



**City of Ontario
Planning Department**
303 East "B" Street
Ontario, CA 91764
Phone: (909) 395-2036
Fax: (909) 395-2420

Checklist for Massage Permits

WHAT IS A MASSAGE PERMIT?

The City of Ontario is authorized by virtue of the State Constitution, the provisions of the City Charter and Government Code § 51031, to regulate massage by imposing reasonable standards relative to the skill and experience of massage establishment operators and massage therapists, and reasonable conditions on the operation of the massage establishment. The massage permit process has been established to ensure reasonable safeguards against physical injury and economic loss to massage clients, brought about by improperly educated and trained massage therapists. In order to achieve these purposes, the Zoning Administrator is empowered to grant or deny applications for Massage Permits and to impose reasonable conditions upon the granting of a Massage Permit. Permit is required from the City if you have not obtained a permit from the State's Massage Therapy Council, pursuant to Business and Professions Code Section 4601 (b).

FILING REQUIREMENTS

1. Massage Establishment: All Massage Permit requests for a Massage Establishment shall include the following information:

- a. Massage Permit application and filing fee of \$517.
- b. Two (2) portrait photographs, at least two (2) inches by two (2) inches, taken within the last six (6) months, of the applicant or person designated by the applicant, corporation or partnership to act as its responsible managing officer in charge of the premises.
- c. At least three (3) signed statements by persons who have knowledge of the applicant's background and qualifications, including dates of relationships. Those persons shall have known the applicant for at least three (3) years preceding the date of application.
- d. A complete description/definition of all services to be provided.
- e. Written proof that the applicant is at least eighteen (18) years of age.
- f. Written proof that the person designated by the applicant, corporation or partnership to act as its responsible managing officer in charge of the premises, is at least eighteen (18) years of age.
- g. The applicant and any person designated by the applicant, corporation or partnership to act as its responsible managing officer in charge of a massage establishment shall be required to furnish fingerprints for the purpose of establishing identification. Any required fingerprinting fee will be the responsibility of the applicant.
- h. A certificate from a medical doctor stating that the applicant (other than an owner not acting as a massage therapist) has, within thirty (30) days immediately prior thereto, been examined and found to be free of any contagious or communicable disease.
- i. The applicant (other than an owner not acting as a massage therapist) shall furnish a diploma or certificate of graduation from a recognized school or other institution of learning wherein the method, profession, and work of massage therapists is taught. The minimum acceptable education and training is as follows:
 - A diploma or certificate of graduation and transcripts from a five hundred (500) hour course of instruction from either a recognized school of massage or from an existing school or institution of learning outside the State, together with a certified transcript of the applicant's school records showing date of enrollment, hours of instruction and graduation from a course having at least a minimum requirement prescribed by Title 5, Division 21, of the California Administrative Code, wherein the theory, method, profession and work of massage are taught, and a copy of the school's approval by its State Board of Education; or
 - A diploma or certificate of graduation and transcripts from a minimum two hundred (200) hour course of instruction from schools or institutions as described above, and furnish proof of completion of up to three hundred (300) hours of continuing education courses in massage from schools or institutions as described above. The minimum combined total course hours and continuing education hours shall equal no less than five hundred (500) hours.
- j. Such other identification and information as the Police Chief may require in order to discover the truth of the matters hereinbefore specified as required to be set forth in the application.
- k. The Police Chief, at his discretion, may require the applicant to appear in person for the purpose of verifying identity, taking additional photographs of the applicant, and/or confirm the height and weight of the applicant.

2. Massage Therapist: All Massage Permit requests for a Massage Therapist shall include the following information:

- a. Massage Permit application and filing fee of \$517.
- b. Two portrait photographs, at least two (2) inches by two (2) inches, taken within the last six (6) months, of the applicant.
- c. At least three (3) signed statements by persons who have knowledge of the applicant's background, qualifications and suitability for the position of massage therapist, including dates of relationships. Those persons shall have known the applicant for at least three (3) years preceding the date of application.
- d. A complete description/definition of all services to be provided.
- e. Written proof that the applicant is at least eighteen (18) years of age.
- f. Furnish fingerprints for the purpose of establishing identification. Any required fingerprinting fee will be the responsibility of the applicant.
- g. A certificate from a medical doctor stating that the applicant has, within thirty (30) days immediately prior thereto, been examined and found to be free of any contagious or communicable disease.
- h. A diploma or certificate of graduation from a recognized school or other institution of learning wherein the method, profession, and work of massage therapists is taught. The minimum acceptable education and training is as follows:
 - A diploma or certificate of graduation and transcripts from a five hundred (500) hour course of instruction from either a recognized school of massage or from an existing school or institution of learning outside the State, together with a certified transcript of the applicant's school records showing date of enrollment, hours of instruction and graduation from a course having at least a minimum requirement prescribed by Title 5, Division 21, of the California Administrative Code, wherein the theory, method, profession and work of massage are taught, and a copy of the school's approval by its State Board of Education; or
 - A diploma or certificate of graduation and transcripts from a minimum two hundred (200) hour course of instruction from schools or institutions as described above, and furnish proof of completion of up to three hundred (300) hours of continuing education courses in massage from schools or institutions as described above. The minimum combined total course hours and

continuing education hours shall equal no less than five hundred (500) hours.

- i. Proof of current national certification. The Zoning Administrator may grant an exception to this requirement, provided each of the following requirements are met:
 - The applicant must demonstrate a minimum of 20 continuous years experience as a massage therapist; and
 - The applicant must adequately and reasonably demonstrate that the requirement represents a practical difficulty or unnecessary physical hardship.
- j. Proof of membership in a state or national professional massage therapy organization or association.
- k. Such other identification and information as may be required to process the application.
- l. The Police Chief, at his discretion, may require the applicant to appear in person for the purpose of verifying identity, taking additional photographs of the applicant, and/or confirm the height and weight of the applicant.
- m. If you are filing for a massage establishment, please include a floor plan of the unit/building in which you wish to establish your business with your application submittal.

Note: Massage permit approvals are good for two years from the date of issue. If a renewal application is not received and approved prior to the expiration date for the original approval that permit will automatically expire and your business license will not be renewed.

Permit regulations and requirements are subject to requirements as set forth by Ordinance No. 2911 as adopted by City Council on September 1, 2009.

All applicants should review Title 6-10.01 of the City of Ontario Municipal Codes for operating requirements and zoning compliance.

Approval for massage establishments does not include employees. Each employee who performs massage as part of the business activities must apply for and obtain a separate massage technician permit.

A filing **fee of \$517.00** is required as part of the application submittal requirements at time of filing.



City of Ontario
Planning Department
303 East "B" Street
Ontario, CA 91764
Phone: (909) 395-2036
Fax: (909) 395-2420

Massage Permit Application

- ☐ New Application
☐ Application Renewal—Original File No. _____

GENERAL INFORMATION (print or type)

Property Owner: _____

Address: _____

Telephone No.: _____ Fax No.: _____

Email: _____

Applicant: _____

Address: _____

Telephone No.: _____ Fax No.: _____

Email: _____

Applicant's Representative: _____

Address: _____

Telephone No.: _____ Fax No.: _____

Email: _____

(For staff use only)

File No.: _____

Related Files: _____

Received Date: _____

Rec'd by: _____

Fees Paid: _____

Receipt No.: _____

Approved by: _____

Approval Date: _____

Expiration Date: _____

TYPE OF PERMIT REQUESTED

- ☐ Massage Establishment ☐ Massage Therapist ☐ Out-Call Massage Services

BUSINESS INFORMATION

Business Name: _____

Business Address: _____

Telephone No.: _____ Fax No.: _____

Email: _____

Responsible managing officer in charge of the premises: _____

Managing officer's current residence address: _____

Managing officer's residence telephone no.: _____

APPLICANT INFORMATION

Is the applicant a corporation? ☐ Yes ☐ No

If yes, below, provide the name of the corporation exactly as shown in the articles of incorporation or Charter. In addition, on a separate sheet of paper, provide the state and date of incorporation, and the names and residence addresses of each of its current officers and directors, and of each stockholder holding more than 5% of the stock of that corporation.

Is the applicant a partnership? ☐ Yes ☐ No

If yes, on a separate sheet of paper, provide the name and residence address of each of the partners, including limited partners. If the applicant is a limited partnership, provide a copy of the certificate of limited partnership, as filed with the county clerk. If one or more of the partners is a corporation, the provisions pertaining to corporate applicants, above, shall apply.

Applicant's full/complete name: _____

List any other name(s) you have used or been known by: _____

Current residence address: _____

Residence telephone no.: _____

Past two (2) places of residence:

1. Address: _____

2. Address: _____

Date of birth: _____ California Driver's License or ID No.: _____

Place of birth: _____

Are you a United States citizen? ☐ Yes ☐ No

Social Security No.: _____ Sex: ☐ Male ☐ Female

Weight (lbs.): _____ Height: Feet _____ Inches _____

Hair Color: _____ Eye Color: _____

Have you ever possessed an operator's license issued by any state other than California? ☐ Yes ☐ No

If yes, provide the following information:

Name license was issued to: _____

License No.: _____

Have you ever been fingerprinted by a police agency other than for arrest? ☐ Yes ☐ No

If yes, provide the following information:

Agency Name: _____

Date: _____ Purpose: _____

APPLICANT EMPLOYMENT HISTORY

Provide your employment history for the past five (5) years, listing your present or most recent job first (include military service and part-time jobs):

(1) Employer Name: _____

Employer Address: _____

Telephone No.: _____ Position Held: _____

Date of Employment: From _____ To _____
Month/Year Month/Year

Supervisor Name & Title: _____

(2) Employer Name: _____

Employer Address: _____

Telephone No.: _____ Position Held: _____

Date of Employment: From _____ To _____
Month/Year Month/Year

Supervisor Name & Title: _____

(3) Employer Name: _____

Employer Address: _____

Supervisor Name & Title: _____

Have you had any permit or license issued by any agency, board, city, county, territory or state? ☐ Yes ☐ No
If yes, provide the following information for each permit or license received (*attach additional sheets if necessary*):

If yes, provide the following information for each permit or license received (*attach additional sheets if necessary*):

APPLICANT CRIMINAL HISTORY

Have you ever been arrested or detained by the police (excluding traffic violations)?

☐ Yes ☐ No

If yes, provide the following details (*attach additional sheets if necessary*):

1. Crime Charged: _____

Police Agency: _____

Date: _____ Disposition of Case: _____

2. Crime Charged: _____

Police Agency: _____

Date: _____ Disposition of Case: _____

APPLICANT EDUCATIONAL BACKGROUND

Provide the full name of the school or institution where you received your training:

School Name: _____

School Address: _____

Telephone: _____

Did you receive a diploma or certificate of graduation?

☐ Yes ☐ No

Dates of attendance: Beginning: _____ Ending: _____

Hours of instruction training entailed: _____

APPLICANT AFFIDAVIT

STATE OF CALIFORNIA)
COUNTY OF SAN BERNARDINO) ss
CITY OF ONTARIO)

I, _____, being duly sworn, depose and say that I am the applicant in the foregoing application, that I have read the foregoing application and know the content thereof and state that the same is true and correct to the best of my knowledge and belief. Furthermore, I hereby authorize the City, its agents and employees to seek information and conduct an investigation into the truth of the statements set forth in this application. I further understand that any false information or the withholding of information on this application may subject me to criminal prosecution and is grounds to deny or revoke the requested permit.

Applicant's Signature

STATE OF CALIFORNIA)
COUNTY OF SAN BERNARDINO) ss
CITY OF ONTARIO)

On _____ before me, _____,
(Date) (Insert name and title of the officer)

Notary Public, personally appeared _____,
Name(s) of Signer(s)

Who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity (ies) and that by his/her/their signatures(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____

Place Notary Seal Above

PROPERTY OWNER AFFIDAVIT (Completion of this section is only required for a Massage Establishment)

STATE OF CALIFORNIA)
COUNTY OF SAN BERNARDINO) ss
CITY OF ONTARIO)

I, _____, being duly sworn, depose and say that I am the owner of the real property involved in this application and do hereby consent to the filing of this Massage Permit application.

Owner's Signature: _____

Owner's Name (*print or type*): _____

Owner's Address: _____

Owner's Telephone No.: _____



Ontario Police Department Permit Fingerprint Application

Last Name: _____

First Name: _____ M: _____

Date of Birth: _____ Sex: _____

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

The City of Ontario requires that prior to granting certain permits, the person applying for a permit must submit to a fingerprint process to be completed by the Ontario Police Department. The fingerprint process is required by the California Department of Justice as a necessary means for the Police Department to conduct background checks as required for the permit being applied for.

DOJ Results review date: _____ By: _____