REGULATORY PERMIT APPLICATION FOR MASSAGE ESTABLISHMENTS

PLANNING SERVICES DIVISION

INTRODUCTION

The purpose of a Regulatory Permit application is to provide for Planning Director review of applications relating to certain land uses identified in Anaheim Zoning Code (AZC) Chapter 18.16 to ensure that they meet the intent of the Zoning Code and General Plan. These permits do not require review by the Planning Commission or other public hearings.

PROCEDURES

Complete applications will be processed according to the Administrative and Regulatory Permit Filing Schedule listed on the Planning Services Forms & Applications website. The Planning Director will make a decision as to the status of the request within ten (10) business days of the filing deadline date. This decision will be final and effective ten (10) days following the date of the decision unless an appeal is filed within that time. A letter will be provided to the applicant describing the decision, any comments or items that may need to be provided with a re-submittal, or any conditions of approval applicable to the project.

APPEALS

Anyone dissatisfied with the decision of the Planning Director may file an appeal. When an appeal is filed, the Regulatory Permit will be scheduled for a hearing in front of the City Employee Hearing Officer. All appeals shall be made in writing and filed with the Planning Department within ten (10) days of the decision of the Planning Director. The appeal must be submitted to the Planning Department with payment of an applicable appeal fee, clearly identify the appellant(s), and shall specify the decision appealed and the reasons for appeal.

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SUBMITTAL REQUIREMENTS:

The following checklist shows minimum information and materials required for processing Regulatory Permit applications for massage establishments. Additional information or materials may be requested. Please contact a planner at 714-765-5139 to confirm applicability of submittal items. Site and floor plans must comply with the E-plan Submittal Requirements and Sheet Numbering Guidelines. Submittal requirements are as follows:

PRE-SUBMITTAL CHECKLIST:

☐ A. BUSINESS LICENSE APPLICATION: Applications for a Business License must be processed concurrently. For more information on obtaining a Business License, contact (714) 765-5194.

☐ B. CODE REQUIRMENTS: Read applicable code requirements provided under A.M.C. Section 18.16.070 (Massage).

- ☐ Confirmed with City staff that no other massage establishment is within 500 feet, or that location is non-conforming; and
- ☐ Confirm with City staff that no previously approved massage establishment within the property has had their regulatory permit revoked within the last two (2) years.

☐ C. FEE: Payment amount identified in the Planning and Zoning Fee Schedule. Payment is required by the filing deadline and before an application will be reviewed. After online or in-person submittal is completed through GoPost, payment will be requested. Once payment is received, your application will be routed for review.

☐ D. APPLICATION FILING SCHEDULE: Applications will be processed according the Administrative and Regulatory Permit Filing Schedule.

☐ E. FINGERPRINTING AND LIVE SCAN REQUIREMENTS FOR BUSINESS OWNER(S), EMPLOYEE(S), AND CONTRACTOR(S) that do not possess an active CAMTC certification:

- ☐ A complete set of fingerprints must be taken by the Anaheim Police Department.
  - ☐ Contact the Anaheim Police Department at 714-765-1997 to schedule an appointment between 8:00am-12:00pm Tuesdays through Fridays.
  - ☐ FEE: Payment is required for fingerprints and/or Live Scan.

REQUIRED DOCUMENTS FOR SUBMITTAL:

☐ 1. APPLICATION FORM for Massage Establishments: The six (6) page application for a Massage Establishment Regulatory Permit is located below this checklist.

- ☐ LIST OF EMPLOYEES: List all responsible employees, massage technicians, and all other employees/attendants working at the business at any time on page 4 of the application. Include multiple application pages where additional people must be listed.
- ☐ NOTARIZED ACKNOWLEDGEMENT. The signatures for Responsible Employee(s), Business Owner(s), and Property Owner(s) must be notarized.

☐ 2. CERTIFIED COPY OF LEASE: If the business owner is a lessee or sub-lessee, a copy of the lease establishing tenancy shall be provided.

☐ 3. LETTER OF OPERATION: Submit a typed letter describing the business operations including:

- ☐ Business owner(s);
- ☐ Business hours of operation;
- ☐ Detailed description of services; and
- ☐ Prices of Services

☐ 4. SITE PLAN: Submit a scaled site plan which addresses the following:

- ☐ PARKING CALCULATION: Parking areas with calculation (Massage establishments require 4 parking spaces per 1,000 s.f. of GFA; please see A.M.C. Section 18.42.040.010 for parking space requirements for all other uses).

☐ 5. FLOOR PLAN: Submit a scaled floor plan showing the layout of the proposed suite. Label each room based on use.

☐ 6. CAMTC CERTIFICATION: For each person providing massage services or posseses an active CAMTC certification, submit:

- ☐ California photo identification;
- ☐ Copy of CAMTC certificate with expiration date; and
- ☐ Copy of CAMTC ID card.

☐ 7. FINGERPRINTING AND LIVE SCAN VERIFICATION: For each person that does not provide massage services or does not possess an active CAMTC certification, submit:

- ☐ California photo identification; and
- ☐ Copy of receipt of fingerprinting and/or Live Scan appointment.

MASSAGE ESTABLISHMENTS APPLICATION FORM

CITY OF ANAHEIM – PLANNING SERVICES DIVISION

BUSINESS INFORMATION:

Business Name:	Business License No.:	
Business Phone:	E-mail Address:	
Business Address or Location:		
City:	State:	Zip:
Mailing Address (if different from business address or location):		
City:	State:	Zip:

APPLICANT (BUSINESS OWNER) INFORMATION:

Applicant (Business Owner) Name:			Alias or Maiden Name:	
Phone No:			Home Address:	
E-mail Address:			City: State:	Zip Code:
Place of Birth:			Date of Birth:	Sex: ☐ Male ☐ Female
Age:	Height:	Weight:	Hair Color:	Eye Color:
CA Driver's License No. or CA ID No.:		Other State License No. or ID No.:		State:
Social Security No. or Resident Alien No.:		CAMTC Certified: ☐ Yes ☐ No		CAMTC Exp.Date:

I hereby certify under the penalty of perjury that the information given is true and correct. I understand that providing false information or withholding information, including any criminal record, is grounds for denial or revocation of my permit and may subject me to criminal prosecution. **I do hereby authorize** the City of Anaheim, its agents and employees to seek verification of the information contained on this application and to conduct inspections to determine that the provisions of Chapter 18.16 or other applicable laws are met. **I further understand** that I may not conduct the activity applied for until a permit has been granted, and that a copy of the City Ordinances regulating Massage, Smoking Lounge and Entertainment Premises is available to me in the City Clerk's Office or over the Internet at www.anaheim.net (Chapter 18.16 of the Anaheim Municipal Code).

Signature Date

CODE COMPLIANCE

I have received and reviewed the code requirements for the specified application type and **I understand** that I am responsible for adhering to those regulations.

Signature Date

MASSAGE ESTABLISHMENTS APPLICATION FORM

CITY OF ANAHEIM – PLANNING SERVICES DIVISION

APPLICANT (BUSINESS OWNER) CRIMINAL RECORD:

Has the business owner ever been convicted of a crime? (Anything other than a traffic violation)

☐ Yes ☐ No

If yes, list the date of the offense, nature of the offense and the sentence received thereof:

Date:	Nature of offense:	Sentence:
Date:	Nature of offense:	Sentence:
Date:	Nature of offense:	Sentence:

APPLICANT (BUSINESS OWNER) MASSAGE BUSINESS LICENSE AND PERMIT HISTORY:

Does the business owner currently have, previously held, or previously applied for a massage-related license or permit?

☐ Yes ☐ No

If yes, provide information below:

Business Name:		Address:		
Start Date:	End Date:	City:	State:	Zip:
Business Name:		Address:		
Start Date:	End Date:	City:	State:	Zip:
Business Name:		Address:		
Start Date:	End Date:	City:	State:	Zip:

Have any licenses or permits been suspended, revoked, or denied?

☐ Yes ☐ No

If yes, provide information below:

Location:	Date:	Revoked by whom (agency) and reason:
Location:	Date:	Revoked by whom (agency) and reason:

APPLICANT (BUSINESS OWNER) EMPLOYMENT HISTORY:

Provide complete business, occupation, and employment history for five years preceding application:

Business/Company:	Location:	Start Date:	End Date:
Business/Company:	Location:	Start Date:	End Date:
Business/Company:	Location:	Start Date:	End Date:
Business/Company:	Location:	Start Date:	End Date:
Business/Company:	Location:	Start Date:	End Date:

MASSAGE ESTABLISHMENTS APPLICATION FORM

CITY OF ANAHEIM – PLANNING SERVICES DIVISION

CORPORATION, L.L.C. OR PARTNERSHIPS ONLY

Is this a Sole Ownership? ☐ Sole Ownership
If checked, skip to next page.

Is this a Corporation, L.L. C. or a Partnership? ☐ Corporation ☐ L.L.C. ☐ Partnership ☐ Other _____
If checked, attach copy of Certificate of Limited Partnership, Articles of Organization (L.L.C.) or Articles of Incorporation

State of Registration:	Registration Number:	Date of Registration:

Name of the Corp., L.L.C., or Partnership (as shown in above documents):

Name of Responsible Managing Officer of Corporation, L.L.C. or Partnership:

If **Corporation** is checked, include the names and addresses of each Officer, Director and each Stockholder holding more than five (5) percent of the stock in the Corporation below;
OR
If **L.L.C**. or **Partnership** is checked, include the names, residence addresses & dates of birth of each of the partners, including limited partners or members:

Name:	Home Address:		
Date of Birth:	City:	State:	Zip:
Name:	Home Address:		
Date of Birth:	City:	State:	Zip:
Name:	Home Address:		
Date of Birth:	City:	State:	Zip:
Name:	Home Address:		
Date of Birth:	City:	State:	Zip:
Name:	Home Address:		
Date of Birth:	City:	State:	Zip:

Have any Applicants, Owners, Operators, Officers, Directors, or Stockholders holding five (5) percent or more of the stock in the Corporation or L.L.C., or any Partners or limited Partners of the Partnership been convicted of a crime?
☐ Yes ☐ No

If yes, provide individual name(s), describe offense(s), where, and date of offense(s) below:

If no is marked, and an offense is discovered, the application may be denied pursuant to A.M.C. Section 18.16.070.040

MASSAGE ESTABLISHMENTS APPLICATION FORM

CITY OF ANAHEIM – PLANNING SERVICES DIVISION

RESPONSIBLE EMPLOYEE(S):

☐ I AM THE BUSINESS OWNER AND I INTEND TO ACT AS THE RESPONSIBLE EMPLOYEE; OR

☐ I INTEND TO DESIGNATE THE FOLLOWING EMPLOYEE (S) TO ACT AS MY RESPONSIBLE EMPLOYEE

Responsible Employee Name:	Alias or Maiden Name:		
Job Title / Duties:	CAMTC Certified: ☐ Yes ☐ No CAMTC No.:		CAMTC Expiration Date:
CA Driver's License No. or CA ID No.:	S.S.N. or Resident Alien ID No:		Date of Birth:
Phone No:	Home Address:		
E-mail Address:	City:	State:	Zip Code:
Responsible Employee Name:	Alias or Maiden Name:		
Job Title / Duties:	CAMTC Certified: ☐ Yes ☐ No CAMTC No.:		CAMTC Expiration Date:
CA Driver's License No. or CA ID No.:	S.S.N. or Resident Alien ID No:		Date of Birth:
Phone No:	Home Address:		
E-mail Address:	City:	State:	Zip Code:
Responsible Employee Name:	Alias or Maiden Name:		
Job Title / Duties:	CAMTC Certified: ☐ Yes ☐ No CAMTC No.:		CAMTC Expiration Date:
CA Driver's License No. or CA ID No.:	S.S.N. or Resident Alien ID No:		Date of Birth:
Phone No:	Home Address:		
E-mail Address:	City:	State:	Zip Code:

I hereby certify under penalty of perjury that the information given is true and correct, that I have read and reviewed the code requirements for the massage establishment and I understand that I am responsible for the conduct of all employees, massage technicians, attendants and persons employed as a salaried or contract employee or retained as an independent contractor working on the premises of the massage establishment or any person who volunteers his or her services and that failure to comply with California Business and Professions Code Section 4600 et seq., with any local, state or federal law, or with the provisions of this chapter may result in the revocation of the City-issued permit.

SIGNATURES MUST BE NOTARIZED. ATTACH THE NOTARIZED ACKNOWLEDGEMENT.

Applicant (Business Owner) Signature ____________________ Date ____________________

Responsible Employee Signature ____________________ Date ____________________

Responsible Employee Signature ____________________ Date ____________________

Responsible Employee Signature ____________________ Date ____________________

ALL OTHER EMPLOYEE(S) (massage technicians, employees, attendants, etc.):

Employee Name:	Alias or Maiden Name:		
Job Title / Duties:	CAMTC Certified: ☐ Yes ☐ No CAMTC No.:		CAMTC Exp. Date:
CA Driver's License No. or CA ID No.:	S.S.N. or Resident Alien ID No:		Date of Birth:
Phone No:	Home Address:		
E-mail Address:	City:	State:	Zip Code:

Employee Name:	Alias or Maiden Name:		
Job Title / Duties:	CAMTC Certified: ☐ Yes ☐ No CAMTC No.:		CAMTC Exp. Date:
CA Driver's License No. or CA ID No.:	S.S.N. or Resident Alien ID No:		Date of Birth:
Phone No:	Home Address:		
E-mail Address:	City:	State:	Zip Code:

Employee Name:	Alias or Maiden Name:		
Job Title / Duties:	CAMTC Certified: ☐ Yes ☐ No CAMTC No.:		CAMTC Exp. Date:
CA Driver's License No. or CA ID No.:	S.S.N. or Resident Alien ID No:		Date of Birth:
Phone No:	Home Address:		
E-mail Address:	City:	State:	Zip Code:

Employee Name:	Alias or Maiden Name:		
Job Title / Duties:	CAMTC Certified: ☐ Yes ☐ No CAMTC No.:		CAMTC Exp. Date:
CA Driver's License No. or CA ID No.:	S.S.N. or Resident Alien ID No:		Date of Birth:
Phone No:	Home Address:		
E-mail Address:	City:	State:	Zip Code:

Employee Name:	Alias or Maiden Name:		
Job Title / Duties:	CAMTC Certified: ☐ Yes ☐ No CAMTC No.:		CAMTC Exp. Date:
CA Driver's License No. or CA ID No.:	S.S.N. or Resident Alien ID No:		Date of Birth:
Phone No:	Home Address:		
E-mail Address:	City:	State:	Zip Code:

MASSAGE ESTABLISHMENTS APPLICATION FORM

CITY OF ANAHEIM – PLANNING SERVICES DIVISION

EMPLOYEE(S) CRIMINAL RECORD:

Have any employees having supervision or management of the business been convicted of a crime other than a traffic violation?

☐ Yes ☐ No

If yes, list the individual, date of the offense, nature of the offense, and the sentence received thereof:

Name:	Date:	Nature of offense:	Sentence:
Name:	Date:	Nature of offense:	Sentence:
Name:	Date:	Nature of offense:	Sentence:
Name:	Date:	Nature of offense:	Sentence:

AGENT INFORMATION *(IF APPLICABLE):*

Agent Name:	Company Name:		Relationship to Applicant:
Personal Phone No:	Home Address:		
E-mail Address:	City:	State:	Zip Code:

I have read and understand the obligations regarding the filing and processing of the attached application. Further, the information submitted as part of this application, including maps, plans, drawings, statements and answers contained herein, are in all respects true and correct.

Signature Date

PROPERTY OWNER INFORMATION:

Property Owner:	Date of Birth (MM/DD/YYYY):		
Personal Phone No.:	Home Address:		
Email Address:	City:	State:	Zip Code:

I have read and understand the obligations regarding the filing and processing of the attached application. Further, the information submitted as part of this application, including maps, plans, drawings, statements and answers contained herein, are in all respects true and correct. **I hereby certify** that I am the legal property owner of record and acknowledge and authorize the person(s) named above as applicant and agent to represent me and bind me in all matters concerning this application for a Regulatory Permit. **I approve of the action requested**.

SIGNATURE MUST BE NOTARIZED. ATTACHED THE NOTARIZED ACKNOWLEDGEMENT.

Signature Date