

City of Cathedral City

**APPLICATION FOR PERMIT TO OPERATE
MESSAGE THERAPY ESTABLISHMENT**

DATE (LICENSE EXPIRES ONE YEAR FROM DATE OF ISSUE)

IT IS UNLAWFUL AND AN INFRACTION OFFENSE TO WILLFULLY MAKE OR TO FILE WITH THE CITY ANY APPLICATION OR INFORMATION WHICH IS FALSE, UNTRUE OR MISLEADING. CATHEDRAL CITY MUNICIPAL CODE SECTION 11.84.010.

INDIVIDUAL OR BUSINESS REQUESTING PERMIT:

BUSINESS NAME

TAX IDENTIFICATION NUMBER

STREET ADDRESS OF PROPOSED BUSINESS

TELEPHONE NUMBER (IF AVAILABLE)

I. APPLICANT INFORMATION

IF YOU ARE AN INDIVIDUAL APPLICANT, PLEASE COMPLETE ONLY PART (A) OF THIS SECTION. APPLICANTS WHO ARE EITHER SOLE-PROPRIETORSHIPS, PARTNERSHIPS OR CORPORATIONS MAY SKIP PART (A) AND PROCEED TO PART (B) OF THIS SECTION.

A. Individual Applicant Information

LEGAL NAME

DATE OF BIRTH

SOCIAL SECURITY NUMBER

LIST ALL ALIASES, IF ANY

DRIVER'S LICENSE/IDENTIFICATION NUMBER

YOUR HOME OR BUSINESS ADDRESS

PHONE NUMBER

LIST ALL PREVIOUS HOME ADDRESSES FOR THE TEN YEARS PRIOR TO THE DATE OF THIS APPLICATION AND THE DATES OF RESIDENCY AT EACH SUCH ADDRESS:

1. _____
ADDRESS

DATES OF RESIDENCY

2. _____
ADDRESS

DATES OF RESIDENCY

3. _____
ADDRESS

DATES OF RESIDENCY

IF YOU NEED ADDITIONAL SPACE, CHECK HERE AND CONTINUE ON BACK OF PAGE

LIST THE NAMES, ADDRESSES AND DESCRIPTIONS OF ALL CURRENT AND FORMER BUSINESSES YOU OWNED, OPERATED OR MANAGED FOR THE TEN YEARS PRIOR TO THE DATE OF THIS APPLICATION, AND THE DATES YOU OWNED, OPERATED OR MANAGED EACH SUCH BUSINESS:

1. BUSINESS NAME ADDRESS DATES

DESCRIPTION

2. BUSINESS NAME ADDRESS DATES

DESCRIPTION

3. BUSINESS NAME ADDRESS DATES

DESCRIPTION

IF YOU NEED ADDITIONAL SPACE, CHECK HERE AND CONTINUE ON BACK OF PAGE

LIST EACH FELONY AND/OR MISDEMEANOR OFFENSE FOR WHICH YOU HAVE BEEN CONVICTED, EXCLUDING TRAFFIC VIOLATIONS, AND THE STATE WHERE YOU WERE CONVICTED IF OTHER THAN CALIFORNIA

1. OFFENSE (PLEASE INDICATE WHETHER FELONY OR MISDEMEANOR) STATE WHERE CONVICTED

2. OFFENSE (PLEASE INDICATE WHETHER FELONY OR MISDEMEANOR) STATE WHERE CONVICTED

3. OFFENSE (PLEASE INDICATE WHETHER FELONY OR MISDEMEANOR) STATE WHERE CONVICTED

IF YOU NEED ADDITIONAL SPACE, CHECK HERE AND CONTINUE ON BACK OF PAGE

B. Business Applicant Information

CHECK ONE OF THE FOLLOWING:

PARTNERSHIP CALIF. CORPORATION

OTHER _____ (DESCRIBE)

IF PARTNERSHIP

NAME OF PARTNERSHIP: _____

STATE OR FEDERAL TAX I.D. # _____

LIST EACH GENERAL PARTNER:

LEGAL NAME _____

ALIASES, IF ANY _____

DATE OF BIRTH _____

LEGAL NAME

ALIASES, IF ANY

DATE OF BIRTH

LEGAL NAME

ALIASES, IF ANY

DATE OF BIRTH

IF YOU NEED ADDITIONAL SPACE, CHECK HERE AND CONTINUE ON BACK OF PAGE

IF CORPORATION

NAME OF CORPORATION: _____

STATE OR FEDERAL TAX I.D. #

LIST EACH CORPORATE OFFICER:

NAME AND TITLE

ALIASES, IF ANY

DATE OF BIRTH

NAME AND TITLE

ALIASES, IF ANY

DATE OF BIRTH

NAME AND TITLE

ALIASES, IF ANY

DATE OF BIRTH

NAME AND TITLE

ALIASES, IF ANY

DATE OF BIRTH

IF YOU NEED ADDITIONAL SPACE, CHECK HERE AND CONTINUE ON BACK OF PAGE

LIST ALL PREVIOUS BUSINESS ADDRESSES FOR THE TEN YEARS PRIOR TO THE DATE OF THIS APPLICATION AND THE DATES OF RESIDENCY AT EACH SUCH ADDRESS:

1. _____ ADDRESS _____ DATES OF RESIDENCY _____

2. _____ ADDRESS _____ DATES OF RESIDENCY _____

3. _____ ADDRESS _____ DATES OF RESIDENCY _____

IF YOU NEED ADDITIONAL SPACE, CHECK HERE AND CONTINUE ON BACK OF PAGE

LIST THE NAMES, ADDRESSES AND DESCRIPTIONS OF ALL CURRENT AND FORMER BUSINESSES YOU OWNED, OPERATED OR MANAGED FOR THE TEN YEARS PRIOR TO THE DATE OF THIS APPLICATION, AND THE DATES YOU OWNED, OPERATED OR MANAGED EACH SUCH BUSINESS:

1. _____ BUSINESS NAME _____ ADDRESS _____ DATES _____

DESCRIPTION

2. _____ BUSINESS NAME _____ ADDRESS _____ DATES _____

DESCRIPTION

3.	BUSINESS NAME	ADDRESS	DATES
DESCRIPTION			

IF YOU NEED ADDITIONAL SPACE, CHECK HERE AND CONTINUE ON BACK OF PAGE

LIST EACH FELONY AND/OR MISDEMEANOR OFFENSE FOR WHICH YOU HAVE BEEN CONVICTED, EXCLUDING TRAFFIC VIOLATIONS, AND THE STATE WHERE YOU WERE CONVICTED IF OTHER THAN CALIFORNIA

1.	OFFENSE (PLEASE INDICATE WHETHER FELONY OR MISDEMEANOR)	STATE WHERE CONVICTED
2.	OFFENSE (PLEASE INDICATE WHETHER FELONY OR MISDEMEANOR)	STATE WHERE CONVICTED
3.	OFFENSE (PLEASE INDICATE WHETHER FELONY OR MISDEMEANOR)	STATE WHERE CONVICTED

IF YOU NEED ADDITIONAL SPACE, CHECK HERE AND CONTINUE ON BACK OF PAGE

II. ON-SITE MANAGER

LEGAL NAME	DATE OF BIRTH	SOCIAL SECURITY NUMBER
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LIST ALL ALIASES, IF ANY

DRIVER'S LICENSE/IDENTIFICATION NUMBER

YOUR HOME OR BUSINESS ADDRESS	PHONE NUMBER
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LIST ALL PREVIOUS HOME ADDRESSES FOR THE TEN YEARS PRIOR TO THE DATE OF THIS APPLICATION AND THE DATES OF RESIDENCY AT EACH SUCH ADDRESS:

1.	ADDRESS	DATES OF RESIDENCY
2.	ADDRESS	DATES OF RESIDENCY
3.	ADDRESS	DATES OF RESIDENCY

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1.	BUSINESS NAME	ADDRESS	DATES
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DESCRIPTION

2.	BUSINESS NAME	ADDRESS	DATES
----	---------------	---------	-------

DESCRIPTION

3.	BUSINESS NAME	ADDRESS	DATES
----	---------------	---------	-------

DESCRIPTION

IF YOU NEED ADDITIONAL SPACE, CHECK HERE AND CONTINUE ON BACK OF PAGE

LIST EACH FELONY AND/OR MISDEMEANOR OFFENSE FOR WHICH YOU HAVE BEEN CONVICTED, EXCLUDING TRAFFIC VIOLATIONS, AND THE STATE WHERE YOU WERE CONVICTED IF OTHER THAN CALIFORNIA

1.	OFFENSE (PLEASE INDICATE WHETHER FELONY OR MISDEMEANOR)	STATE WHERE CONVICTED
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2.	OFFENSE (PLEASE INDICATE WHETHER FELONY OR MISDEMEANOR)	STATE WHERE CONVICTED
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3.	OFFENSE (PLEASE INDICATE WHETHER FELONY OR MISDEMEANOR)	STATE WHERE CONVICTED
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IF YOU NEED ADDITIONAL SPACE, CHECK HERE AND CONTINUE ON BACK OF PAGE

III. ADDITIONAL DOCUMENTATION TO BE PROVIDED BY APPLICANT

CHAPTER 5.33 OF THE CATHEDRAL CITY MUNICIPAL CODE REQUIRES THAT AN APPLICANT FOR A MASSAGE THERAPY ESTABLISHMENT PERMIT, AND THE ON-SITE MANAGER IF NOT THE SAME AS THE APPLICANT, SUBMIT THE FOLLOWING DOCUMENTATION WITH THE FOREGOING APPLICATION:

1. IF APPLICATION IS FOR STAND ALONE MASSAGE THERAPY ESTABLISHMENT, SEALED TRANSCRIPT AND A CERTIFIED COPY OF THE DIPLOMA OR CERTIFICATE OF GRADUATION FROM A RECOGNIZED SCHOOL OF MASSAGE VERIFYING THAT APPLICANT/MANAGER HAS COMPLETED AT LEAST SEVEN HUNDRED (700) HOURS OF MASSAGE THERAPY TRAINING;
2. THE APPLICANT'S (IF AN INDIVIDUAL) AND THE PROSPECTIVE MANAGER'S, IF OTHER THAN THE APPLICANT, FINGERPRINTS TAKEN BY THE POLICE DEPARTMENT OR OTHER LAW ENFORCEMENT AGENCY WITHIN THE PREVIOUS SIXTY (60) DAYS AND APPROVED BY THE POLICE CHIEF;
3. PROOF OF LEGAL TITLE OR POSSESSORY OR LEASEHOLD INTEREST IN THE REAL PROPERTY UPON WHICH THE PROPOSED BUSINESS IS TO BE LOCATED;
4. CERTIFIED STATEMENT FROM THE REAL PROPERTY OWNER AUTHORIZING THE PROPOSED USE OF THE PREMISES AS A MASSAGE THERAPY ESTABLISHMENT;
5. A SKETCH OR DIAGRAM SHOWING THE CONFIGURATION OF THE PREMISES OF THE MASSAGE ESTABLISHMENT, DRAWN TO A DESIGNATED SCALE OR DRAWN WITH MARKED DIMENSIONS OF THE INTERIOR OF THE PREMISES TO AN ACCURACY OF PLUS OR MINUS SIX INCHES, INCLUDING A

STATEMENT OF TOTAL FLOOR SPACE OCCUPIED BY THE MASSAGE THERAPY ESTABLISHMENT;

6. A LEGAL DESCRIPTION OF THE PROPERTY WHERE THE MASSAGE THERAPY ESTABLISHMENT IS PROPOSED TO BE LOCATED;
7. TWO (2) FRONT FACE POTARIT PHOTOGRAPHS TAKEN WITIN THIRTY (30) DAYS OF THE DATE OF THIS APPLICATION AT LEAST INCHES (2") IN SIDE. A RECENT PHOTOGRAPH OF APPLICANT (IF AN INDIVIDUAL) AND THE PROSPECTIVE ON-SITE MANAGER IF OTHER THAN THE APPLICANT; AND
8. A REFUNDABLE APPLICATION DEPOSIT FEE OF TWO HUNDRED AND TWENTY DOLLARS (\$220.00) (PAID BY APPLICANT ONLY).

IV. CONSENT TO BACKGROUND CHECK

(TO BE COMPLETED BY APPLICANT AND PROSPECTIVE ON-SITE MANAGER, IF OTHER THAN APPLICANT)

I, THE UNDERSIGNED, HEREBY VOLUNTARILY GIVE MY CONSENT TO THE CITY MANAGER OF THE CITY OF CATHEDRAL CITY OR HIS OR HER DESIGNEE TO CONDUCT THE NECESSARY BACKGROUND INVESTIGATION WHICH I UNDERSTAND WILL BE USED SOLELY TO DETERMINE THE TRUTHFULNESS AND CORRECTNESS OF THE INFORMATION I PROVIDED IN THE ATTACHED APPLICATION FOR MASSAGE THERAPIST ESTABLISHMENT PERMIT AND WHETHER I AM QUALIFIED TO BE ISSUED A MASSAGE THERAPY ESTABLISHMENT PERMIT PURSUANT TO CHAPTER 5.33 OF THE CATHEDRAL CITY MUNICIPAL CODE.

APPLICANT SIGNATURE

DATE

ON-SITE MANAGER (IF OTHER THAN APPLICANT)

DATE

V. DECLARATION

(TO BE COMPLETED BY APPLICANT AND PROSPECTIVE ON-SITE MANAGER, IF OTHER THAN THE APPLICANT)

I, THE UNDERSIGNED, DECLARE:

1. I HAVE NOT BEEN CONVICTED OF ANY OF THE FOLLOWING: (A) PANDERING AS SET FORTH IN CALIFORNIA PENAL CODE SECTION 266, SUBDIVISION (i); (B) KEEPING OR RESIDING IN A HOUSE OF ILL-FAME AS SET FORTH IN CALIFORNIA PENAL CODE SECTION 315; (C) KEEPING A DISORDERLY HOUSE AS SET FORTH IN CALIFORNIA PENAL CODE SECTION 316; (D) PREVAILING UPON A PERSON TO VISIT A PLACE OF ILLEGAL GAMBLING OR PROSTITUTION AS SET FORTH IN CALIFORNIA PENAL CODE SECTION 318; (E) LEWD CONDUCT AS SET FORTH IN CALIFORNIA PENAL CODE SECTION 647, SUBDIVISION (a); OR (F) PROSTITUTION ACTIVITIES AS SET FORTH IN CALIFORNIA PENAL CODE SECTION 647, SUBDIVISION (b);
2. I HAVE NOT BEEN CONVICTED IN ANY OTHER STATE OF ANY OFFENSE WHICH, IF COMMITTED OR ATTEMPTED IN THIS STATE, WOULD HAVE BEEN PUNISHABLE AS ONE OR MORE OFFENSES SET FORTH IN CALIFORNIA PENAL CODE SECTIONS 266, SUBDIVISION (I), 315, 316, 318, OR 647, SUBDIVISIONS (a) OR (b);
3. I AM NOT REQUIRED TO REGISTER AS A SEX OFFENDER AS SET FORTH IN CALIFORNIA PENAL CODE SECTION 290;
4. I HAVE NOT BEEN CONVICTED OF ANY FELONY OFFENSE INVOLVING THE SALE OF ANY CONTROLLED

SUBSTANCE SPECIFIED IN CALIFORNIA HEALTH AND SAFETY CODE SECTIONS 11054, 11055, 11056, 11057, OR 11058;

5. I HAVE NOT BEEN CONVICTED IN ANY OTHER STATE OF ANY OFFENSE WHICH, IF COMMITTED OR ATTEMPTED IN THIS STATE, WOULD HAVE BEEN PUNISHABLE AS A FELONY OFFENSE INVOLVING THE SALE OF ANY CONTROLLED SUBSTANCE SPECIFIED IN CALIFORNIA HEALTH AND SAFETY CODE SECTIONS 11054, 11055, 11056, 11057, OR 11058;
6. I HAVE NOT HAD A PREVIOUS MASSAGE THERAPY ESTABLISHMENT PERMIT, AN OUTCALL MASSAGE THERAPIST PERMIT, A PERSONAL MASSAGE THERAPIST PERMIT OR ANY OTHER MASSAGE PERMIT ISSUED PURSUANT TO THIS CHAPTER 5.33 OR ANY OTHER SIMILAR MASSAGE PERMIT ORDINANCE OF THE CITY OR OTHER JURISDICTION, WHICH WAS DENIED, SUSPENDED OR REVOKED; AND IF ANY SUCH DENIAL, SUSPENSION OR REVOCATION OCCURRED, THE DECLARANT SHALL PROVIDE THE NAME AND LOCATION OF THE MASSAGE ESTABLISHMENT FOR WHICH THE LICENCE OR PERMIT WAS DENIED, SUSPENDED OR REVOKED, THE DATE OF THE DENIAL, SUSPENSION OR REVOCATION, AND THE REASON OR REASONS FOR THE DENIAL, SUSPENSION OR REVOCATION;
7. I HAVE NOT BEEN A SOLE PROPRIETOR, GENERAL PARTNER, OFFICER, OR DIRECTOR OF ANY MASSAGE ESTABLISHMENT OR OTHER MASSAGE BUSINESS THAT HAS HAD A PREVIOUS MASSAGE ESTABLISHMENT PERMIT OR OTHER MASSAGE PERMIT ISSUED PURSUANT TO THIS CHAPTER 5.33 OR ANY OTHER SIMILAR MASSAGE ORDINANCE OF THE CITY OR OTHER JURISDICTION WHICH WAS DENIED, SUSPENDED OR REVOKED AND IF ANY SUCH DENIAL, SUSPENSION OR REVOCATION OCCURRED, THE DECLARANT SHALL PROVIDE THE NAME AND LOCATION OF THE MASSAGE ESTABLISHMENT OR BUSINESS FOR WHICH THE PERMIT WAS DENIED, SUSPENDED OR REVOKED, THE DATE OF THE DENIAL, SUSPENSION OR REVOCATION.

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FOREGOING IS TRUE AND CORRECT.

APPLICANT'S SIGNATURE	DATE	ON-SITE MANAGER (IF OTHER THAN APPLICANT)	DATE
CITY USE ONLY			
DEPOSIT AMOUNT: _____		PERMIT #: _____	
DATE: _____			
RECEIPT #: _____			
RECEIVED BY: _____			
CHECK ONE:			
APPROVED <input type="checkbox"/>	DENIED <input type="checkbox"/>	DATE: _____	
REASONS FOR DENIAL: _____			

APPROVED BY: _____		DATE: _____	

PERMIT TO OPERATE MASSAGE THERAPY ESTABLISHMENT

A. Intended Use

This permit is to be issued to any qualified person or business entity desiring to operate a massage therapist establishment within the City.

B. Applicant Requirements

- A completed application
- A recent photograph of the applicant (if an individual) and the prospective on-site manager if other than the applicant;
- Applicant's (if an individual) and the prospective on-site manager's, if other than the applicant, fingerprints taken by the police department or other law enforcement agency within the previous 60 days and approved by the police chief;
- If the application is for a stand alone massage therapy establishment, a sealed certified transcript and a certified copy of the applicant's or prospective on-site manager's (if other than applicant) diploma or certificate of graduation from a recognized school of massage verifying that the applicant has completed at least 700 hundred hours of massage therapy training;
- Proof of legal title or a possessory or leasehold interest in the real property upon which the proposed massage establishment will be operated.
- If applicant is not the owner of the real property upon which the proposed massage establishment will be operated, a certified statement from the real property owner authorizing the proposed use of the premises as a massage establishment;
- A sketch or diagram showing the configuration of the premises of the massage establishment, drawn to a designated scale or drawn with marked dimensions of the interior of the premises to an accuracy of plus or minus six inches, including a statement of total floor space occupied by the massage establishment; and
- Refundable application deposit fee of \$220 at the time the application is filed.

C. Operational Requirements to be Verified Prior to Issuance of Permit

- Exterior lighting - All off-street parking locations entrances and exits provided for or belonging to the massage therapy establishment shall be illuminated from dusk to closing hours with a lighting system that provides an average maintained horizontal illumination of one foot candle of light on the parking surface and walkways.
- Exterior signage - A recognizable and readable sign that complies with all sign regulations of the city shall be posted at the main entrance of the massage therapy establishment identifying the name of the massage therapy establishment and the hours of operation.
- Exterior views - All building openings, entries, windows, etc., of a massage establishment

shall be located, covered or screened in such a manner as to prevent an obstructed view from the exterior of the building into dressing rooms, massage therapy rooms, restrooms, and other areas where patrons of the business may not be fully clothed.

- Massage therapy rooms:
 - At least one artificial light providing a lighting intensity of not less than twenty foot candle power at floor level shall be installed in each massage therapy room.
 - No locks on any massage therapy room or any other device which impedes or obstructs access to the massage therapy room.
 - Wall shall be installed between each massage therapy room and shall contain no openings other than doors between adjacent rooms.
- Showers, baths and toilets - Each room containing a shower, bath and/or toilet shall have a door that is self closing and locking and shall be lighted by an artificial light providing a lighting intensity of not less than thirty foot candle power at floor level.
- Sanitary conditions:
 - Adequate equipment for disinfecting and/or sanitizing non-disposable instruments and materials used in administering massages.
 - Adequate means to disinfect or sanitize all nondisposable instruments and materials after each use on each client.
 - All walls, ceilings, floors, showers, bathtubs, water basins, toilets, and all other facilities shall be in good repair and in a clean and sanitary condition.
 - Water basins with hot and cold running water from a potable source and soap dispensers shall be available to clients.
 - A trash receptacle shall be provided in each massage therapy room and any room containing a shower, bathtub, water basin and/or toilet.
 - Clean and sanitary towels, sheets and linens for clients in sufficient quantity
 - Separate closed cabinets or containers shall be provided for the storage of clean and soiled towels, sheets and linens, and such cabinets or containers shall be plainly marked "clean linen" and "soiled linen."

D. Fees

The applicant must pay a refundable application deposit fee of \$220 at the time the application is filed. Any unused portion of the deposit shall be refunded to the applicant.

E. Processing

- Application must be date stamped on the date received.
- Within 30 days of receipt of application, applicant must be notified that application is complete or incomplete.
- Upon verification that application is complete, investigation to be conducted to determine the accuracy of the information contained in the application and compliance with all applicable regulations. The City Manager or his or her designee is to determine the necessity and scope of the review and investigation. Findings of the investigation must be made in writing.
- Within 60 days of receipt of a completed application, the City Manager or designee shall grant or deny the application.

F. Grounds for Denial

- The location of the business does not comply with all applicable zoning laws or provisions of Chapter 5.33;
- The configuration and/or proposed or actual construction of the premises, as set out in the sketch or plan submitted with the application reveals a violation of an applicable health, fire, building, safety or zoning regulation or law;
- The applicant or the prospective on-site manager, if other than the applicant, is not 18 years of age or older;
- The application contains false information;
- Applicant did not submit requisite documentation;
- Applicant has been convicted of disqualifying conduct;
- Applicant is required to register as a sex offender;
- Applicant has had a massage therapist permit, or a permit to operate a massage establishment, denied, revoked or suspended by any entity within the five years prior to the date of the application; or
- The application is otherwise incomplete.

LIVE SCAN INSTRUCTIONS

In order to complete your application, you are required to be fingerprinted. Even if you have been fingerprinted before, this is the process for required background investigations. The Live Scan process is painless and involves no ink. Your fingerprints are scanned into a computer and then sent directly to the Department of Justice (DOJ) via a secured network. This process speeds up permit approval time.

Live Scans may be obtained at the following locations:

Riverside Sheriff Department
73705 Gerald Ford
Palm Desert
(760) 836-1600

UPS Store
67782 East Palm Canyon (Hwy 111)
Cathedral City in the Target Shopping Center
(760) 321-0703

What is required: You will need a live scan form with a valid ORI and Mail Code Number (which is included in your application packet).

Fee: Please contact the locations directly for Live Scan fee.

Revised May 2014

