

# City of Santa Ana **Massage Establishment Permit PROCESS**



Steps:		<b>Date Completed</b>
1)	Go to Planning Counter and pick-up packet for Massage Establishment permit and verify land use. The packet includes: 1) Business License Tax Application form, 2) Occupancy Inspection Application, 3) Certificate of Occupancy Supplemental Questionnaire, 4) Acknowledgement of Massage Establishment Operating Standards, 5) Massage Establishment Permit Checklist, and 6) Chapter 41.	
2)	NEW BUSINESS ONLY  Go to Business Licensing, fill out Business License Tax Application and get a Business Tax Number (BTN).	
	NEW BUSINESS ONLY	
3)	Go to Planning Counter and fill out Occupancy Inspection Application. Make sure to include the BTN (Step 2). Planning enters into the system for a future inspection of the premises.	
	NEW BUSINESS ONLY	
4)	Contact Kryss Bryant at <b>policepermits@santa- ana.org</b> to schedule an appointment to pick-up Police Department permit application packet.	
5)	Contact Kryss Bryant when application packet is complete with all required paperwork and provide a check made out to the City of Santa Ana for the permit fee.	
6)	Building Safety inspector will contact owner with any issues related to tenant improvements or requirements needed on the facilities checklist (Step 1, packet insert No. 5).	
7)	Building Safety Inspector will e-mail Kryss Bryant once the owner has passed the inspection.	
8)	Kryss Bryant will prepare a complete package for review by the Chief of Police. Once the Chief has approved it, the Permit will be issued and mailed to the applicant (unless otherwise specified).	
9)	Kryss Bryant will advise Planning & Building that the permit has been approved so that the Certificate of Occupancy may then be issued.	

#### **CITY OF SANTA ANA**



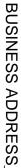
20 CIVIC CENTER PLAZA, FIRST FLOOR (M-15), P.O. BOX 1964, SANTA ANA, CA 92702 (714) 647-5447

#### BUSINESS LICENSE TAX APPLICATION

(PLEASE TYPE OR PRINT CLEARLY, USING BLACK INK)

AFFIDAVIT - CONFIDENTIAL (NOTE: We are unable to process an incomplete application. Please complete this application and submit with your payment.) Post Office boxes will not be accepted for either Business or Residential addresses. Please see appropriate tax schedule for fees due. Check One: ☐ New Business Application ☐ Purchase of Existing Business/Rental Property ☐ Home Based Business ☐ Additional Location in City Santa Ana Business Start Date / Business Name (DBA) Phone ( Corporation Name (If Applicable)\_\_\_\_ Business Location (PO Boxes Not Accepted) State Zip E-mail City Mailing Address (If Different) State\_\_\_\_\_Zip\_\_\_\_Emergency Phone ( )\_\_\_\_\_ 
 Enter in Full State Seller's Permit # [ \_ ] [ \_ ] [ \_ ] [ \_ - - \_ ] [ \_ \_ ] [ \_ Sub Nbr
 Example: (SR Y EA 123-456789 00001)

 (Attach Copy When Applicable)
 Prefix
 Acct Nbr
 Sub Nbr
 Prefix
 Acct Nbr
 Sub Nbr
 Ownership of Business: 
Corporation 
Sole Proprietor 
Trust 
General Partnership 
Ltd Liability Co. 
Ltd Liability Partnership Federal Tax I.D. # \_\_ - \_\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ BUSINESS OWNER INFORMATION - Enter Names of Owners, Partners, Members or Corporate Officers below – Use Additional Sheets as Necessary Owner/Officer Name\_\_\_\_\_\_Title \_\_\_\_\_Social Security No.\_\_\_\_\_ Home/or Corporate Address\_\_\_\_\_ Phone ( ) State Zip Drivers License No. City Owner/Officer Name\_\_\_\_\_\_Title \_\_\_\_\_Social Security No.\_\_\_\_\_ Home/or Corporate Address\_\_\_\_\_ State Zip Drivers License No. City TYPE OF BUSINESS (Check  $[\sqrt{}]$  all that apply) Please Provide the Required Standard Industrial Classification Code (SIC)  $[\_\_\_]$ Retail Wholesale Service Industry Marketing Manufacturing Sub-Manufacturing Adult-Use Cannabis Retailer ☐ Distribution ☐ Assembly ☐ Sub-Assembly ☐ Processing ☐ Administrative Office/Facility ☐ Headquarters Office/Facility ☐ Brokerage ☐ Professional Office Peddlers/Solicitors, (# of Persons ) Vending Machines, (# Units ) Rental Property-Commercial Rental Property-Residential, (# Units ) Will this be Operated as a Short term Rental Property or Vacation Rental? YES 🗆 / NO 🗆 If Yes, Intended No. of Rental Days 🗆 1-10 🗆 11-20 🗀 21-31 □ Delivery Vehicle No Fixed Place of Business in the City (# Units\_\_\_\_\_) □ Catering/Produce/Ice Cream Trucks □ Carnival/Circus □ Entertainment/Amusements ☐ State Licensed Contractor-SLC #\_\_\_\_\_ ☐ Independent Contractor ☐ Independent Contractor/Misc. 1099 ☐ Warehouse/Storage Only ☐ Banking/Finance ☐ Insurance Company/Agent ☐ Government Office ☐ Daycare or Nursery ☐ Nonprofit Organization ☐ Exempt ☐ Other Will there be Sales of Tobacco Products? YES  $\square$  / NO  $\square$ Will there be Distribution or Supplying of Marijuana? YES  $\square$  / NO  $\square$ Description of Business Activity (To prevent a delay in processing your application, a description of business activities and (where applicable) a description of items sold must be entered on the line above.) For Businesses at a Physical Location in Santa Ana Only \[ \text{Enter the Name of Property Owner, Leaseholder or Property Mgmt. Information Below:} \] Check [ √] One □ Owner-Occupied □ Tenant ☐ Owner-Lessor ☐ Leaseholder-Lessor ☐ Sub-Tenant Address \* OFFICIAL USE ONLY I declare under penalty of perjury that this application (including accompanying documents) are, to the best of my knowledge, a true and correct statement of facts. Please remember to submit the accompanying appropriate tax fee schedule in order to avoid delays.  $\square$  YES  $\square$  NO If you pay by check and it is returned, you expressly authorize the electronic debit of your account for the POLICE PLAN CHECK ☐ YES ☐ NO check amount plus a processing fee and any applicable sales tax. ☐ YES ☐ NO TOBACCO SALES NOTES: \_\_\_\_\_ ☐Gross Receipts ☐Flat Rate ☐Variable Flat Rate ☐Nonprofit ☐Exempt ☐Other Initial:





Planning & Building Agency Building Safety Division 20 Civic Center Plaza P.O. 1988 (M-19) Santa Ana, CA 92702 (714) 647-5815

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## OCCUPANCY INSPECTION APPLICATION

BTN\_\_\_\_

BUSINESS ADDRESS	3			UNIT OR SL	JITE	ZIP CODE			
BUSINESS NAME						BUSINES	BUSINESS PHONE NO. EMERGENCY PHONE NO.		
BUSINESS OWNER'S	NAME & TITLE					BUSINES	S OWNER'S DRI	VERS	LICENSE NO. & STATE
BUSINESS OWNER'S	MAILING ADDRI	ESS				EMAIL AD	DRESS		
DO YOU SUBLEASE?	? □ Yes □ No (IF	YES, NAME	OF SUBLE	ASOR)		SQUARE	FEET		FLOOR AREA
LEASING AGENT OR PROPERTY MANAGEMENT COMPANY NAME						BUSINESS PHONE NO. EMERGENCY PHONE NO.			EMERGENCY PHONE NO.
LEASING AGENT OR	PROPERTY MAN	IAGEMENT (	COMPANY	ADDRESS		1 ( )			
PROPERTY OWNER'	S NAME					BUSINES	S PHONE NO.		EMERGENCY PHONE NO.
PROPERTY OWNER'	S ADDRESS					[ ( )			1( )
BUSINESS DESCRIPTION  MANUFACTURING  AUTO REPAIR (NO WELDING, NO OPEN  FLAMES, NO SPRAY PAINTING  RETAIL SALES  AUTO BODY (SEE ATTENTION BELOW)  WHOLESALE  WOODWORKING (SEE ATTENTION BELOW)  WAREHOUSE  EATING ESTABLISHMENT (SEE PWA)  GROUP ASSEMBLY  OTHER (DESCRIBE ABOVE)				BELOW) FION BELOW)	[ ] Yes [ ] No No. 1 Will you be storing and/or utilizing hazardous materials at this facility? [ ] Yes [ ] No No. 2 Does your production process produce hazardous waste? If you have answered Yes to either question you must contact Orange County Fire Authority's Hazardous Material Disclosure Section at (714) 573-6000. If YES, please describe				
ATTENTION: ALL O INCIDENTAL TO WE ANY BUILDING OR	ELDING WITH O	PEN FLAME	, woody	VORKING, CUTT	ING, SHAP	ING OR SA	ANDING WOOD		ORK OR STORAGE LL NOT BE CONDUCTED IN
SIGNATURE						TITLE DATE			DATE
DEPARTI	MENT U	SE O	NLY		EXPIRED/OPEN PERMITS?  YES NO Date of report:				
PRIOR APPROVED U	ISE	PRIOR AP	PROVAL D	OATE	PRIOR OCCUPANCY GROUP PRIOR CONSTRUCTION			OR CONSTRUCTION TYPE	
PLANNING	ZONE	VA		CUP	APPROVI	ĒD	DENIED	1	DATE
OCC. LOAD	OCCUPANCY O	GROUP	CONSTR	UCTION TYPE	APPROVI	ĒD	DENIED		DATE
Note: One of the following must be checked by the C of O Inspector.  [] Yes [] No Has the inspector identified any hazardous materials at this facility? [] Yes [] No Is hazardous waste being generated at this site?  NOTES: (LIMITATIONS OF APPROVED OCCUPANCY)									



Planning and Building Agency Planning Division 20 Civic Center Plaza P.O. Box 1988 (M-20) Santa Ana, CA 92702 (714) 647-5804 www.santa-ana.org

## CERTIFICATE OF OCCUPANCY SUPPLEMENTAL QUESTIONNAIRE

F	Please turn in this completed form with your Certificate of Occupancy application.
Compa	ny Name (Print):
Contac	t Name:
Addres	s (business mailing address):
City:	State: Zip:
Phone	No.: E-mail Address:
	Change of Property Owner ☐ Change of Occupant ☐ Change of Use ☐ Additional Occupant
1.	The following best describes my operation:
••	☐ Office Only ☐ Retail Sales ☐ Medical/Dental
	☐ Warehouse/Manufacturing/Distribution ☐ Restaurant/Take Out Food
	Other (describe)
2.	Please provide a brief description of how the business operates at this site (for example, please describe the general nature of the business, what activities occur on-site, the <b>hours of operation</b> , <b>open to the public</b> ).
3.	What was the former type of business or use of facility? (Please contact the leasing agent or building owner to determine prior business use.)
4.	Has the building or space been vacant or is this a new building? Yes ☐ No ☐
	If vacant, for how long?
5.	Are you an independent contractor? Yes   No
6.	Location of the business and suite number:
	1st floor 2nd floor Infloor
7.	Do you share the floor or business entrance with another business? Yes \( \square\) No \( \square\)
8.	What is the amount of square footage leased?
9.	How much of the space, which you lease, is office?
	☐ 100% ☐ 50% ☐ 30% ☐ Less than 30%
	If other than 100%, how is the remaining space used?

10.	Is the building sprinklered? Yes 🗌 No 🗌
11.	Do you plan on making any improvements to the building such as: exterior painting, signage, interior tenant improvements? Yes $\square$ No $\square$
	If yes, please describe:
12.	Will your business include a lobby or waiting area? Yes ☐ No ☐
	If yes, what will be the dimensions?
13.	Do you store equipment, materials, or products within the building? Yes \( \square\) No \( \square\)
	a. Will there be outdoor storage of equipment, materials, or products? Yes \( \square \) No \( \square \)
	If yes, please describe:
	b. Will there be storage racks, pallets and/or shelving exceeding 5 feet 9 inches in height? Yes \( \subseteq \text{No} \subseteq \( (permit required for racks/shelving over 6', inquire with permit counter) \)
14.	Do you manufacture a product at the site? Yes \( \square\) No \( \square\)
	If yes, please describe (including process and end product):
	a. Will operations produce dust/wood shavings or similar material? Yes ☐ No ☐ b. Does the operation involve the use of welding or open flame? Yes ☐ No ☐
15.	Does the proposed use involve a patient care profession, such as doctor, dentist, chiropractor, acupuncturist, or physical therapist? Yes $\square$ No $\square$
	a. Is the proposed use within the mental health profession, such as:
	<ul> <li>No/Not Applicable</li> <li>□ Psychologist</li> <li>□ Psychiatrist</li> <li>□ Social worker</li> <li>□ Other</li> </ul>
16.	Is counseling proposed as a part of your business operation? Yes   No
	a. Does your counseling business contract work with a public agency? Yes   No
	If yes, please describe:
17.	Will your business be offering the following services:
	<ul> <li>☐ Alcohol sales</li> <li>☐ Smoking Lounge</li> <li>☐ Body piercing/ Ear piercing</li> <li>☐ Tattoos/ Permanent make-up</li> <li>☐ None of the above</li> </ul>
18.	Will your business be offering massages as part of your business operation? This includes massage as ancillary to pedicures, manicures, and other services. Yes \(  \) No \(  \)
19.	Is cannabis or cannabis related product stored, cultivated, distributed, tested, manufactured or dispensed at your business? Yes $\square$ No $\square$
20.	Do you prepare or sell food for consumption on or off the property? Yes $\ \square$ No $\ \square$
	If ves. do you provide sit down service $\square$ , drive-through $\square$ , or orders to go/pick-up $\square$ ?

Please explain:	
21. Does your business sell automobiles or motorcycles? Yes \( \square\) No \( \square\)	
If yes, please explain:	
22. Does your business service or repair vehicles or install equipment and accerned Yes ☐ No ☐	essories into vehicles?
If yes, please explain:	
23. I acknowledge that I have requested and received all zoning and Santa requirements pertaining to my business and occupancy application.	•
I DECLARE UNDER PENALTY OF PERJURY, THAT THE FOREGOING STATEME CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.	ENTS ARE TRUE AND
Signature Date	_
Print Name	
Title	

#### Information

The Planning Division's Public Counter is open for walk-up customers from 8:00 a.m. to 4:00 p.m., Monday through Friday, except Wednesday 10:30 a.m. to 4:00 p.m. The Planning Division is located within City Hall – Ross Annex, 20 Civic Center Plaza, First Floor. Additionally, you may call us at (714) 647-5804 should you require any general information.

The Planning Division reviews Certificate of Occupancy requests for change of address, new businesses, or expansions to ensure that the proposed use is consistent with the established zoning regulations of Santa Ana. Please check with the Planning Division's Public Counter prior to signing a lease or committing your business to a certain location to determine the feasibility.

If a nonconforming use is discontinued, or if a nonconforming building is vacant, unused or unoccupied for a period of 12 consecutive months, any subsequent use must conform in every respect to the provisions of the Municipal Zoning Code, and a nonconforming building may not thereafter be used or occupied until it conforms in every respect to the provisions of the Code.

Generally, the following uses will require further documentation or an extended review and may or may not be permitted: office uses within an industrial zone; medical, restaurant, laundromat, trade or technical schools, and automotive repair and service uses within spaces that were not previously used for such purposes; a building that does not meet the parking demand for the proposed use; or a use which generates a higher parking demand or adherence to development standards than the previous uses.

You may need to provide floor plans, site plans, or document the prior use before obtaining a Certificate of Occupancy to determine the grandparented rights of a nonconforming use, or a use which has additional Code requirements.



## 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
		<b>Permit</b> #	

### 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) \$973 make check payable to City of Santa Ana

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

		Applicant Infor	mation		
Tull Name					Date
	Last	First		M.I.	
Address					
	Street Address				Apartment/Unit #
	City			State	ZIP Code
Phone	2	Email			
Date of B	irth	Driver's License		Social Se	ecurity
Male $\square$	Female	Height Weight	Hair		Eyes
		Business Infor	nation		
Business Name				Phone	
Business A	ddress				
Previous O	wner			Phone	
		CPR Certific	ation		
Employee 1	Name		Ce	rtificate N	0
	ttended			iration Dat	

	Prior Addresse	es
List in chrono	ological order every location at which you have resided	in the past five (5) years.
To:_	From:	
Address		
To:_	From:	
Address _		
	From:	
Address		
	Previous Employr	nent
	our most recent job and list your work history in chrono and periods of unemployment. You must include all j	
From:_	To:	Job Title
Supervisor		Phone
Company		
Company		
Address		
	To:	Job Title
Supervisor		Phone
Company		
Address _		
From:_	To:	Job Title
Supervisor		Phone
PJ		

Address

	Permit History
Have you previously held/applied for	a license/permit to do business in California or elsewhere? Yes $\square$ No $\square$
City	Type of Permit/License
TD 14 NT	Date
City	Type of Permit/License
Permit No.	
necessary. Yes □ No □	nit ever been suspended, revoked, or denied? Please use additional sheets if  Date
<b>-</b> -	
	Criminal Record
last ten (10) years, including those d	offense under any city, county, state or federal law or ordinance within the dismissed or expunged pursuant to Penal Code Section 1203.4? Exclude all dditional sheets, if necessary. Yes $\square$ No $\square$
Date of Violation	Arresting Agency
Original Charge	Final Charge
Date of Disposition	
Date of Violation	Arresting Agency
Original Charge	
	Disposition of Charge
Date of Violation	Arresting Agency
Original Charge	
Date of Disposition	
information or withholding information,	Certification  ury that the information given is true and correct. I understand that providing false including any criminal record, is grounds for denial or revocation of my permit and I do hereby authorize the City of Santa Ana, its agents and employees to seek on this application.
	nct the activity applied for until a permit has been granted, and that a copy of the City provided to me, is available in the City Clerk's Office or over the internet at e 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	
O	wner Information
Owner Name	
Phone Number	
Email	
For each employee, please include	aployee Information one 2"x2" photo along with a copy of his or her CAMTC ate/ID card and driver's license.
Employee Nam	e
CAMTC Certificate Number	er
Employee Nam	e.
CAMTC Certificate Numbe	
Employee Nem	
Employee Nam CAMTC Certificate Numbe	
Employee Nam	
CAMTC Certificate Numbe	
Employee Nam	
CAMTC Certificate Number	
Employee Nam	e
CAMTC Certificate Number	r
Employee Nam	е
CAMTC Certificate Number	r

\*\*\*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.

collectively ac standards listed have read, und	Name of Massage Establishment knowledge we have been I Santa Ana Municipal C erstand, and shall ensure establishment entitled	sec. 22-7. We with the afore	assage estal further ack mentioned	olishment nowledge operating	operating that we standards	
at the massage	establishment chitica _	(Name of mas	ssage establishmer	nt listed on the	e application	<u>,</u>
	Massage	e Establishr	nent Informat	ion		
Street Address				Apartment / U		
City		State		ZIP		
Owner:						
Printed Name and Title		Printed Name and Title			Date	
<u>Manager:</u>						
Printed Nam	e and Title	Printed N	ame and Title		Date	