



CITY OF SOLANA BEACH
MESSAGE ESTABLISHMENT PERMIT APPLICATION

RENEWAL [ ]
NEW [ ]

APPLICATIONS MUST BE SUBMITTED IN PERSON. CALL (858) 720-2403 FOR APPOINTMENT. ALL INFORMATION REQUESTED ON THIS FORM IS REQUIRED. COMPLETED APPLICATIONS REQUIRE THIRTY (30) DAYS TO PROCESS.\*\*

(FEES ARE NON REFUNDABLE)

IT IS UNLAWFUL FOR ANY APPLICANT TO BEGIN BUSINESS WITHOUT FIRST OBTAINING A BUSINESS CERTIFICATE PERMIT FOR THE ESTABLISHMENT.

\*\*Certain information provided in this application may be disclosed pursuant to valid requests for public information

YOU ARE REQUIRED TO SUBMIT THE FOLLOWING ITEMS WITH THIS APPLICATION:

(Renewal applications require items #1, 2, 8 & 9 only)

- 1. Current photo Identification, written proof satisfactory to the Sheriff that applicant is over the age of 18 (i.e. California drivers license, I.D. card or other approved identification). Required for each, owner or partner,
2. Correct fee in the form of cash, check or money order. ADD FEE FOR ADDITIONAL OWNER/PARTNER
3. Fictitious name certificate if applicant is using a dba. If a corporation, a copy of the corporate papers issued by the State of California.
4. Business Registration Certificate from the City of Solana Beach, or completed application and fee.
5. Letter from owner of property with written permission for use of the property for massage activities.
6. Health certificate (760) 471-0730 (Environmental Health Department) See attached Massage Establishment Checklist.
7. List of all persons performing massage and copies of credentials / permits.
8. Miscellaneous identification sheet for each additional owner or partner.
9. You will be photographed at the time of application submittal. And each partner/co-owner.

PERSONAL INFORMATION - PRIMARY APPLICANT (Print or type only)

Name Last First Middle

All Other Names Used:

Date of Birth: Place of Birth:

Drivers License #: State: SSN:

Current Residence Address: No. Street City Zip

Current Mailing Address (if different): No. & Street / P.O. Box City Zip

Home Phone: ( ) Cell Phone: ( ) Business ( )

Sex: M [ ] F [ ] Height: Weight: Hair: Eyes:

LIST NAMES OF ALL PARTNERS, OFFICERS, DIRECTORS OR STOCKHOLDERS HOLDING MORE THAN FIVE PERCENT (5%) OF STOCK (use additional sheets if necessary).

NAME & TITLE RESIDENCE ADDRESS TELEPHONE

RESIDENCE ADDRESS FOR PAST THREE (3) YEARS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OCCUPATIONS(S) FOR THE PAST 3 YEARS:

<u>Business Name/Address/City</u>	<u>Position Held</u>	<u>Dates Employed</u>
_____	_____	_____
_____	_____	_____

HAVE YOU EVER BEEN ISSUED A MASSAGE LICENSE/PERMIT? YES  NO  If yes, explain the type of Massage License/Permit, where issued and by whom:

<u>TYPE</u>	<u>BUSINESS</u>	<u>ADDRESS</u>	<u>ISSUING AGENCY</u>
_____	_____	_____	_____

HAVE YOU EVER HAD A MASSAGE BUSINESS LICENSE OR PERMIT SUSPENDED OR REVOKED, OR HAD AN APPLICATION FOR SAME DENIED? YES  NO  If yes, explain in detail below.

\_\_\_\_\_  
\_\_\_\_\_

HAVE YOU EVER BEEN ISSUED A LICENSE TO OPERATE A BUSINESS? YES  NO  HAVE YOU EVER HAD A BUSINESS LICENSE SUSPENDED OR REVOKED, OR HAD AN APPLICATION FOR SAME DENIED: YES  NO  If yes, explain in detail below.

\_\_\_\_\_  
\_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_ BUSINESS PHONE( ) \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

ARE YOU THE SOLE OWNER OF THE BUSINESS? YES  NO  If no, all partners or business associates must complete the miscellaneous Identification sheet. (If additional sheets are needed, copy the one attached)

NAME OF THE OWNER OF THE PREMISES: \_\_\_\_\_ PHONE: ( ) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

LIST ALL CHARGES RESULTING IN A CONVICTION OR PLEA OF NOLO CONTENDERE, INCLUDING CONVICTIONS DISMISSED PURSUANT TO PENAL CODE SECTION 1203.4, AND ANY PENDING CRIMINAL CHARGES (except minor traffic violations). IF NONE, PLEASE INDICATE "NONE"

<u>Date</u>	<u>Investigating Agency</u>	<u>Charge</u>	<u>Disposition</u>	<u>Date Released or Place on Probation</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT ANY FALSE STATEMENTS OR INFORMATION ARE GROUNDS FOR DENIAL OF THIS APPLICATION. I AGREE TO HAVE ALL THE REQUIRED NOTICES, UNLESS OTHERWISE SPECIFIED, SENT BY U.S. MAIL TO THE ADDRESS GIVEN ON THIS APPLICATION. I AM AWARE THAT ALL FEES ASSOCIATED WITH THIS APPLICATION ARE NONREFUNDABLE. THE RIGHT OF REASONABLE INSPECTION SHALL BE A CONDITION FOR ISSUANCE OF THIS PERMIT/LICENSE. I HAVE READ AND UNDERSTAND THE SECTIONS OF THE SOLANA BEACH CODE OF REGULATORY ORDINANCES PERTAINING TO MASSAGE TECHNICIANS AND/OR OFF PREMISE MASSAGE BUSINESSES.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

CHANGES OF ANY KIND MUST BE REPORTED TO THE LICENSING AGENCY IN WRITING WITHIN TEN (10) DAYS.

APPLICATION ACCEPTED BY: \_\_\_\_\_ DATE: \_\_\_\_\_



City of Solana Beach, 635 South Highway 101, Solana Beach, CA 92075  
(858) 720-2403

**MISCELLANEOUS IDENTIFICATION SHEET FOR ADDITIONAL OWNER/PARTNER**

PLEASE PRINT\*\*

Name \_\_\_\_\_  
(Last) (First) (Middle)

All Other Names Used \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex: Male  Female  Place of Birth \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair \_\_\_\_\_ Eyes \_\_\_\_\_

Driver's License. No: \_\_\_\_\_ State \_\_\_\_\_ Soc. Sec. No \_\_\_\_\_

Residence Address \_\_\_\_\_

How Long At Address? \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

Past Two Residence Addresses \_\_\_\_\_

**OCCUPATIONS FOR LAST THREE (3) YEARS**

Business Name	Position	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____

**LIST BELOW ALL CHARGES RESULTING IN CONVICTION OR PLEA OF NOLO CONTENDERE, INCLUDING CONVICTIONS DISMISSED PURSUANT TO PENAL CODE SECTION 1203.4, AND ANY PENDING CRIMINAL CHARGES (except minor traffic violations). IF NONE, PLEASE INDICATE "NONE".**

Date	Investigating Agency	Charge	Disposition	Date Released or Place on Probation
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

I CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION I HAVE GIVEN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND AND AGREE TO HAVING ALL REQUIRED NOTICES, UNLESS OTHERWISE SPECIFIED, SENT BY U.S. MAIL TO THE ADDRESS GIVEN ON THIS APPLICATION. I HAVE READ AND UNDERSTAND THE SECTIONS OF THE SOLANA BEACH MUNICIPAL CODE PERTAINING TO THE SUBJECT BUSINESS.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*Certain Information provided in this application may be disclosed pursuant to valid requests for public Information

## **MASSAGE ESTABLISHMENT CHECKLIST**

1. All entrances unlocked during business hours.
2. Number of patrons to be served simultaneously.
3. Number of dressing rooms.
4. Number of lockers.
5. One shower or tub for each six patrons or portion thereof.
6. One toilet and one washbasin located together.
7. Toilet controlled so no use by both genders at same time.
8. Washbasin has hot and cold running water, soap, sanitary towels.
9. Separate massage room for each patron.
10. No use of sauna/steam room by both genders at same time.
11. No use of sanitation facilities or steam rooms by patron and employee at same time.
12. Light level of at least 5 foot candles within each room where mass age given.
13. At least one light of less than 40 watts to be provided in each room occupied.
14. Walls, ceilings, floors in good repair and clean and sanitary.
15. No massage service in any room capable of being shut off, be a locked door.
16. Walls facing massage area must have light reflective value of not less than 70%.
17. Walls in steam room, tub, shower or toilet must have waterproof floor coverings at least 6 inches up the wall.
18. Sign at entrance identifying premise as massage establishment.
19. Posted list of services and cost of services.
20. Cubicles not to exceed 75% floor to ceiling height for ventilation.

If you have questions regarding these regulations contact the Environmental Health Department at (619) 338-2222.