



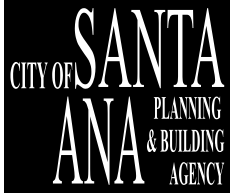
City of Santa Ana

Massage Establishment Permit

PROCESS



Steps:		Date Completed
1)	<p>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.</p> <p style="color: red;">NEW BUSINESS ONLY</p>	
2)	<p>Go to Business Licensing, fill out Business License Tax Application and get a Business Tax Number (BTN).</p> <p style="color: red;">NEW BUSINESS ONLY</p>	
3)	<p>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.</p> <p style="color: red;">NEW BUSINESS ONLY</p>	
4)	<p>Contact Kryss Bryant at policepermits@santa-ana.org to schedule an appointment to pick-up Police Department permit application packet.</p>	
5)	<p>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.</p>	
6)	<p>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).</p>	
7)	<p>Building Safety Inspector will e-mail Kryss Bryant once the owner has passed the inspection.</p>	
8)	<p>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).</p>	
9)	<p>Kryss Bryant will advise Planning & Building that the permit has been approved so that the Certificate of Occupancy may then be issued.</p>	



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

Please turn in this completed form with your Certificate of Occupancy application.

Company Name (Print): _____

Contact Name: _____

Address (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 **hours of operation, open to the public**).

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 ___ floor

7. Do you share the floor or business entrance with another business? Yes No

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 No

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 No

a. Will there be outdoor storage of equipment, materials, or products? Yes No

If yes, please describe:

b. **Will there be storage racks, pallets and/or shelving exceeding 5 feet 9 inches in height?** Yes No (*permit required for racks/shelving over 6', inquire with permit counter*)

14. Do you manufacture a product at the site? Yes No

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 No

a. Is the proposed use within the mental health profession, such as:

No/Not Applicable Psychologist Psychiatrist

Social worker Other _____

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:

Alcohol sales Smoking Lounge Tattoos/ Permanent make-up

Body piercing/ Ear piercing None of the above

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 No

20. Do you prepare or sell food for consumption on or off the property? Yes No

If yes, do you provide sit down service , drive-through , or orders to go/pick-up ?

Please explain:

21. Does your business sell automobiles or motorcycles? Yes No

If yes, please explain:

22. Does your business service or repair vehicles or install equipment and accessories into vehicles?
Yes No

If yes, please explain:

23. I acknowledge that I have requested and received all zoning and Santa Ana Municipal Code requirements pertaining to my business and occupancy application. _____(initial)

I DECLARE UNDER PENALTY OF PERJURY, THAT THE FOREGOING STATEMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

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**
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) **\$973** 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 all jobs 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
------------------------	------------------------	------