City of Santa Ana
Massage Establishment Permit

City of Santa Ana Municipal Code Ch. 22

This application is for: ☐ **New Permit** ☐ **Renewal** ☐ **Change of Ownership**
Permit # _____

A copy of the following materials must be attached to the completed application:

- A copy of all corporate or partnership documents and lease including any addendums
- County of Orange Fictitious Business Name filing
- Completed Business License application
- Proof of valid California Driver's License or Passport
- CPR certification – American Red Cross/American Heart Association
- Two color photos – 2" x 2"
- Proof of Live Scan submission
- Diagram of the Floor Plan
- Police permit fee (non-refundable) **$1,109.00** make check payable to City of Santa Ana

Please email policepermits@santa-ana.org for an appointment to submit your application.

Applicant Information

Full Name _____ **Date** _____
Last *First* *M.I.*

Address _____
Street Address *Apartment/Unit #*

_____
City *State* *ZIP Code*

Phone _____ **Email** _____

Date of Birth _____ **Driver's License** _____ **Social Security** _____

Male ☐ **Female** ☐ **Height** _____ **Weight** _____ **Hair** _____ **Eyes** _____

Business Information

Business Name _____ **Phone** _____

Business Address _____

Previous Owner _____ **Phone** _____

CPR Certification

Employee Name _____ **Certificate No.** _____

Location Attended _____ **Expiration Date** _____

Prior Addresses

List in chronological order every location at which you have resided in the **past five (5) years**.

To: _____ **From:** _____

Address _____

To: _____ **From:** _____

Address _____

To: _____ **From:** _____

Address _____

Previous Employment

Begin with your most recent job and list your work history in chronological order. Include all part-time jobs, previous employment, and periods of unemployment. **You must include <u>all jobs</u> within the past five (5) years.**

From: _____ **To:** _____ **Job Title** _____

Supervisor _____ **Phone** _____

Company _____

Address _____

From: _____ **To:** _____ **Job Title** _____

Supervisor _____ **Phone** _____

Company _____

Address _____

From: _____ **To:** _____ **Job Title** _____

Supervisor _____ **Phone** _____

Company _____

Address _____

Permit History

Have you previously held/applied for a license/permit to do business in California or elsewhere? **Yes** ☐ **No** ☐

City _____ **Type of Permit/License** _____

Permit No. _____ **Date** _____

City _____ **Type of Permit/License** _____

Permit No. _____ **Date** _____

Has any previously held license/permit ever been suspended, revoked, or denied? Please use additional sheets if necessary. **Yes** ☐ **No** ☐

Revoked by whom _____ **Date** _____

Business Name/Address _____

Reason _____

_____

_____

Criminal Record

Have you ever been convicted of an offense under any city, county, state or federal law or ordinance within the **last ten (10) years,** including those dismissed or expunged pursuant to Penal Code Section 1203.4? Exclude all minor traffic violations. Please use additional sheets, if necessary. **Yes** ☐ **No** ☐

Date of Violation _____ **Arresting Agency** _____

Original Charge _____ **Final Charge** _____

Date of Disposition _____ **Disposition of Charge** _____

Date of Violation _____ **Arresting Agency** _____

Original Charge _____ **Final Charge** _____

Date of Disposition _____ **Disposition of Charge** _____

Date of Violation _____ **Arresting Agency** _____

Original Charge _____ **Final Charge** _____

Date of Disposition _____ **Disposition of Charge** _____

Certification

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 Santa Ana, its agents and employees to seek verification of the information contained on this application.

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 has been provided to me, is available in the City Clerk's Office or over the internet at www.ci.santa-ana.org (Chapter 22 of the Santa Ana Municipal Code).

Signature _____ **Date** _____

Santa Ana Police Department
Massage Establishment Information

General Business Information

Business Name	
Business Address	
Business Phone Number	
Hours of Operation	
Services Provided	
Number of Employees	

Owner Information

Owner Name	
Phone Number	
Email	

Employee Information

For each employee, please include one 2"x2" photo along with a copy of his or her CAMTC certificate/ID card and driver's license.

Employee Name	
CAMTC Certificate Number	
Employee Name	
CAMTC Certificate Number	
Employee Name	
CAMTC Certificate Number	
Employee Name	
CAMTC Certificate Number	
Employee Name	
CAMTC Certificate Number	
Employee Name	
CAMTC Certificate Number	
Employee Name	
CAMTC Certificate Number	

*****NOTE: Upon hiring a new employee, you are required to inform the Santa Ana Police Department and provide necessary documentation for each employee. CAMTC numbers will then be verified and documented, and employee ID cards distributed.*****

Acknowledgement of Massage Establishment Operating Standards

Santa Ana, California, Municipal Code Chapter 22, Section 22-7.

Every person who owns, operates, manages or is employed in any massage establishment shall comply with the following operating requirements. These requirements shall be prominently and publicly displayed in a conspicuous place upon every premises operating under the provisions of this chapter:

A. No person shall be employed or permitted to act as a massage technician who is not in possession of a valid unrevoked massage certificate.

B. Bath and massage operations shall be carried on and the premises shall be open only between the hours of 8: 00 a. m. to 10: 00 p.m.

C. A list of services available and the cost of such services shall be posted in an open, public place on the premises, and shall be described in readily understandable language. No owner, operator, responsible managing employee, independent contractor, manager, or permittee shall permit, and no massage technician shall offer to perform any services other than those posted.

D. The massage establishment shall prominently display the massage establishment permit and any and all massage certificates for each and every massage technician employed in the establishment in the front lobby area of the premises, for examination upon demand by any police or code enforcement officer of the city.

E. Each massage technician shall wear a photo identification card prepared and issued by the city while administering a massage. The identification card shall be worn on outer clothing with the photo facing out. The massage technician shall not use any name other than specified on the photo identification card while on duty.

F. Massage establishments shall at all times be equipped with an adequate supply of clean sanitary towels, coverings and linens. Clean towels, coverings and linens shall not be used on more than one (1) patron unless they have first been laundered and disinfected. Disposable towels and coverings shall not be used on more than one (1) patron. Soiled linens and paper towels shall be deposited in approved receptacles.

G. In any establishment in which massage services are rendered only to members of the same sex at any one (1) time, such persons of the same sex shall be placed in a single separate room or the operators of the massage establishment may elect to place such persons of the same sex in separate rooms or booths having adequate ventilation to an area outside said room or booth while massage services are being performed.

H. Wet and dry heat rooms, steam or vapor rooms or cabinets, shower rooms and compartments, toilet rooms and pools shall be thoroughly cleaned and disinfected as needed, and at least once each day the premises are open, with a disinfectant approved by the health department. Bathtubs shall be thoroughly cleaned with a disinfectant approved by the health department after each use.

I. Instruments utilized in performing massage shall not be used on more than one (1) patron unless they have been sterilized using approved sterilizing methods.

J. No persons shall enter, be or remain in any part of a massage establishment while in the possession of, consuming, or using any alcoholic beverage or drugs except pursuant to a prescription for such drugs. The owner, operator, responsible managing employee, manager or permittee shall not permit any such person to enter or remain upon such premises.

K. No massage establishment shall operate as a school of massage, or use the same facilities as that of a school of massage, except as provided below. It shall be unlawful for any person to perform any massage upon a member of the general public while on the premises of a school of massage.

L. No part of the establishment shall be used for residential or sleeping purposes.

M. All massage establishments shall have a manager on the premises at all times the massage establishment is open. The designated manager must possess a valid and current CPR certificate issued by the American Red Cross or the American Heart Association.

N. The operator, or the manager in the operator's absence, shall be responsible for ensuring compliance with this chapter and any applicable provisions of this Code. Any change in management must be reported to the police department within ten (10) days.

O. An operator and/ or on-duty manager shall be responsible for the conduct of all employees, or independent contractors, while the employees are on the licensed premises. Any act of omission of any employee constituting a violation of the provisions of this chapter and any applicable provision of this Code shall be deemed the act of omission of the operator for the purposes of determining whether the operator's license shall be revoked, suspended or renewed.

P. All walls, ceilings, floors and other physical facilities for the establishment must be in good repair and maintained in a clean and sanitary condition.

We, _____ and _____
(Printed Name of Massage Establishment Owner) (Printed Name of Massage Establishment Manager)
collectively acknowledge we have been provided a copy of the massage establishment operating standards listed Santa Ana Municipal Code Ch.22, Sec. 22-7. We further acknowledge that we have read, understand, and shall ensure compliance with the aforementioned operating standards at the massage establishment entitled _____.
(Name of massage establishment listed on the application)

Massage Establishment Information					
Street Address				Apartment / Unit #	
City		State		ZIP	

Owner:

Printed Name and Title	**Printed Name and Title**	**Date**

Manager:

Printed Name and Title	**Printed Name and Title**	**Date**