CITY OF LARKSPUR

Planning Department
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Larkspur, CA 94939

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APPLICATION FOR CERTIFIED MASSAGE ESTABLISHMENT OR INDIVIDUAL OPERATOR PERMIT

(Larkspur Municipal Code Section 5.49, Regulation of Massage Businesses)

SECTION 1 - To be completed *FOR ALL Certified Massage Establishment and Individual Operators.* File with the Planning Department counter representative along with the required submittal information.

Application Date: _____

New Permit: Yes _____ No _____ **Renewal:** Yes _____ No _____

Primary Business Information

Business Name: _____

Name of Business Owner: _____

Business Address: _____

Assessor Parcel No: _____

Email Address: _____

Business Phone #: _____

Zoning District: _____

Massage Establishment Owner Information (If different from primary business establishment above.)

Owner Name: _____

Residence Address: _____

Home Phone #: _____

Business Address: _____

Business Phone #: _____

Email Address: _____

Type of Business (Check one)

_____ **Corporation** _____ **Limited Partnership** _____ **LLC** _____ **Sole Practitioner**

Attach name and residence of all members.

Property Owner Information

Name: _____ **Company** _____

Address: _____

Phone #: _____ **Applicant is Property Owner? Yes ____ No ____**

If "no" is checked, then you will need to attached either 1) copy of written lease that authorizes use of the premises for a massage establishment, or 2) if there is no written lease, then written, notarized acknowledgement from the property owner that the property owner has been advised that a massage establishment will be operated by the applicant on the property owner's property.

SUBMITTAL REQUIREMENTS

- ❑ **Application**
- ❑ **Operational Checklist (see Attachment A)**
- ❑ **Zoning Clearance Fee (see current adopted fee schedule)**
- ❑ **Written description - For any massage establishment, provide a written description of the operation for the massage establishment, including the type of services and treatments to be administered, hours of operation, and number of persons engaged in the services.**
- ❑ **Floor Plan - showing where the services are proposed to be conducted within the building, including entrance, reception area, waiting area, bathrooms, massage room(s), and indoor and outdoor spaces.**
- ❑ **Identification – a clear and legible copy of a valid and current driver's license and/or identification issued by a state or federal governmental agency or other photographic identification bearing a bona fide seal by a foreign government.**
- ❑ **Certification and Identification for all Employees –**

  A. **Copy of Certificate - Required for each person that the massage establishment currently employs, proposes to employ, or retain as a contract employee, to perform massage therapy for compensation.**

  B. **Identification - A clear and legible *color* copy of that person's current certification as a massage practictioner or massage therapist from the California Massage Therapy Council (CAMTC), and a copy of that person's California Massage Therapy Council-issued identification card.**

- ❑ **Written Lease - Copy of written lease that authorizes use of the premises for a massage establishment, or if there is no written lease, then written, notarized acknowledgement from the property owner that the property owner has been advised that a massage establishment will be operated by the applicant on the property owner's property.**

SECTION 2 - To be completed for OPERATOR PERMIT only.

An "operator" is the owner of a massage business.

Please provide a signed statement including the following:

A. **Employee Information -** Provide the name, residence address and telephone, and work address and telephone number of each person that the massage establishment employs or will retain to perform massage therapy for compensation. This may be listed on a separate sheet of paper.

B. **Statement of Prior Permits and Status of Permits** – Provide a signed written statement identifying whether any license or permit has ever been issued to the applicant by an jurisdiction under the provisions of any ordinance or statute governing massage or somatic practice, and as to any such license or permit, the name and address of the issuing authority, the effective dates of such license or permit, whether such license or permit was ever suspended, revoked, withdrawn, or denied; and copies of any documentary materials relating to such suspension, revocation, withdrawal, or denial. If none, please provide that statement as well and sign.

C. **Statement of Prior Conviction** – Provide a signed written statement indicating whether the applicant has been convicted in any state of any felony within the five (5) years immediately preceding the date of application.

D. **Section 290 of CA Penal Code** – Provide a signed written statement of whether applicant is currently required to register under the provisions of Section 290 of the California Penal Code.

E. **Employment History** – Provide signed written statement of the applicant's employment history for five (5) years preceding the date of application, and the inclusive dates of same.

SECTION 3 – Applicant acknowledgement and signature – to be completed for all applications – both Certified Massage Establishment and Operator Permit.

I HEREBY CERTIFY under penalty of perjury that the above is true and correct and agree to comply with all City of Larkspur, Regulation of Massage Businesses, LMC 5.49, and state laws regulating this work. I acknowledge that all massage establishments must comply with LMC 5.49, City of Larkspur, Regulation of Massage Businesses. I declare under penalty of perjury that the information contained in this application and attached or associated materials is true and correct to the best of my knowledge. I further agree to save, indemnify, and keep harmless the City of Larkspur, it's officers and representatives against all liabilities and judgements resulting from, or which may in any way accrue in consequence of the granting of, this permit.

_____
Signature of Applicant

_____ _____
Printed Name of Applicant Date

For City Staff use only:

Permit #: _____ Payment Amount Received: _____

Receipt #: _____ Date Received: _____

Received by _____

☐ Central Marin Policy Authority (CMPA) review

Review and approved by:

_____ _____
Name and Title Date

ATTACHMENT A:
OPERATIONAL CHECKLIST FOR MASSAGE BUSINESSES

(To be filled out by Applicant; Staff Confirmation)

Circle the appropriate answer as it applies to the proposed massage business questions below:

				Staff Check
1. Are you a certified massage practitioner?	Yes	No	N/A	
2. Are you a massage business operator?	Yes	No	N/A	
3. Are you a massage business owner?	Yes	No	N/A	
4. Are you providing massage services out of your home?	Yes	No	N/A	
5. Is there a wash basin with hot and cold running water?	Yes	No	N/A	
6. Are there sanitary towels provided at each wash basin?	Yes	No	N/A	
7. Are there clean sanitary towels, coverings, and linens?	Yes	No	N/A	
8. Are there separate receptacles for soiled towels, coverings, and linens?	Yes	No	N/A	