federal ADA. Learn more at *www.treasurer.ca.gov/cpcfa/calcap/*.

FEDERAL AND STATE LEGAL REQUIREMENTS ON ACCESSIBILITY FOR INDIVIDUALS WITH DISABILITIES

AMERICANS WITH DISABILITIES ACT OF 1990 (ADA) —The ADA is a federal civil rights law that prohibits discrimination against individuals with disabilities and requires all public accommodations and commercial facilities to be accessible to individuals with disabilities. Learn more at *www.ada.gov*.

CALIFORNIA BUILDING CODE (CBC)—The CBC contains the construction-related accessibility provisions that are the standards for compliant construction. A facility's compliance is based on the version of the CBC in place at the time of construction or alteration. Learn more at *www.bsc.ca.gov*.

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BUSINESS LICENSE STATEMENT OF GROSS RECEIPTS

(6 MONTHS)

OFFICIAL USE ONLY	
BL #:	
2020:	$
2021:	$
2022:	$
2023:	$
2024:	$

BUSINESS ENTITY INFORMATION

Legal Business: | DBA (*if applicable*):

Business Physical Address: Santa Monica CA
Number Street Unit/Suite # City State Zip

Contact Information: First Name: | Last Name: | Title:
Phone: | Email: | Fax:

Provide the **gross receipts*** attributable to your Santa Monica location for the applicable years in the table below, as recorded on the books and records of the business. For the years that do not apply, please enter zero. For City business tax purposes, there are no deductions for business expenses. See the Definition of Gross Receipts for clarification located at our website noted above. Financial statements and copies of your Federal and/or State tax returns may be requested by the Santa Monica Finance Department to support the reported gross receipts. **Please do not send these documents unless requested**.

Business License taxes are based on income producing activity. An apportioning taxpayer may reduce receipts by a percentage that reflects the proportion of the cost of in-city to out-of-city activity. A business may deduct gross receipts deemed to be directly attributable to income producing activities carried on outside the City of Santa Monica. For assistance with this process you may wish to consult with a tax advisor.

Date business began within the City of Santa Monica?	Month	Day	Year

Reporting Period			Santa Monica Gross Receipts	Reporting Period			Santa Monica Gross Receipts
Dates From		Dates To	Enter Amounts	Dates From		Dates To	Enter Amounts
01/01/2020	To	06/30/2020	$	07/01/2020	To	12/31/2020	$
01/01/2021	To	06/30/2021	$	07/01/2021	To	12/31/2021	$
01/01/2022	To	06/30/2022	$	07/01/2022	To	12/31/2022	$
01/01/2023	To	06/30/2023	$	07/01/2023	To	12/31/2023	$
01/01/2024	To	06/30/2024	$				

* Corporate Headquarters/Administration Offices are required to report the annual operating expenses equal to the annual rental value of real property, payroll and utility costs of the Corporate/Administrative Headquarters located in Santa Monica. Please complete "Statement of Cost of Operations".

"Gross Receipts" shall not include:

(i) The amount of any Federal tax imposed on or with respect to retail sales whether imposed upon the retailer or upon the consumer and regardless of whether or not the amount of Federal tax is stated to customers as a separate charge.

(ii) Any California State, city, or city and county sales or use tax required by law to be included in or added to the purchase price and collected from the consumer or purchaser.

(iii) Such part of the sales price of any property previously sold and returned by the purchaser to the seller which is refunded by the seller by way of cash or credit allowances given or taken as part payment on any property so accepted for resale.

(iv) Any refundable deposit which is returned to the depositor.

(v) That portion of the receipts of a general building contractor licensed under Sections 6.08.060 or 6.08.070, which represents payments to subcontractors, provided such subcontractors are licensed under the provisions of this Chapter and that the general contractor furnishes the Director of Finance with the names and addresses of the subcontractors and the amounts paid to each subcontractor.

(vi) Bad debts taken from gross receipts reported during a prior tax year in accordance with generally acceptable accounting practices.

(vii) Anything which the City of Santa Monica may not lawfully include by virtue of the Constitution of the United States or the Constitution of the State of California.

(viii) Fees for actual costs of governmental requirements (e.g., inspections, plan checks, etc.) paid by a licensee on behalf of a third party.

I declare, under penalty of making a false declaration, that I am authorized to make this statement and to the best of my knowledge and belief it is a true, correct and complete statement, made in good faith for the periods stated.

Printed Name | *Signature* | *Date*

SANTA MONICA BUSINESS LICENSE—STATEMENT OF GROSS RECEIPTS

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BUSINESS LICENSE COMMERCIAL ZONING REVIEW FORM

OFFICIAL USE ONLY	
BL#:	
REC#:	

Businesses operating from a commercial location within the City of Santa Monica are required to go through the zoning conformance review process to verify that applicable activities comply with the zoning ordinance.

BUSINESS ENTITY INFORMATION

Legal Business Name:	DBA (*if applicable*):

Business Physical Address: _____ Santa Monica CA
Number Street Unit/Suite # City State Zip

Contact Information:			
	First Name:	Last Name:	Title:
	Phone:	Email:	Fax:

BUSINESS ACTIVITY INFORMATION

Please describe your business activity in detail, using at least three sentences. *(use additional sheets if necessary)*

A.	Are you the owner of the subject property?	☐ Yes	☐ No
B.	Is the business currently licensed in the City of Santa Monica?	☐ Yes, BL#_____	☐ No
C.	Is your business moving from one location to another on the same property?	☐ Yes	☐ No
D.	Is the business relocating to the building's 2nd floor or above?	☐ Yes	☐ No
E.	Is the business activity similar to the previously licensed tenant?	☐ Yes	☐ No
F.	Does the business lease space from an existing, licensed tenant in the same profession *(e.g. hairdresser, attorney, or doctor leasing space from another hairdresser, attorney, or doctor)*	☐ Yes	☐ No
G.	Is the business located in a shared office space?	☐ Yes	☐ No

COMMERCIAL LOCATION INFORMATION

1. How much of the space you lease is used for general office tasks (accounting, marketing, clerical, billing, correspondence, phone calls, etc.)?
   ☐ 100% ☐ 99%-76% ☐ 75-51% ☐ 50-26% ☐ 25-16% ☐ 15-1% ☐ None
2. Are you operating a business that has obtained an entitlement through City Planning? *(e.g. Conditional Use Permit, Alcohol Exemption)* ☐ Yes ☐ No
   If Yes, please list case #:
3. Does the business use, promote and allow for a walk-in clientele? ☐ Yes ☐ No
   If No, please explain:
4. Do you prepare or sell food at this location? ☐ Yes ☐ No — Do you have customer seating? ☐ Yes ☐ No
5. Do customers purchase food at a walk-up counter? ☐ Yes ☐ No — Do wait staff take orders from the table? ☐ Yes ☐ No
6. Describe the food sales:
7. Does this business involve the sale of alcohol? ☐ Yes ☐ No — Alcohol license type:

If Yes, an alcohol entitlement approval is required prior to any alcohol sales. Contact the Planning Division at 310-458-8341 to apply.

Complete next page

8.	What was the name of the previous business at this location?			
9.	What was the previous use of this space *(e.g. general office, post-production, retail)*?			
	Enter the date that the previous business vacated space.	**Month**	**Day**	**Year**

NOTE: If you are unsure of any of the above information, please contact the building owner or your leasing agent.

10.	Do you share this space with a separate business? ☐ Yes ☐ No	Shared space business name:
11.	On which floor is the business located?	
12.	What is the square footage of the space that you lease? (*This is information that is included in your lease.*)	
13.	Do you store products at this site? ☐ Yes ☐ No	If yes, how much product is stored?
14.	Describe the products stored on-site:	
15.	Describe pick up and delivery:	
16.	Do you manufacture products at this site? ☐ Yes ☐ No	
	If yes, describe the manufacturing process and product pickup and delivery procedures: *(use additional sheets if necessary)*	

ACKNOWLEDGEMENT

I certify under penalty of perjury that all statements made in this application are, to the best of my knowledge, true and correct, and that I have completed this application. I authorize the City of Santa Monica to verify all statements and information provided on this application.

Printed Name *Signature* *Date*

OFFICIAL USE ONLY

Business Description:		
Zone:	Permitted land use:	SMMC Section:
Entitlement(s): ☐ Yes ☐ No	Entitlement(s) required? ☐ Yes ☐ No	
If yes, Case #:	If yes, type required:	
☐ New Business	☐ Change of Existing Business (*check all that apply)* ☐ Address ☐ Business Activity ☐ Ownership ☐ Other *(specify):*	
Comments:		

REVIEW AND DETERMINATION

☐ Permitted Use—Approved ☐ Non-Permitted Use—Denied

Planning Staff Printed Name *Signature* *Date*

Title *Email* *Extension*

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BUSINESS LICENSE INDUSTRIAL WASTE WATER PERMIT APPLICATION

OFFICIAL USE ONLY	
BL #:	
Date Stamp	

An industrial waste water permit is required for certain commercial and industrial facilities that discharge to the City sewer or storm water collection systems which have potential to impact the publicly owned treatment works or water of the State. For more information on the industrial waste water permit, please contact the Water Resources Protection Program at 310-458-8235.

BUSINESS ENTITY INFORMATION (ALL FIELDS REQUIRED)

1	Legal Business Name:	DBA:
2	Business Physical Address: Number Street Unit/Suite # City Santa Monica State CA Zip	
3	Business Mailing Address: ☐ Same as Physical Address Number Street Unit/Suite # City State Zip	
4	Business Phone:	Alternate Phone: ☐ Fax ☐ Mobile ☐ Other

All applicants subject to the Industrial Wastewater Permit fee are also subject to the application fee in addition to any other fees applicable to the business activity.

Description of Business Activity	Permit Fee	Application Fee	Total
☐ **Permit Class 1**: Small market, vet/pet hospital, small hotel/motel (less than 20 beds), coffee shop, small food establishment—single deep fryer, no grease interceptor/trap device.	$311.30	$120.55	**$431.85**
☐ **Permit Class 2**: Small bakery, mid-sized market, rug/upholstery, welding, auto repair (1—2 bays), med -sized motel (21-60 beds), bar/nightclub, food establishment with 2 or more fryers.	$1,030.70	$120.55	**$1,151.25**
☐ **Permit Class 3**: Med-sized bakeries, franchise/chain restaurant, gas stations, large markets, hotel/ motel (61-250 beds), auto dealerships, car washes, aircraft repair, auto repair (3-4 bays), car rental, light manufacturing, construction dewatering up to 15,000 gallons/day, food establishments with between 150-200 seats.	$1,578.30	$120.55	**$1,698.85**
☐ **Permit Class 4**: Large commercial bakeries, market with kitchen/deli, auto repair (4 or more bays), construction dewatering up to 18,000 gallons/day.	$2,145.37	$120.55	**$2,265.92**
☐ **Permit Class 5**: Hospitals, colleges, pharmaceutical (less than 5 labs), petroleum, oil/grease recycling, med-heavy industry, construction dewatering up to 100,000 gallons/day.	$2,966.11	$120.55	**$3,086.66**
☐ **Permit Class 6**: Metal finishing/plating, site under remediation, paint/pesticide formulators, pharmaceutical (more than 5 labs) construction dewatering in excess of 100,000 gallons/day.	$5,618.50	$120.55	**$5,739.05**
☐ **Permit Class 99**: Dentists and all dental activities; Coffee shops with **no cook line**.	$166.27	$120.55	**$286.82**

☐ **None of the above** permit descriptions apply to my business activity. Please briefly describe your business activity below:

ACKNOWLEDGMENT AND CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information in this document and that based on my knowledge I represent that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Print First Name *Print Last Name*

Signature *Title* *Date*

OFFICE USE ONLY

☐ Approved:	☐ Approved By:
☐ Denied:	Reason:

SANTA MONICA—WASTE WATER PERMIT APPLICATION

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BUSINESS LICENSE MASSAGE ESTABLISHMENT / OPERATOR PERMIT APPLICATION

OFFICIAL USE ONLY

BL #:

Fees Paid: $_____

Paid By:

☐ Ca. ☐ Ck #_____ ☐ AMEX
☐ Visa ☐ Disc. ☐ MC ☐ Web

Date Paid: _____

Processed by: _____

Santa Monica Business License Period—July 1 through June 30

There is no proration for a business license issued after the start of a licensing period. A standard business license will expire on the next June 30th after it was issued. (SMMC 6.04.120 and 6.04.110)

Complete this application/renewal if your business type is massage and you are the Designated Officer or Partner.

BUSINESS ENTITY INFORMATION (ALL FIELDS REQUIRED)

Legal Business Name/DBA:

Business Physical Address: _____
Number Street Unit/Suite # City State Zip

OWNERSHIP TYPE (ALL FIELDS REQUIRED)

Select the type of ownership of this business. Complete this form and provide the information listed under the appropriate ownership type.

☐ Sole Proprietorship
- ⇒ Owner information
- ⇒ Responsible Employee information
- ⇒ Owner Background information
- ⇒ Acknowledgement & Confirmation

☐ Partnership *(including limited partnership)*
- ⇒ Owner information **for *each* owner or partner** *If one or more of the partners is a corporation, complete all of the provisions listed under Corporation for that partner*
- ⇒ Responsible Employee information
- ⇒ Owner Background information
- ⇒ Acknowledgement & Confirmation

Attach a copy of the Certificate of Limited Partnership filed with the Secretary of State

☐ Corporation *(including limited liability corporation)*
- ⇒ Owner/Officer information **for *each* of the current:**
  - **Owners**
  - **Officers**
  - **Directors**
  - **Stockholders holding more than 5% of the stock**
  - **Agent of service**
- ⇒ Designated Officer or Partner information
- ⇒ Responsible Employee information
- ⇒ Owner Background information
- ⇒ Acknowledgement & Confirmation

State of Incorporation

Date of Incorporation

Incorporation Number

OWNER / OFFICER INFORMATION (ALL FIELDS REQUIRED) *USE ADDITIONAL SHEETS IF NECESSARY*

1 ☐ Owner ☐ Director ☐ Officer ☐ Stockholder
Name: _____ Title: _____
Home Address: _____
Number Street Unit/Suite # City State Zip

2 ☐ Owner ☐ Director ☐ Officer ☐ Stockholder
Name: _____ Title: _____
Home Address: _____
Number Street Unit/Suite # City State Zip

3 ☐ Owner ☐ Director ☐ Officer ☐ Stockholder
Name: _____ Title: _____
Home Address: _____
Number Street Unit/Suite # City State Zip

DESIGNATED OFFICER OR PARTNER INFORMATION (ONE OFFICER OR GENERAL PARTNER WHO COMPLETES AND SIGNS ALL FORMS)

1 ☐ Same as owner # ____ listed above
Name: _____ Title: _____
Home Address: _____
Number Street Unit/Suite # City State Zip

RESPONSIBLE EMPLOYEE(S) INFORMATION (ANY PERSON DESIGNATED BY THE OPERATOR TO CONDUCT DAY-TO-DAY OPERATIONS OF THE MASSAGE ESTABLISHMENT, PROVIDED SUCH PERSON HOLDS AN OPERATOR'S PERMIT OR A MASSAGE TECHNICIAN'S PERMIT, OR IS A CERTIFIED MASSAGE TECHNICIAN)

1 ☐ Same as Designated Officer
☐ Same as owner # _____ listed above
Name: _____ Title: _____
Home Address: _____
Number Street Unit/Suite # City State Zip

2 ☐ Same as Designated Officer
☐ Same as owner # _____ listed above
Name: _____ Title: _____
Home Address: _____
Number Street Unit/Suite # City State Zip

OWNER OR DESIGNATED OFFICER BACKGROUND INFORMATION (ALL FIELDS REQUIRED)

First Name:	Last Name:	
Email Address:	Home Phone:	Cell Phone:
Driver's License Number:	State of issuance:	Exp. Date:

I have resided in California for years, in Los Angeles County for years.

Date of Birth	Month	Day	Year	Sex	Hair Color	Eye Color	Height	Weight
				☐ M ☐ F			ft. In	lbs.

CRIMINAL RECORD

Have you been arrested for a crime in the last seven years, which resulted in conviction or plea of nolo contendere (no contest)? ☐ Yes ☐ No

If yes, enter the information below; if you need more room please attach a separate sheet:

Date	City	Charge	Disposition

RESIDENTIAL HISTORY

My prior two home addresses were:

Address Number	Street Name	Unit #	City	State	Zip	Dates of Residence

EMPLOYMENT HISTORY

During the past three years my employment has been (enter employer name, address & dates of employment):

Business Name	Business Street Address	Unit #	City	State	Zip	Dates of Employment

SUPPLEMENTAL DOCUMENTATION

Please attach the following documents based on your application type:

NEW APPLICATIONS:
- ☐ Business License Application
- ☐ Commercial Zoning Review Form
- ☐ Wastewater Permit Application
- ☐ Minor Use Permit Application
- ☐ Site Plan
- ☐ Copy of Lease
- ☐ Property Owner's affidavit
- ☐ Proof of insurance
- ☐ List of proposed employees

RENEWALS: ☐ Proof of insurance

OPERATIONS QUESTIONNAIRE

Do you know and understand the laws pertaining to operating a massage establishment business?	☐ Yes	☐ No
Will you conduct your business in strict compliance with these laws?	☐ Yes	☐ No
Do you understand that you must keep up to date records and that they must be kept open for inspection by Police Officers at all times?	☐ Yes	☐ No

ACKNOWLEDGEMENT AND CONFIRMATION

I authorize the City of Santa Monica, its agents and employees to seek verification of the information contained in this application. I certify under penalty of perjury that the foregoing is true and correct.

Signature	Print Name	Date

OFFICIAL USE ONLY

Police Permit Review	☐ Approved	☐ Denied	Date:
Reviewing Officer Name:	Signature:		

City of Santa Monica
Revenue Division
PO Box 2200
Santa Monica, CA 90407-2200
P: 310-458-8745 • F: 310-451-3283
E: business.license@santamonica.gov
W: santamonica.gov/businesslicense

BUSINESS LICENSE
MASSAGE BUSINESS
PROPOSED TECHNICIAN/EMPLOYEE LIST

OFFICIAL USE ONLY

BL #:

Date Stamp

In accordance with Santa Monica Municipal Code Section 6.104.020(c) the applicant for a Massage Operator permit must provide a list of proposed massage technicians, other employees, and other persons working in the establishment.

BUSINESS ENTITY INFORMATION

Legal Business Name: DBA:

Business Physical Address: *Number* *Street* *Unit/Suite #* *City* *State* *Zip*

Business Phone: Email: Fax:

MASSAGE TECHNICIAN AND OTHER EMPLOYEE INFORMATION *(use additional sheets if necessary)*

1
- ☐ Technician
- ☐ Other Employee
- ☐ Other *(specify)*:

Name: Title:

Home Address: *Number* *Street* *Unit/Suite #* *City* *State* *Zip*

Description of function/duties:

2
- ☐ Technician
- ☐ Other Employee
- ☐ Other *(specify)*:

Name: Title:

Home Address: *Number* *Street* *Unit/Suite #* *City* *State* *Zip*

Description of function/duties:

3
- ☐ Technician
- ☐ Other Employee
- ☐ Other *(specify)*:

Name: Title:

Home Address: *Number* *Street* *Unit/Suite #* *City* *State* *Zip*

Description of function/duties:

4
- ☐ Technician
- ☐ Other Employee
- ☐ Other *(specify)*:

Name: Title:

Home Address: *Number* *Street* *Unit/Suite #* *City* *State* *Zip*

Description of function/duties:

5
- ☐ Technician
- ☐ Other Employee
- ☐ Other *(specify)*:

Name: Title:

Home Address: *Number* *Street* *Unit/Suite #* *City* *State* *Zip*

Description of function/duties:

6
- ☐ Technician
- ☐ Other Employee
- ☐ Other *(specify)*:

Name: Title:

Home Address: *Number* *Street* *Unit/Suite #* *City* *State* *Zip*

Description of function/duties:

CERTIFICATION AND SIGNATURE

I certify that this is a full and complete list of all persons proposed to work or provide any service at the massage establishment. I further certify that all persons providing massage services at this establishment possess a current, valid California state massage certification issued by the California Massage Therapy Council OR have/will obtain a City of Santa Monica Massage Technician permit.

Printed Name *Signature* *Date*

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City of Santa Monica
Revenue Division
PO Box 2200
Santa Monica, CA 90407-2200
P: 310-458-8745 • F: 310-451-3283
E: business.license@santamonica.gov
W: santamonica.gov/businesslicense

MASSAGE BUSINESS PROPERTY OWNER CERTIFICATION

OFFICIAL USE ONLY	
BL#:	

Date Stamp

BUSINESS ENTITY INFORMATION

Legal Business Name: | DBA (*if applicable*):

Business Physical Address: Santa Monica CA
Number *Street* *Unit/Suite #* *City* *State* *Zip*

Contact Information:			
	First Name:	Last Name:	Title:
	Phone:	Email:	Fax:

PROPERTY INFORMATION

Real Property Address:
Number *Street* *Unit/Suite #* *City* *State* *Zip*

Parcel #:	Lease Period: Start Date:	Month	Day	Year	Length of Lease:

PROPERTY OWNER INFORMATION

First Name:	Last Name:
First Name:	Last Name:
First Name:	Last Name:

LESSEE INFORMATION

First Name:	Last Name:

DECLARATION & SIGNATURE

This is to certify that the property described above is leased to the above lessee for the period stated. This is to further certify that I (we), as the owner(s) of the real property described above, have authorized the Lessee named above to operate a massage business on this property.

Printed Name	*Signature*	*Date*
Printed Name	*Signature*	*Date*

This certification is not valid unless notarized.

SANTA MONICA MASSAGE BUSINESS — PROPERTY OWNER CERTIFICATION

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STATE OF CALIFORNIA
BCIA 8016
(orig. 04/2001; rev. 01/2011)

DEPARTMENT OF JUSTICE

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

CA0196500
ORI (Code assigned by DOJ)

License/Certificate/Permit
Authorized Applicant Type

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

Contributing Agency Information:

Santa Monica Police Department
Agency Authorized to Receive Criminal Record Information

03991
Mail Code (five-digit code assigned by DOJ)

333 Olympic Drive
Street Address or P.O. Box

Gail Moses
Contact Name (mandatory for all school submissions)

Santa Monica | CA | 90401
City | State | ZIP Code

(310) 458-8749
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:
OCA Number (Agency Identifying Number)

Level of Service: ☐ DOJ ☐ 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

ORIGINAL - Live Scan Operator | SECOND COPY - Applicant | THIRD COPY (if needed) - Requesting Agency

REQUEST FOR LIVE SCAN SERVICE

Privacy Notice

As Required by Civil Code § 1798.17

Collection and Use of Personal Information. The California Justice Information Services (CJIS) Division in the Department of Justice (DOJ) collects the information requested on this form as authorized by Business and Professions Code sections 4600-4621, 7574-7574.16, 26050-26059, 11340-11346, and 22440-22449; Penal Code sections 11100-11112, and 11077.1; Health and Safety Code sections 1522, 1416.20-1416.50, 1569.10-1569.24, 1596.80-1596.879, 1725-1742, and 18050-18055; Family Code sections 8700-87200, 8800-8823, and 8900-8925; Financial Code sections 1300-1301, 22100-22112, 17200-17215, and 28122-28124; Education Code sections 44330-44355; Welfare and Institutions Code sections 9710-9719.5, 14043-14045, 4684-4689.8, and 16500-16523.1; and other various state statutes and regulations. The CJIS Division uses this information to process requests of authorized entities that want to obtain information as to the existence and content of a record of state or federal convictions to help determine suitability for employment, or volunteer work with children, elderly, or disabled; or for adoption or purposes of a license, certification, or permit. In addition, any personal information collected by state agencies is subject to the limitations in the Information Practices Act and state policy. The DOJ's general privacy policy is available at **http://oag.ca.gov/privacy-policy**.

Providing Personal Information. All the personal information requested in the form must be provided. Failure to provide all the necessary information will result in delays and/or the rejection of your request.

Access to Your Information. You may review the records maintained by the CJIS Division in the DOJ that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

Possible Disclosure of Personal Information. In order to process applications pertaining to Live Scan service to help determine the suitability of a person applying for a license, employment, or a volunteer position working with children, the elderly, or the disabled, we may need to share the information you give us with authorized applicant agencies.

The information you provide may also be disclosed in the following circumstances:

- With other persons or agencies where necessary to perform their legal duties, and their use of your information is compatible and complies with state law, such as for investigations or for licensing, certification, or regulatory purposes.
- To another government agency as required by state or federal law.

Contact Information. For questions about this notice or access to your records, you may contact the Associate Governmental Program Analyst at the DOJ's Keeper of Records at (916) 210-3310, by email at **keeperofrecords@doj.ca.gov**, or by mail at:

Department of Justice
Bureau of Criminal Information & Analysis
Keeper of Records
P.O. Box 903417
Sacramento, CA 94203-4170

REQUEST FOR LIVE SCAN SERVICE

Privacy Act Statement

Authority. The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose. Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses. During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental, or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

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REQUEST FOR LIVE SCAN SERVICE

Noncriminal Justice Applicant's Privacy Rights

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification[1] that your fingerprints will be used to check the criminal history records of the FBI.
- You must be provided, and acknowledge receipt of, an adequate Privacy Act Statement when you submit your fingerprints and associated personal information. This Privacy Act Statement should explain the authority for collecting your information and how your information will be used, retained, and shared. [2]
- If you have a criminal history record, the officials making a determination of your suitability for the employment, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or update of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the criminal history record. [3]

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council. [4]

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at https://www.fbi.gov/services/cjis/identity-history-summary-checks.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.) *You can find additional information on the FBI website at* https://www.fbi.gov/about-us/cjis/background-checks*.*

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[1] Written notification includes electronic notification, but excludes oral notification
[2] https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement
[3] See 28 CFR 50.12(b)
[4] See U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(c)

Chapter 6.104 MASSAGE REGULATIONS

Note

* Prior history: prior code §§ 62001—62020 and Ord. No. 1358CCS, adopted 2/11/86; and Ord. No. 1792CCS, adopted 3/21/95.

6.104.005 Applicability of chapter.

Except as specifically provided in this Section, this Chapter shall apply to all massage establishments and to all massage technicians. Nothing contained in this Chapter shall require any person with a massage technician permit to obtain State certification, and any massage technician may renew his or her massage technician permit in accordance with this Chapter without obtaining State certification.

(a) No certified massage technician shall be required to obtain a massage technician permit under Section 6.104.050 of this Chapter or to comply with Sections 6.104.060, 6.104.070, or 6.104.080 of this Chapter.

(b) No certified massage establishment shall be required to comply with subsection (a)(2) of Section 6.104.040 or subsections (c), (f), or (h) of Section 6.104.090 of this Chapter.

(c) No certified sole proprietorship shall be required to obtain an operator's permit under Section 6.104.020 of this Chapter or to comply with Sections 6.104.030, 6.104.040, 6.104.080, or to comply with subsections (c) or (f) of Section 6.104.090 of this Chapter.

(d) The provisions of this Chapter shall not apply to any person who is a State licensed physician, surgeon, osteopath, physical therapist, or occupational therapist, or to any registered nurse working on the premises of and under the direct supervision of a State licensed physician, surgeon, or osteopath. (Added by Ord. No. 2290CCS § 1, adopted 7/14/09)

6.104.010 Definitions.

The following words and phrases as used in this Chapter shall have the following meanings:

(a) **Certified Massage Establishment.** Any massage establishment that employs or uses any only certified massage technicians to perform massage services.

(b) **Certified Massage Technician.** Any massage technician who has a valid, current State certification, and who is practicing consistent with the qualifications established by his or her State certification.

(c) **Certified Sole Proprietorship.** Any sole proprietorship where the owner has State certification and is the only person employed by that business to provide massage services.

(d) **Massage.** Any method of pressure on or friction against, or stroking, kneading, rubbing, tapping, pounding, or stimulating the external parts of the body with the hands or other parts of the body, with or without the aid of any mechanical or electrical apparatus or appliances, or with or without supplementary aids such as rubbing alcohol, liniments, antiseptics, oils, powder, creams, lotions, ointments, or other similar preparations commonly used in this practice.

(e) **Massage Establishment.** Any business where any individual, firm, association, partnership, corporation, or combination of individuals, engages in, conducts, carries on, or permits to be engaged in or conducted, for money or any other consideration, massage or health treatments involving massages including, but not limited to, those businesses that provide massage accessory to their principal permitted use, such as aromatherapy, beauty salon, health club, beach club, skin care salon, acupuncture, chiropractic office or day

spa. Unless otherwise specified in this Chapter, any reference to massage establishment shall include certified massage establishment.

(f) **Massage Technician.** Any person who administers a massage to another person in exchange for money or any other consideration.

(g) **Massage Technician Permit.** The permit required to administer massage for money or any other consideration.

(h) **Off-Premises Massage.** A massage conducted for money or any other consideration at a location other than a massage establishment.

(i) **Off-Premises Massage Technician.** Any person who administers off-premises massage to another person in exchange for money or other consideration.

(j) **Operator.** A person or entity who holds an operator's permit for a massage establishment.

(k) **Operator's Permit.** The permit required to operate a massage establishment.

(l) **Responsible Employee.** Any person designated by the operator to conduct day-to-day operations of the massage establishment, provided such person holds an operator's permit or a massage technician permit, or is a certified massage technician.

(m) **Sole Proprietorship.** Any business where the owner is the only person employed by that business to provide massage services.

(n) **State Certification.** Certification issued pursuant to Chapter 10.5 of the California Business and Professions Code. (Added by Ord. No. 2265CCS § 1, adopted 5/27/08; amended by Ord. No. 2290CCS § 2, adopted by 7/14/09)

6.104.015 Business license required.

(a) **Operators.** Every operator of a massage establishment shall obtain a business license pursuant to Chapter 6.04 of this Code.

(b) **Massage Technicians.** Every massage technician who is an independent contractor as defined in Section 6.04.010(e) of this Code or any sole proprietorship shall obtain a business license pursuant to Chapter 6.04 of this Code. (Added by Ord. No. 2290CCS § 3, adopted 7/14/09)

6.104.020 Operator's permit required.

Except as provided for in Section 6.104.170, no person shall operate a massage establishment within the City without first obtaining an operator's permit pursuant to the provisions of this Chapter and complying with all other applicable local and State laws, including, but not limited to, laws establishing land use restrictions and all red light abatement provisions set forth in Penal Code Sections 11225 through 11235 regarding the operation of a massage establishment. (Added by Ord. No. 2265CCS § 1, adopted 5/27/08; amended by Ord. No. 2290CCS § 4, adopted by 7/14/09)

6.104.030 Application and examination for operator's permit.

Any person may apply for an operator's permit for a massage establishment by filing a written application with the Finance Department of the City on a form prepared by the Chief of Police, paying the filing fees established by the City, and passing a written examination administered by the City. The application shall be completed and signed by the owner of the proposed massage establishment, if a sole proprietorship; one general partner, if the owner is a partnership or LLP; one officer or one director, if the owner is a corporation or

LLC; one participant, if the owner is a joint venture; or one trustee if the owner is a trust. The application shall be deemed complete if it contains or is accompanied by the following:

(a) A description of the type of ownership of the business.

(1) **Sole Proprietorship.** If the applicant is a sole proprietorship, the applicant shall state his or her name and address of residence on the application.

(2) **Partnership.** If the applicant is a partnership of any kind, the applicant shall set forth the name and address of residence of each of the partners, including limited partners, on the application. If the applicant is a limited partnership, the applicant shall also attach to the application a copy of its certificate of limited partnership filed with the Secretary of State. If one or more of the partners is a corporation, the provisions of this Section pertaining to corporations shall apply in addition to this subsection.

(3) **Corporation.** If the applicant is a corporation, the name of the corporation shall be set forth exactly as shown in its articles of incorporation, together with the state and date of incorporation, the names and residence addresses of each of the corporation's current officers and directors, and of each stockholder holding more than five percent of the stock of that corporation, and the name and address of the corporation's current agent for service of process.

(4) **Designated Officer or Partner.** An applicant corporation or partnership shall designate one officer or general partner to act as the responsible managing officer and that person shall complete and sign all forms required of an individual applicant by this Chapter. The responsible managing officer may be different from the responsible employee.

(b) A statement containing the precise name under which the massage establishment will be conducted and the complete address and all telephone numbers of the massage establishment.

(c) A complete list of the names and current residence addresses of all proposed massage technicians, other employees, and other persons working in the massage establishment, with a description of the job duties or function of each person.

(d) The name and current residence addresses of the responsible employee proposed to be principally in charge of the operation of the massage establishment, if that person is different from the operator.

(e) The following personal information and identification concerning the applicant, if the applicant is an individual, or the responsible managing officer, if the applicant is an entity:

(1) Name and complete residence address;

(2) Two immediately prior residence addresses;

(3) Date of birth;

(4) Height, weight, color of hair and eyes, and gender;

(5) The massage or similar business history and experience of the applicant, including but not limited to, whether or not such person, in previously operating a massage establishment or similar business in this City or any other city or state under license or permit, has had such license or permit denied, revoked, or suspended, and the reasons therefor;

(6) All criminal convictions including pleas of nolo contendere within the last ten years, including those which have been dismissed or expunged under the provisions of Section 1203.4 of the Penal Code, but excluding infraction violations, and the date of each such conviction or plea and the sentence therefor;

(7) A valid California driver's license or valid California identification card;

(8) Two front-faced portrait photographs at least two inches by two inches in size taken by the Police Department;

(9) A complete set of fingerprints taken by the Police Department;

(10) The name and address of the owner and lessor of the real property upon which or in which the massage establishment is to be conducted. In the event that the applicant is not the legal owner of the real property, the

application must be accompanied by a copy of the lease and a notarized acknowledgement from the owner of the real property that a massage establishment will be located on the real property;

(11) A site plan depicting the building and unit proposed for the massage establishment and a dimensional interior floor plan depicting how the massage establishment will comply with this Chapter and other applicable laws, including all health, zoning, fire and safety requirements and standards;

(12) Such other information and identification as is reasonably deemed necessary by the Chief of Police to fulfill the purposes of this Chapter; and

(13) A statement in writing by the applicant authorizing the City, its agents and employees to seek verification of the information contained in the application and attesting that the applicant certifies under penalty of perjury that all information contained in the application is true and correct.

Prior to the issuance of an operator's permit, the applicant, or responsible managing officer if the applicant is a corporation or partnership, must pass a written examination given by the City. The examination shall be given on a monthly basis and shall test the applicant or responsible managing officer on the requirements of this Chapter to ensure substantial understanding of the operator's and the responsible employee's duties. An applicant or responsible managing officer who fails the examination may retake it; however, an applicant who fails the examination three times shall be ineligible to retake the examination for one year after the third failed examination. An additional fee may be imposed by the City for each re-examination. (Added by Ord. No. 2265CCS § 1, adopted 5/27/08; amended by Ord. No. 2290CCS § 5, adopted by 7/14/09)

6.104.040 Conditions of issuance of operator's permit.

(a) The Chief of Police shall condition the issuance of any operator's permit to ensure compliance with this Chapter and other applicable laws, including all health, zoning, fire and safety requirements and standards. Such conditions shall include, but not be limited to, the following:

(1) All doors shall be kept unlocked during business hours.

(2) No massage may be given within any cubicle, room, booth or any area within the massage establishment which is fitted with a door capable of being locked, unless that door is an exterior door. No electronic locking device may be utilized on any interior door.

(3) Except to the extent required by written prescription issued and signed by a physician licensed in the State of California, no massage technician or employee shall massage the genitals, gluteal fold, or anal area of any patron, or the breasts of any female patron, nor shall any operator or responsible employee of a massage establishment allow or permit such massage.

(4) No operator or responsible employee, while performing any task or service associated with the massage establishment, shall be present in any room with another person unless the person's genitals, gluteal fold, anus, or, in the case of a female, her breast(s), are fully covered.

(5) No person or entity granted an operator's permit shall use any name or conduct business under any designation other than that specified in the operator's permit, and no business shall be conducted other than the business authorized by the operator's permit.

(6) All massage establishments shall have an operator or responsible employee on the premises at all times the massage establishment is open. The operator of each massage establishment shall file a statement with the Finance Department designating the person or persons with power to act as a responsible employee. The operator or the responsible employee shall post, on a daily basis, the name of each on-duty responsible employee and each on-duty massage technician in a conspicuous public place in the lobby of the massage establishment. The operator and the responsible employee shall be responsible for ensuring compliance with this Chapter.

(7) No massage establishment shall be open for business without having a valid operator's permit.

(8) At least one massage technician holding a current valid massage technician permit for that specific massage establishment, or at least one State certified massage technician, shall be on the premises and on duty at all times when the massage establishment is open.

(9) The operator or the responsible employee shall ensure that the operator's permit for the massage establishment and the massage technician permit or state certification for each on-duty massage technician are conspicuously displayed in a public place in the lobby of the massage establishment.

(10) The operator or the responsible employee shall ensure that each massage technician, other than a certified massage technician, is wearing or has in his or her possession the photo identification card required by Section 6.104.070 at all times when in the massage establishment. The photo identification card shall be presented to the representatives of the City, including a police officer, upon request.

(11) The operator or the responsible employee shall be responsible for the conduct of all employees, including massage technicians, while such employees are at the massage establishment. All persons found working in the massage establishment shall be considered employees of the operator, including independent contractors and unpaid volunteers. Any act or omission of such person that constitutes a violation of the provisions of this Chapter shall be deemed to be the act or omission of the operator for purposes of determining whether the operator's permit shall be revoked, suspended, denied or renewed.

(12) No operator or responsible employee shall employ any person as a massage technician who does not have, prior to such employment, a valid massage technician permit for the specific massage establishment at which the massage technician is to perform massage service, unless that person is a certified massage technician.

(13) Every operator or responsible employee shall report to the Finance Department any change of personnel at the massage establishment, including any change of massage technicians, whether by new or renewed employment, discharge or termination on the form and in the manner required by the Finance Department. The form shall include space to provide the name of the employee and the date of hire, rehire, discharge or termination. The form shall be submitted to Finance Department within three working days of the date of hire, rehire, discharge or termination.

(14) The operator or the responsible employee of a massage establishment shall deliver the massage technician permit and photo identification card of any massage technician no longer employed at the massage establishment to the Finance Department within three working days of the date of discharge or termination of the massage technician, except if the discharged or terminated person is a certified massage technician.

(15) All persons, including the operator, responsible employee, massage technicians and all other persons working in the massage establishment, shall be fully clothed at all times and shall wear clean outer garments. Clothing shall be of a fully opaque, non-transparent material and shall provide complete covering of the genitals, genital area, buttocks and female breasts of such persons, massage technicians and other persons working in the massage establishment.

(16) The operator or the responsible employee shall maintain a register of all employees, including all massage technicians and all other persons working in the massage establishment, showing the name, nicknames and aliases used by such person, home address, age, birth date, gender, height, weight, color of hair and eyes, telephone numbers, social security number, date of employment and termination, if any, and duties of each employee. By the tenth day of each quarter, the operator or the responsible employee shall file with the Finance Department a copy of the register showing all persons who worked on the premises during the preceding quarter. The above information on each employee shall be maintained in the register on the premises for a period of two years following termination of the employee. The operator or the responsible employee shall make the register of employees available to representatives of the City, including a Police Officer, upon request.

(17) Each operator shall provide the Finance Department with evidence of the insurance required by Section 6.104.090 prior to the date of issuance of the operator's permit.

(18) The operator and the responsible employee shall comply with all provisions of this Chapter and all other applicable laws, including, but not limited to, all red light abatement provisions set forth in Penal Code Sections

11225 through 11235, or any successor statute. (Added by Ord. No. 2265CCS § 1, adopted 5/27/08; amended by Ord. No. 2290CCS § 6, adopted by 7/14/09)

6.104.050 Massage technician permit required.

Except as provided in Section 6.104.005(a), no person shall perform massage in a massage establishment or off-premises massage for money or any other consideration, unless such person has in effect a valid massage technician permit. (Added by Ord. No. 2265CCS § 1, adopted 5/27/08; amended by Ord. No. 2290CCS § 7, adopted by 7/14/09)

6.104.055 Extension of existing massage technician permits.

Any massage technician permit set to expire on June 30, 2009, shall instead expire on August 31, 2009, unless earlier suspended or revoked pursuant to this Chapter. (Added by Ord. No. 2289CCS § 1, adopted 5/12/09)

6.104.060 Application and examination for massage technician permit.

Any person may apply for a massage technician permit either to work in a massage establishment or as an off-premises massage technician by filing a written application with the Finance Department on a form required by the Chief of Police, paying a filing fee, and passing an examination administered by the County of Los Angeles. The application shall be completed and signed by the person desiring the massage technician permit. The application shall be deemed complete if it contains or is accompanied by the following:

(a) For a massage technician permit to work in a massage establishment, the exact name of the massage establishment at which the applicant will be working as a massage technician and the exact address of the location of the massage establishment at which the applicant will be working as a massage technician. For an off-premises massage technician, the central business address of the off-premises massage technician. Either shall include the full street address and all telephone numbers associated with the location. If the applicant will be working in a massage establishment, the application shall indicate the exact name, address, and all telephone numbers of the massage establishment.

(b) A statement in writing from a physician licensed in the State of California on a form approved by the Chief of Police that the physician has examined the applicant within the past thirty-day period preceding the application and has found the applicant to be free from all communicable diseases.

(c) The following personal information and identification concerning the applicant:

(1) Name and complete residence address;

(2) Two immediately prior residence addresses;

(3) Date of birth;

(4) Height, weight, color of hair and eyes, and gender;

(5) The massage or similar business history and experience of the applicant, including but not limited to, whether or not such person, in previously performing massage services or operating a massage establishment or similar business in this or any other City or State, under license or permit, has had such license or permit denied, revoked, or suspended and the reasons therefor;

(6) All criminal convictions including pleas of nolo contendere within the last ten years, including those which have been dismissed or expunged under the provisions of Section 1203.4 of the Penal Code, but excluding infraction violations, and the date of each such conviction or plea and the sentence therefore;

(7) A valid California driver's license or valid California identification card;

(8) Two front-faced portrait photographs at least two inches by two inches in size taken by the Police Department;

(9) A complete set of fingerprints taken by the Police Department.

(d) A diploma or certificate of graduation and a certified transcript from an approved massage school. The term “approved massage school” means and includes a school or institution of learning licensed by the State of California and approved by the State Superintendent of Public Instruction pursuant to Education Code Section 94311(d) and reviewed by the Superintendent within the preceding twelve-month period, which has for its purpose the teaching of the theory, method, profession, or work of massage technicians and which requires a resident course of study of not less than five hundred hours. The term “approved massage school” may, at the discretion of the Chief of Police, also include a school or institution of learning which is licensed and accredited by a state other than the State of California, which has for its purpose the teaching of the theory, method, profession, or work of massage technicians, and which requires a resident course of study of not less than five hundred hours. An applicant who attended an out-of-state school shall submit a diploma or certificate of completion, a certified transcript, the name, address and telephone number of the school, and a course description and outline of the material covered in the courses completed by the applicant. Any out of state course of study submitted for approval shall meet the State of California’s Office of Post Secondary Education’s minimum requirements.

Notwithstanding the foregoing, the Chief of Police may determine that a particular school does not qualify as an “approved massage school” based upon substantial evidence that the school issues diplomas or certificates of completion fraudulently or otherwise fails to engage in teaching the theory, method, profession, or work of massage technicians.

(e) Proof of passage of a City-approved examination for massage technicians. A list of City-approved examinations shall be maintained by the Finance Department.

(f) Evidence of the insurance required by Section 6.104.090.

(g) A statement in writing by the applicant authorizing the City, its agents and employees to seek verification of the information contained in the application and attesting that the applicant certifies under penalty of perjury that all information contained in the application is true and correct.

(h) Such other information and identification as deemed necessary by the Chief of Police to fulfill the purposes of this Chapter. (Added by Ord. No. 2265CCS § 1, adopted 5/27/08; amended by Ord. No. 2290CCS § 8, adopted by 7/14/09)

6.104.070 Conditions of issuance of massage technician permit.

The Chief of Police shall condition the issuance of any massage technician permit to ensure compliance with this Chapter and other applicable laws. Such conditions shall include, but not be limited to, the following:

(a) That the massage technician must be wearing or have in his or her possession the photo identification card prepared by the Police Department when working pursuant to the massage technician permit. The photo identification card shall be promptly presented to the representatives of the City, including a Police Officer, upon request. If a massage technician intends to change his or her business address, he or she shall be required, prior to such change occurring, to obtain from the Police Department a new photo identification card showing the new business address of the massage technician.

(b) That if the applicant is authorized to conduct off-premises massage, that off-premises massage shall not be conducted in a hotel, motel, or other commercial establishment except in the office of the customer.

(c) That when working pursuant to the massage technician permit, the massage technician may not expose his or her genitals or buttocks, or, in the case of a female, her breast(s), or make intentional contact or occasional and repetitive contact with the genitals or anus of another person.

(d) No massage technician employed by a massage establishment may engage in any off-premises massage without applying for and being issued a separate massage technician permit to engage in off-premises

massage. (Added by Ord. No. 2265CCS § 1, adopted 5/27/08; amended by Ord. No. 2290CCS § 9, adopted by 7/14/09)

6.104.080 Processing operator's permit and massage technician permit applications and the issuing of permits.

The Chief of Police shall exercise his or her discretion to approve, conditionally approve, or deny any application under this Chapter within sixty days after it is deemed complete. The sixty-day period for processing may be extended for up to an additional thirty days if necessary to complete an investigation of the applicant, the application or the proposed location. The Chief of Police shall issue the permit unless he or she makes any of the following findings:

(a) The applicant has, within five years prior to the application date:

(1) Been convicted of or pled to a violation of Health and Safety Code Section 11550, or a violation of Penal Code Sections 266h, 266i, 314, 315, 316, 318, 647(a) or 647(b), or a violation of any provision of this Chapter, or any previous Chapter to which this is the successor Chapter;

(2) Been convicted of or pled to any felony offense involving the sale of a controlled substance specified in Health and Safety Code Sections 11054, 11055, 11056, 11057, or 11058; or of any felony offense which substantially relates to the applicant's qualifications, functions or duties under this Chapter;

(3) Been required to register under the provisions of Penal Code Section 290;

(4)Been convicted of or pled to any offense in any other state which is the equivalent of any of the offenses specified in this Section;

(5) Been convicted of or pled to a lesser offense as a result of a plea negotiation in a case where the applicant was originally charged with any of the crimes listed in this subsection;

(6) Been subjected to a permanent injunction against the conducting or maintaining. of a nuisance pursuant to Sections 11225 through 11235 of the Penal Code, or any similar provisions of law in a jurisdiction outside the State of California.

(b) The applicant has, within three years prior to the application date:

(1) Committed an act, which, if done by an operator or a massage technician permitted under this Chapter, would be grounds for suspension or revocation of the permit pursuant to Section 6.104.120 of this Code;

(2) Committed an act involving dishonesty, fraud, or deceit with the intent to substantially benefit himself, herself, or another or substantially to injure another, or an act of violence, which act or acts are substantially related to the qualifications, functions, or duties governed by this Chapter.

(c) The massage establishment as proposed by the applicant does not comply with all applicable laws, including, but not limited to, health, zoning, nuisance, fire and safety requirements and standards.

(d) The applicant has knowingly made a false, misleading, or fraudulent statement of fact to the City on his or her application.

(e) The application does not contain the information required by this Chapter.

(f) The applicant has not satisfied the requirements of this Chapter. (Added by Ord. No. 2265CCS § 1, adopted 5/27/08; amended by Ord. No. 2290CCS § 10, adopted by 7/14/09)

6.104.090 Requirements for all massage establishments and massage technicians.

The requirements of this Section are reasonable health and safety requirements for massage establishments and massage technicians and shall apply to all massage establishments and massage technicians in the City, unless otherwise specified.

(a) All massage establishments shall have an operator or responsible employee on the premises at all times when the massage establishment is open.

(b) No person shall give, or assist in the giving, of any massage to any person under the age of eighteen years, unless the parent or guardian of such minor person has consented thereto in writing.

(c) The operator or the responsible employee shall erect and maintain a recognizable and readable sign adjacent to the main entrance identifying the premises as a massage establishment. The sign may not use any strobe lights or other flashing lights to illuminate the front of the business. This subsection shall not apply to any certified massage establishment.

(d) The operator or the responsible employee shall also post and maintain a list of services available and the cost of each. No operator or responsible employee shall permit, and no massage technician shall offer or perform, any service other than those posted and for the cost of the service as posted.

(e) The operator and the responsible employee shall be responsible for the conduct of all employees, including massage technicians, while such employees are at the massage establishment. All persons found working in the massage establishment shall be considered employees of the operator, including independent contractors and unpaid volunteers. Any act or omission of such person that constitutes a violation of the provisions of this Chapter shall be deemed to be the act or omission of the operator for purposes of determining whether the operator's permit shall be revoked, suspended, denied or renewed.

(f) The operator or the responsible employee shall provide in each room where massages are given sufficient lighting and ventilation as required by the Building Code. Lighting in each massage room shall be at least one forty-watt white light bulb which shall be activated at all times while a patron is in the room. No strobe lights, colored lights, or colored light coverings shall be used. This subsection shall not apply to any certified massage establishment.

(g) From time to time and during business hours, City and County health and safety personnel, including a Police Officer, may inspect the premises for the purpose of determining compliance with state and local laws. An operator, responsible employee, a massage technician or any other employee or agent thereof, including a certified massage technician, shall allow such inspections; and it is a violation of this Chapter if he or she refuses to permit or interferes with a lawful inspection.

(h) A minimum of one tub or shower and one toilet and washbasin shall be provided for the patrons in every massage establishment. If male and female patrons are to be served simultaneously, and if steam rooms or saunas are provided, a separate steam room or sauna shall be provided for male and female patrons. Hot and cold running water under pressure shall be provided to all wash basins, bathtubs, showers, and similar equipment. Each wash basin shall be provided with soap or detergent and sanitary towels placed in permanently installed dispensers. A trash receptacle shall be provided in each toilet room. In addition to the wash basin provided for patrons, a minimum of one separate wash basin shall be provided in each massage establishment, which wash basin shall provide soap or detergent and hot running water at all times and shall be located within or as close as practically possible to the area devoted to the performing of massage services. If the wash basin for patrons is not in the toilet room but it is adjacent thereto, this wash basin shall meet the separate wash basin requirement if it is reasonably close to the area devoted to performing massages. This subsection shall not apply to any certified massage establishment.

(i) In a certified massage establishment, no massage may be given within any cubicle, room, booth or any area any behind any locked door, unless there is no staff available to assure security for clients and massage staff who are behind closed doors. All other massage establishments shall comply with the requirements of Section 6.104.040(a)(2) relating to locked doors.

(j) No person shall operate a massage establishment or work as an off-premises massage technician or administer a massage as herein defined for money or any other consideration between the hours of ten-thirty p.m. and seven a.m.

(k) No person shall operate a massage establishment under any name or conduct business or perform massage services under any designation or location not specified in his or her operator's permit, massage technician permit or State certification, as applicable.

(l) No person shall enter, be, or remain in any part of a massage establishment while in possession of, consuming, using, or under the influence of any alcoholic beverage or controlled substance. The owner, operator, and responsible employee shall each be responsible for ensuring that no such person shall enter or remain in a massage establishment.

(m) No person, while conducting business as an off-premises massage technician, shall be in possession of, or under the influence of, any alcoholic beverage or controlled substances.

(n) No building or part thereof used as a massage establishment and no location at which an off-premises massage technician works shall be equipped with any electronic, mechanical, or artificial device used, or capable of being used, for recording or videotaping, for monitoring the activities, conversation, or other sounds in the treatment room or any room used by the business patrons; nor shall any such equipment be used to record, videotape or monitor a person receiving a massage without that person's written consent in advance.

(o) No operator or responsible employee of any massage establishment shall send a massage technician off the premises for the purpose of administering a massage, nor shall the massage establishment or any part thereof be used by any employee, operator, responsible employee, or owner to receive or accept such requests for off-premises massages, except when such off-premises massage is permitted by this Chapter. No person holding a massage technician permit to conduct off-premises massage shall conduct massage, whether or not for compensation, at a hotel, motel, or any other commercial establishment except in the office of the customer.

(p) Every massage technician shall, while working in a massage establishment, display his or her massage technician permit or State certification in a conspicuous place within the massage establishment so that it may be readily seen by persons entering the premises.

(q) All persons working in a massage establishment shall be fully clothed at all times, and such clothing shall be of a fully opaque, non-transparent material. No massage technician shall perform any massage or associated task while exposing his or her genitals, buttocks, or, in the case of a female, her breast(s).

(r) Except to the extent required by written prescription issued and signed by a physician licensed in the State of California, no massage technician shall massage the genitals, buttocks, gluteal fold, or anal area of any patron, or the breasts of any female patron, nor shall any operator or responsible employee of a massage establishment allow or permit such massage. No massage technician shall make intentional contact or occasional and repetitive contact with the genitals, buttocks, gluteal fold, or anus of any patron, or the breasts of any female patron.

(s) All persons, including the operator, the responsible employee, the massage technicians and all other persons working in massage establishments shall be fully clothed at all times and shall wear clean outer garments. Clothing shall be of a fully opaque, non-transparent material and shall provide complete covering of the genitals, genital area, buttocks and female breasts of such persons, massage technicians, and other persons working in the massage establishment.

(t) Each massage establishment shall provide to all patrons, clean, sanitary and opaque coverings capable of covering the patrons' genitals, genital area, buttocks and female breasts. No common use of such coverings shall be permitted and re-use is prohibited unless coverings are adequately cleaned between uses.

(u) No massage technician shall perform any massage or associated task in any room with another person unless that person's genitals, genital area, buttocks and female breasts are fully covered.

(v) Standard or portable massage tables with durable, washable plastic or other waterproof material as covering shall be used for massage. Foam pads more than four inches thick or with a width of more than four feet may not be used. Beds, mattresses, and water beds may not be used in the administration of a massage.

(w) The operator of each massage establishment shall file a statement with the Finance Department designating the person or persons with power to act as a responsible employee. The operator or the on-duty responsible employee shall post, on a daily basis, the name of each responsible employee and each massage

technician in a conspicuous public place in the lobby of the massage establishment. The operator or the responsible employee shall be responsible for ensuring compliance with this Chapter.

(x) Every operator shall report to the City any change of employees, including any change of massage technicians, whether by new or renewed employment, discharge or termination, on the form and in the manner required by the Finance Department. The report shall contain the name of the employee and the date of hire, rehire, discharge or termination. The report shall be made within three working days of the date of hire, rehire, discharge or termination.

(y) Every operator shall, on or before the fifth working day of each calendar month, report to the City a full list of all employees, independent contractors, volunteers, or other persons, including massage technicians, working or providing any service at the massage establishment. Such report shall

include a statement by the operator or responsible employee that each person performing massage services at the massage establishment has a massage technician permit or State certification.

(z) Every operator of a massage establishment employing any certified massage technician shall file a copy of the State certification for each certified massage technician with the Finance Department and the Police Department.

(aa) Every certified massage technician required to obtain a business license pursuant to Section 6.104.015 (b) shall file a copy of his or her State certification with the Finance Department and the Police Department.

(bb) Every person operating a massage establishment and each person doing business as a massage technician shall keep a record of the dates and hours of each treatment or service, name, address and birth date of the patron which shall be verified by the patron showing legal identification prior to the provision of service, the name of the massage technician administering such service and a description of the treatment or service rendered. These records shall be open to inspection by the health officials charged with the responsibility of preventing the spread of communicable and contagious diseases and to officials, including a Police Officer, charged with the enforcement of the provisions of this Chapter. The information furnished or secured as a result of any such records shall be used only to ensure and enforce compliance with this Chapter and other applicable laws and shall otherwise remain confidential. Officials charged with enforcement of this Chapter shall periodically inspect the records to ensure compliance with this Chapter. The records shall be maintained for a period of not less than one year.

(cc) All operators and all massage technicians shall keep on file with the Finance Department in full force and effect at all times, documents issued by an insurance company authorized to do business in the State of California evidencing that the permit holder is insured under a liability insurance policy providing minimum coverage of one hundred thousand dollars for injury or death to one person arising out of the operation of any massage establishment in the case of the massage establishment, or the administration of a massage, in the case of the massage technician.

(dd) Any operator that is not the legal owner of the real property upon which or in which the massage establishment is located shall keep on file with the Finance Department the name and address of the owner of such real property. Such an operator must also keep on file with the Finance Department a copy of the lease and a notarized acknowledgement from the owner of the real property. Any change in ownership of the real property or in the lease terms shall be filed with the Finance Department with thirty days of such change.

(ee) All massage establishments must comply with all State and Federal laws and regulations for disabled customers. No massage establishment, operator, responsible employee or massage technician may discriminate or exclude patrons on the basis of race, nationality, gender, sexual orientation, religion, age, or disability.

(ff) The Chief of Police may require that the following notice be posted in the event that any employee of the massage establishment or any person who has been aided and abetted by an employee of the massage establishment has been found, after hearing by administrative proceeding or by court conviction or plea, to have violated any provisions listed in this Chapter:

NOTICE TO ALL PATRONS

THIS MASSAGE ESTABLISHMENT AND THE MASSAGE ROOMS DO NOT PROVIDE COMPLETE PRIVACY AND ARE SUBJECT TO INSPECTION BY THE SANTA MONICA POLICE DEPARTMENT AND CODE ENFORCEMENT DIVISION WITHOUT PRIOR NOTICE.

(Added by Ord. No. 2265CCS § 1, adopted 5/27/08; amended by Ord. No. 2290CCS § 11, adopted by 7/14/09)

6.104.100 Changes of operators.

An operator or responsible employee shall report immediately to the Chief of Police any and all changes of ownership or management of the massage establishment including, but not limited to, changes of operator, responsible employee, manager or other person principally in charge, stockholders holding more than five percent of the stock of the corporation, officers, directors, and partners; and any and all changes of name, style, or designation under which the business is to be conducted, and all changes of address or telephone numbers of the massage establishment. (Added by Ord. No. 2265CCS § 1, adopted 5/27/08; amended by Ord. No. 2290CCS § 12, adopted by 7/14/09)

6.104.110 No transfer of permits—Duration and renewal of permits.

(a) No massage technician permit or operator's permit shall be sold or transferred. Any such attempted sale, assignment or transfer shall be deemed to constitute a voluntary surrender of such permit and such permit shall thereafter be null and void.

(b) All operator's permits and massage technician permits shall be issued for a period of no more than one year, provided that the massage technician or operator continues to meet the requirements of this Chapter.

(c) Applications for massage technician permit or operator's permit renewal at the end of each fiscal year shall be filed with the Chief of Police at least thirty days prior to the expiration of the massage technician permit or operator's permit.

(d) Each applicant for renewal shall file such information, including but not limited to proof of insurance, as may be required by the Chief of Police to update the information required for his or her original application. Each massage technician renewal applicant shall include a statement in writing from a licensed physician in the State of California that he or she has examined the applicant within the past thirty-day period preceding the application and has found the renewal applicant to be free from all communicable diseases. (Added by Ord. No. 2265CCS § 1, adopted 5/27/08; amended by Ord. No. 2290CCS § 13, adopted by 7/14/09)

6.104.120 Suspension, revocation, denial and appeal.

(a) The Chief of Police may deny an application, refuse to renew a massage technician permit or operator's permit, or revoke or suspend an existing massage technician permit or operator's permit on the grounds that the applicant or permit holder has allowed violations of the permit conditions or otherwise failed to comply with the requirements of this Chapter. In any such case, the applicant or permit holder shall have the right to appeal from a decision of the Chief of Police in accordance with the hearing procedures established by Chapter 6.16 of this Code.

(b) No suspended massage technician permit or operator's permit may be renewed during the term of the suspension. If a suspended massage technician permit or operator's permit lapses during the suspension period, a new application may be approved, to be effective only upon the expiration of the period of suspension.

(c) When the Chief of Police concludes that grounds exist to deny an application or to suspend, revoke or refuse to renew a massage technician permit or operator's permit, the Chief of Police shall direct service upon the applicant, or massage technician or operator, by certified mail, return receipt requested, addressed to the

business and residence address of the applicant, or massage technician or operator, of a notice of denial or notice of intent to suspend, revoke or refuse to renew massage technician permit or operator's permit. This notice shall state the reasons for the proposed action, the effective date of the decision, the right of the applicant, or massage technician or operator, to appeal the decision to a Hearing Examiner, the right to submit contrary evidence along with the appeal, and that the decision will be final if no appeal is filed within the time allowed.

(d) The right to appeal shall terminate upon expiration of fifteen days from the date of mailing of the notice. Any decision of the Chief of Police, pursuant to this Chapter, shall be deemed final and conclusive unless a written notice of appeal is filed with the City Clerk prior to the expiration of the fifteen-day appeal period. In the event an appeal is timely filed, any suspension or revocation shall be stayed until a final decision has been rendered by the Hearing Examiner. If no appeal is filed, the suspension or revocation shall become effective upon expiration of the period for filing the appeal. The hearing shall be concluded within sixty days of the date of the filing of the appeal. The Hearing Examiner shall render his or her decision within sixty days from the date of the conclusion of the hearing, unless otherwise agreed by the parties. The decision of the Hearing Examiner shall be final. The applicant shall be entitled to notice of the basis for the proposed action, a copy of the documents upon which the decision of the Chief of Police was based and the opportunity to present contrary evidence to the Chief of Police prior to the hearing and to the Hearing Examiner at the hearing. Notice of the date, time and place of the hearing shall be mailed at least ten days prior to the date of the hearing, by certified mail, return receipt requested, with proof of service attached, addressed to the address listed on the operator application, or massage technician application, as the case may be.

(e) No massage technician permit or operator's permit granted herein shall confer any vested right to any person or business for more than the permit period. All operators, responsible employees and massage technicians shall comply with the provisions of this Chapter as they may be amended hereafter. (Added by Ord. No. 2265CCS § 1, adopted 5/27/08; amended by Ord. No. 2290CCS § 14, adopted by 7/14/09)

6.104.150 Fees.

The City Council shall establish, and from time to time amend by resolution, fees for the administration and enforcement of this Chapter. (Added by Ord. No. 2265CCS § 1, adopted 5/27/08; amended by Ord. No. 2290CCS § 17, adopted by 7/14/09)

6.104.160 Variance procedure.

Any other provision of this Chapter notwithstanding, an operator or a person applying for an operator's permit may file with the Chief of Police a request for a variance to be relieved of the requirements set forth in Section 6.104.090(h) of this Chapter. The decision of the Chief of Police to grant or to deny a request for a variance shall be final. The Chief of Police may grant such requests only if he or she is satisfied that all of the following conditions are met:

(a) Although within the statutory definition of a massage establishment, the operator's premises are devoted primarily to the conduct of a business other than that of massage.

(b) The operator would suffer unusual hardship if forced to comply with the requirements set forth in Section 6.104.090(h) of this Chapter.

(c) The bathing and toilet facilities provided by the operator in lieu of those required by Section 6.104.090(h) comply with the applicable requirements of State and local law and are adequate to protect the public health, safety, and welfare. (Added by Ord. No. 2265CCS § 1, adopted 5/27/08; amended by Ord. No. 2290CCS § 18, adopted by 7/14/09)

6.104.170 Massage schools.

A massage school duly accredited by the State of California may obtain an operator's permit under this Chapter and may employ massage technicians to provide massage so long as the principal business activity is providing education and instruction. (Added by Ord. No. 2265CCS § 1, adopted 5/27/08; amended by Ord. No. 2290CCS § 19, adopted by 7/14/09)

6.104.180 Location of massage establishments.

A massage establishment in compliance with the provisions of this Chapter, or any certified massage establishment, shall be considered a permitted use in any zoning district in the City, where general retail use is permitted. (Added by Ord. No. 2265CCS § 1, adopted 5/27/08; amended by Ord. No. 2290CCS § 20, adopted by 7/14/09)

6.104.190 Violation and penalty.

(a) Violations of this Chapter shall constitute a misdemeanor and shall be punishable in the manner provided in Section 1.08.010.

(b) Notwithstanding the foregoing, any massage establishment operated, conducted or maintained contrary to the provisions of this Chapter may be, and the same is hereby declared to be, unlawful as defined in Section 1.08.010 of this Code and a public nuisance as defined in Penal Code Section 11225 and in Penal Code Section 373(a). The City may, in addition to or in lieu of prosecuting a criminal action hereunder pursue any available civil remedy, including, but not limited to an action or proceeding, for the abatement, removal and enjoinment of the operation of the massage establishment and for reimbursement of the costs of such abatement, removal and enjoinment. (Added by Ord. No. 2265CCS § 1, adopted 5/27/08; amended by Ord. No. 2290CCS § 21, adopted by 7/14/09)

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