



MESSAGE PERMIT PROCESS

For Massage Technicians and Establishment Owners

The City of Claremont wishes to facilitate the ethical practice of massage by the orderly regulation of massage in the interest of public health, safety, and welfare. As a result, massage technicians and establishment owners in the City of Claremont are required to obtain special permits as well as business licenses.

This information sheet attempts to assist the technician and establishment owner to understand the permit and license requirements and is not intended to supersede any provisions in the Claremont Municipal Code.

MESSAGE TECHNICIAN PERMIT

Who is required to obtain a massage technician permit?

If you are providing massage services within the City of Claremont in an establishment or on independent basis, you need to obtain a massage technician permit.

What are the requirements for a massage technician permit?

1. Proof of membership with one of four recognized massage organizations, which are listed in the application packet.
2. Certified copy of your diploma or certificate of graduation from a California recognized school of massage, which requires a minimum of **500 hours** of coursework completed, along with a course description, an outline of material covered, transcript, and a letter from the School Administration verifying completion.
3. Completion of "Medical Exam" form certification from a medical doctor stating you are free of communicable diseases.
4. Proof you are at least 18 years of age.
5. Payment of application fees in the amount of the current fee schedule to the City of Claremont in the Police Department. (Fees are non-refundable.)
6. Completion of Live Scan fingerprints by the Claremont Police Department. (Fees are non-refundable.)
7. Pass a ***written test*** to determine their ability of massage services. (Testing will be offered after Live Scan results are returned by the CA Department of Justice.)

When will I receive my permit?

Permit applications are reviewed by the Claremont Police Department. Generally, applications are approved and permits are issued within 120 days from the date received, unless delayed by fingerprint checking or other factors that require additional investigation to determine the qualification of the applicant.

Will I need a business license also?

As an independent contractor working in an establishment, a business tax certificate is required. If you are an employee of an establishment you are not subject to business license tax.

MESSAGE ESTABLISHMENT PERMIT

Who is required to obtain a massage establishment permit?

Any establishment in a fixed place of business at which massage is performed for a fee and where massage is a primary use of service is required to obtain a massage establishment permit. A business license is also required for any fixed place of business.

What are the requirements for a massage establishment permit?

1. Completed City of Claremont Planning Department "Zoning Check" form.
2. Copy of the building lease or rental agreement and a notarized copy from the property owner acknowledging that the property may be used as a massage establishment.
3. Copy of liability insurance as required under Section 5.36.050 of the Claremont Municipal Code.
4. Proof you are at least 18 years of age.
5. Payment of application fees in the amount of the current fee schedule paid to the City of Claremont in the Police Department. (Fees are non-refundable.)
6. Completion of Live Scan fingerprints by the Claremont Police Department. (Fees are non-refundable.)

When will I receive my permit?

Permit applications are reviewed by the Police Department. Generally, applications are approved and permits are issued within 120 days from the date received, unless delayed by fingerprint checking or other factors that require additional investigation to determine the qualification of the applicant.

ADDITIONAL INFORMATION REGARDING BOTH PERMITS

How do I need to submit my application?

The applications can only be accepted at the front counter of the Claremont Police Department during normal business hours. Applications will not be accepted in the mail or through e-mail. Fees can be paid in cash (exact amount), personal check, Visa or Mastercard Credit or Debit card, or Cashier's check. Live Scan appointments maybe made after applications fees have been paid.

How often do I need to renew my permit?

The massage permit must be renewed annually, one year from the date of issuance. Application for renewal must be made a minimum of 90 days prior to the expiration of the current permit. Renewals are approved by the Claremont Police Department, based upon the applicant's compliance with any conditions of approval and no violation of the Claremont Municipal Code regarding massage businesses. Non-refundable renewal fees are required.

Renewals are no longer available if the permit expired two (2) years past the expiration date. (New application requirements will pertain and a "New Application" form will need to be submitted.)

How do I receive additional information?

Additional information can be acquired by calling the appropriate numbers below:

Permit Applications Fees	Police Department	(909) 399-5411
Permit Process	Police Department	(909) 399-5409

Date: _____



M A S S A G E E S T A B L I S H M E N T P E R M I T

New Application

City of Claremont, Police Department
570 W. Bonita Ave.
Claremont, CA 91711

BUSINESS LOCATION

Business Name: _____
Business Address: _____
Days & Hours of Operation: Day(s): _____
From: _____ To: _____

APPLICANT INFORMATION

Name: (print or type) _____
Last First Middle

List all other names you have used or been known as: _____

Home address (P.O. Boxes are not acceptable): Street (Include Apt. #) _____
City State Zip Code

Home and business phone number(s) and hours when you can be contacted:
Home Telephone () _____ From: _____ To: _____
Business/ Work Telephone () _____ From: _____ To: _____

Birth Date: Mo. /Day /Yr. Are you a U.S. Citizen or permanent resident who has applied for citizenship? If yes, please attach proof of such documentation. Yes No

Social Security #: _____ Driver's license # and state issued in: _____

For the purpose of identification, please provide the following:
_____ Height _____ Weight _____ Hair Color _____ Eye Color
List any other distinguishing marks (scars, tattoos, etc.): _____

RESIDENCE HISTORY

List all the places you have lived at for the past ten years. Begin with your most current address:

Street	City	State	Zip Code
Street	City	State	Zip Code
Street	City	State	Zip Code
Street	City	State	Zip Code

EMPLOYMENT HISTORY

List all businesses you have owned or managed, or employment you have had for the past 10 years. Begin with the most current. Attach additional pages if necessary.

Dates of Employment	Name and address of employer	Name of Supervisor
From Mo./Yr. To Mo./Yr. ___/___/___ ___/___/___		Name of Co-Worker(s)
Full-Time Part-Time		Telephone #
Title or Duties (for identification purposes)		

Reason for Leaving:

Dates of Employment	Name and address of employer	Name of Supervisor
From Mo./Yr. To Mo./Yr. ___/___/___ ___/___/___		Name of Co-Worker(s)
Full-Time Part-Time		Telephone #
Title or Duties (for identification purposes)		

Reason for Leaving:

Dates of Employment	Name and address of employer	Name of Supervisor
From Mo./Yr. To Mo./Yr. ___/___/___ ___/___/___		Name of Co-Worker(s)
Full-Time Part-Time		Telephone #
Title or Duties (for identification purposes)		

Reason for Leaving:

ADDITIONAL HISTORY (Attach supplementary pages if needed)

List any and all criminal arrests or convictions; infractions or misdemeanor citations received, including municipal or county code violation, pleas of no contest, and any criminal or civil cases pending in any court. You must include any cases dismissed or expunged pursuant to Penal Code Section 1203.4. This disclosure applies to you, any businesses you have had prior interest in, or presently involved with, or any violation by persons who were or have been employed by you or persons listed on this application you intend to have employed within your business. **DO NOT** list traffic infraction violations.

Approx. Date	Police Agency	Circumstances

Have you ever been placed on court probation as an adult? Yes No

If "Yes", please give details (When, where, why): _____

Have you ever been arrested, charged with, or convicted of any act of dishonesty, fraud, or moral turpitude, or any act of violence? Yes No If "yes" please give details:

Approx. Date	Police Agency	Circumstances

MESSAGE ESTABLISHMENT INFORMATION

List all business and professional licenses for any massage related or similar activity issued by any city, county or state agency. If the license or certificate has been suspended or revoked, state reason why.

List all persons, including yourself, who have an interest in the listed business, or in any way own, direct, control, or influence the operations:

Name	Date of Birth	Home Address	Telephone #

List the name, address, and telephone number of the Owner and Lessor of the Real Property upon or in which the business is to be conducted and attach a copy of the lease agreement.

Name of Owner	Address	Telephone #
Name of Lessor	Address	Telephone #

Will you personally be present managing the massage establishment at any time it is open for business?

Yes No

List the names, dates of birth, current home addresses, and telephone numbers of all proposed massage technicians, managers, and any other employees and their intended function within the business.

Name/Title	Date of Birth	Home Address	Telephone #
Name/Title	Date of Birth	Home Address	Telephone #
Name/Title	Date of Birth	Home Address	Telephone #
Name/Title	Date of Birth	Home Address	Telephone #
Name/Title	Date of Birth	Home Address	Telephone #

Are you a member of any nationally recognized professional massage organizations? Yes No
 If yes, please list:

Do You plan to accept as payment for services any nationally recognized health insurance plans from customers?
 Yes No If yes, please list:

Will you be accepting customer payments by credit card, check, or cash? Yes No

If "yes", circle all that apply: credit card checks cash
 Please list credit cards you will accept:

Give a detailed list of all forms of treatment you intend to offer. (i.e. sports injuries, accident victims, etc.)

I certify, under penalty of perjury, the information contained in this application is true, accurate and complete.

I understand that failure to provide all information requested or failure to provide accurate, true, and complete information is cause to revoke or deny approval of a massage establishment permit. FEES ARE NON-REFUNDABLE.

I hereby authorize the Claremont Police Department to investigate and confirm the information listed above.

 Signature

 Date

FOR CITY USE ONLY

Received By: _____

Date Received: _____ Fee: _____