



**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  
MESSAGE 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.

<input type="checkbox"/> Sole Proprietorship ⇒ Owner information ⇒ Responsible Employee information ⇒ Owner Background information ⇒ Acknowledgement & Confirmation	<input type="checkbox"/> Partnership (including limited partnership) ⇒ Owner information for <b>each</b> owner or partner <i>If one or more of the partners is a corporation, complete all of the provisions listed under Corporation for that partner</i> ⇒ Responsible Employee information ⇒ Owner Background information ⇒ Acknowledgement & Confirmation  Attach a copy of the Certificate of Limited Partnership filed with the Secretary of State	<input type="checkbox"/> Corporation (including limited liability corporation) ⇒ Owner/Officer information for <b>each</b> of the current: <ul style="list-style-type: none"> <li>• Owners</li> <li>• Officers</li> <li>• Directors</li> <li>• Stockholders holding more than 5% of the stock</li> <li>• Agent of service</li> </ul> ⇒ Designated Officer or Partner information ⇒ Responsible Employee information ⇒ Owner Background information ⇒ Acknowledgement & Confirmation  State of Incorporation Date of Incorporation Incorporation Number
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**OWNER / OFFICER INFORMATION (ALL FIELDS REQUIRED) USE ADDITIONAL SHEETS IF NECESSARY**

1	<input type="checkbox"/> Owner <input type="checkbox"/> Director <input type="checkbox"/> Officer <input type="checkbox"/> Stockholder	Name: _____ Home Address: _____ <small>Number Street Unit/Suite # City State Zip</small>	Title: _____
2	<input type="checkbox"/> Owner <input type="checkbox"/> Director <input type="checkbox"/> Officer <input type="checkbox"/> Stockholder	Name: _____ Home Address: _____ <small>Number Street Unit/Suite # City State Zip</small>	Title: _____
3	<input type="checkbox"/> Owner <input type="checkbox"/> Director <input type="checkbox"/> Officer <input type="checkbox"/> Stockholder	Name: _____ Home Address: _____ <small>Number Street Unit/Suite # City State Zip</small>	Title: _____

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

1	<input type="checkbox"/> Same as owner # _____ listed above	Name: _____ Home Address: _____ <small>Number Street Unit/Suite # City State Zip</small>	Title: _____
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**RESPONSIBLE EMPLOYEE(S) INFORMATION (ANY PERSON DESIGNATED BY THE OPERATOR TO CONDUCT DAY-TO-DAY OPERATIONS OF THE MESSAGE ESTABLISHMENT, PROVIDED SUCH PERSON HOLDS AN OPERATOR'S PERMIT OR A MESSAGE TECHNICIAN'S PERMIT, OR IS A CERTIFIED MESSAGE TECHNICIAN)**

1	<input type="checkbox"/> Same as Designated Officer <input type="checkbox"/> Same as owner # _____ listed above	Name: _____ Home Address: _____ <small>Number Street Unit/Suite # City State Zip</small>	Title: _____
2	<input type="checkbox"/> Same as Designated Officer <input type="checkbox"/> Same as owner # _____ listed above	Name: _____ Home Address: _____ <small>Number Street Unit/Suite # City State Zip</small>	Title: _____

SANTA MONICA BUSINESS LICENSE — MESSAGE OPERATOR PERMIT APPLICATION

**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
							<input type="checkbox"/> M	<input type="checkbox"/> 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:

_____	_____	_____	_____
<i>Date</i>	<i>City</i>	<i>Charge</i>	<i>Disposition</i>
_____	_____	_____	_____
<i>Date</i>	<i>City</i>	<i>Charge</i>	<i>Disposition</i>
_____	_____	_____	_____
<i>Date</i>	<i>City</i>	<i>Charge</i>	<i>Disposition</i>

**RESIDENTIAL HISTORY**

My prior two home addresses were:

_____	_____	_____	_____	_____	_____	_____
<i>Address Number</i>	<i>Street Name</i>	<i>Unit #</i>	<i>City</i>	<i>State</i>	<i>Zip</i>	<i>Dates of Residence</i>
_____	_____	_____	_____	_____	_____	_____
<i>Address Number</i>	<i>Street Name</i>	<i>Unit #</i>	<i>City</i>	<i>State</i>	<i>Zip</i>	<i>Dates of Residence</i>

**EMPLOYMENT HISTORY**

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

_____	_____	_____	_____	_____	_____	_____
<i>Business Name</i>	<i>Business Street Address</i>	<i>Unit #</i>	<i>City</i>	<i>State</i>	<i>Zip</i>	<i>Dates of Employment</i>
_____	_____	_____	_____	_____	_____	_____
<i>Business Name</i>	<i>Business Street Address</i>	<i>Unit #</i>	<i>City</i>	<i>State</i>	<i>Zip</i>	<i>Dates of Employment</i>
_____	_____	_____	_____	_____	_____	_____
<i>Business Name</i>	<i>Business Street Address</i>	<i>Unit #</i>	<i>City</i>	<i>State</i>	<i>Zip</i>	<i>Dates of Employment</i>

**SUPPLEMENTAL DOCUMENTATION**

Please attach the following documents based on your application type:

<p><b>NEW APPLICATIONS:</b></p> <p><input type="checkbox"/> Business License Application</p> <p><input type="checkbox"/> Commercial Zoning Review Form</p> <p><input type="checkbox"/> Wastewater Permit Application</p> <p><input type="checkbox"/> Minor Use Permit Application</p> <p><input type="checkbox"/> Site Plan</p>	<p><input type="checkbox"/> Copy of Lease</p> <p><input type="checkbox"/> Property Owner's affidavit</p> <p><input type="checkbox"/> Proof of insurance</p> <p><input type="checkbox"/> List of proposed employees</p>	<p><b>RENEWALS:</b> <input type="checkbox"/> Proof of insurance</p>
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**OPERATIONS QUESTIONNAIRE**

Do you know and understand the laws pertaining to operating a massage establishment business?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will you conduct your business in strict compliance with these laws?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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.

_____	_____	_____
<i>Signature</i>	<i>Print Name</i>	<i>Date</i>

**OFFICIAL USE ONLY**

Police Permit Review	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Date:
Reviewing Officer Name:	Signature:		