



City of La Mirada
13700 La Mirada Boulevard
La Mirada, CA 90638
(562) 943-0131

S t a f f U s e O n l y		
File Date	_____	<input type="checkbox"/> Application Fee (\$275)
Fee Amount	\$ _____	<input type="checkbox"/> Live Scan
Receipt No	_____	<input type="checkbox"/> Site/Floor Plans
		<input type="checkbox"/> Color Photo ID/ Driver's License
		<input type="checkbox"/> Planning Approval

MESSAGE ESTABLISHMENT PERMIT APPLICATION (FEE \$275)

G E N E R A L I N F O R M A T I O N	OWNER OF ESTABLISHMENT	ASSESSOR'S PARCEL NUMBER (S)	ZONING / GEN PLAN DESIGNATION
	NAME OF ESTABLISHMENT	BUSINESS PHONE	HOME PHONE
	ESTABLISHMENT ADDRESS (NUMBER / STREET)	MOBILE PHONE	E-MAIL
	OWNERS HOME ADDRESS	CITY	STATE/ ZIP
	PROPERTY OWNER NAME	BUSINESS PHONE	HOME PHONE
	PROPERTY OWNER ADDRESS (NUMBER / STREET)	MOBILE PHONE	E-MAIL
	CITY	STATE	ZIP

A D D I N F O	LIST OF SERVICES PROVIDED: (You may use additional sheets of paper if needed.)
	LIST OF LICENSED MESSAGE THERAPISTS AND PRACTITIONERS: (Copies of CAMTC ID cards acceptable. You may use additional sheets of paper if needed.)
	LIST OF ANY ADDITIONAL EMPLOYEES OR CONTRACTORS OTHER THAN THOSE LISTED ABOVE: (You may use additional sheets of paper if needed.)

	EMPLOYMENT HISTORY (Last 10 years, Please use additional sheets of paper. Include business name, business address, name of supervisor, and dates of your employment.)
	BUSINESS HISTORY (Name and address of all businesses, including massage businesses owned by applicant. You may use additional sheets of paper if needed.)

CERTIFICATE AND AFFIDAVIT OF APPLICANT: I certify that all statements made on this application and attached plans are true and complete to the best of my knowledge. I understand that any false statements may result in denial of the requested permit or revocation of any issued permit. I further certify that I am, or have permission by, the property owner to conduct the proposed development applied for herein.

 APPLICANT SIGNATURE

 DATE

Massage Establishment Permit Application Procedure

The owner of a proposed massage establishment shall be the only person eligible to obtain a massage establishment permit for such business. The owner shall not be eligible to obtain a massage establishment permit unless the owner is at least eighteen (18) years of age. A separate permit is required for each massage establishment location.

The following shall be submitted to the City at the time of application for a massage establishment permit:

1. A full, complete and truthful application form signed by: the applicant and either the record owner of the property or the lessor of the premises (if the business premises are leased to the applicant business) where the massage establishment is to be conducted; a detailed site and floor plan of the proposed massage establishment, showing all floor area to be used in the provision of massage, as well as any and all other floor area to be used in connection with the massage establishment's business. The application shall include the applicant's full legal name, birth date, and contact information, and such other information as the Department may require. Every person owning any interest in the proposed massage establishment must file an application, although only one permit will be issued at a time for a location.

2. A complete list of all services to be made available at the massage establishment ("List of Services") shall be submitted with the application. It is unlawful for any massage establishment to provide or allow to be performed any kind of service not listed on the List of Services unless a

revised List of Services is provided to the City not less than ten (10) business days prior to commencing any such service. In the event that the List of Services or any part of the list is in other than the English language, the applicant shall, at the applicant's cost and expense, provide an accurate English language translation thereof. Such English translation shall be attested to being a full, true and correct translation thereof under penalty of perjury of the laws of the State of California

Each Applicant Shall Submit the Following for the Background Check:

Information related to the applicant's business, occupation and employment history for the ten (10) years preceding the date of application, and the inclusive dates of same.

The name and address of any and all businesses, including any massage business, owned or operated by the applicant, the name of all partners and co-owners in each business, and a description of any discipline, and permit or license suspension or revocation for each such business.

A description of any other business located in the City of La Mirada, even if not massage-related, that is owned or operated by the applicant.

Information regarding any felony or misdemeanor convictions within the last five years, any outstanding warrants for arrest and any pending criminal case as to the applicant and any person who will manage or provide administrative services to the massage establishment.

Information as to whether or not the applicant or any person who will manage or provide administrative services to the massage establishment, is a registered sex offender.

Fingerprints of the applicant and any person who will manage or provide administrative services to the massage establishment, on a form provided by the Department, or by Livescan. Any fees for the fingerprints shall be paid by the applicant.

Two (2) color photographs, taken within six (6) months prior to the date of the application, that clearly show the face of the applicant and any person who will manage or provide administrative services to the massage establishment, respectively. Any fees for the photographs shall be paid by the applicant.

A written description of the proposed massage establishment and how it will satisfy the requirements of this chapter.

A written register of the massage therapists and practitioners required by Section 5.12.050(A)(1).

A statement signed by the applicant certifying under penalty of perjury that all of the information submitted in connection with the application is true and correct.

A nonrefundable application fee in the amount of \$275.

The name of any and all employees and/or independent contractors, other than certified massage therapists and practitioners, providing services to the massage establishment, and their title and job descriptions.

The City shall, within sixty (60) calendar days of the filing of a complete application, approve and issue the massage establishment permit in the name of the owner and massage establishment business, if the requirements have been met; otherwise the permit shall be denied. Notice of the approval or denial of the permit shall be given to the applicant in writing. If the application is denied, the City shall attach to the notice a statement of the reasons for the denial. The time period set forth in this paragraph shall not be extended except upon the written consent of the applicant. The decision of the City is final. No massage establishment location for which a permit has been denied shall be eligible for a massage establishment permit applied for less than six (6) months after the date of the notice of denial.

Term of permit

A massage establishment permit issued shall be valid for twenty-four (24) months from the date of issuance unless suspended or revoked.