



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



MASSAGE TECHNICIAN PERMIT REQUIREMENTS

New Applicant

City of Claremont

In order to protect the health, safety, and welfare of the citizens of Claremont, ordinances have been passed to regulate the activity of massage establishments and technicians within the City. Applicants are required per the Claremont Municipal Code Section 5.36.050 to obtain a permit and provide the necessary documents listed in the application process below.

PERMIT APPLICATION PROCESS

- 1. Permit Application** – Complete the enclosed application (please print or type).
- 2. Permit Requirements**
 - Proof of membership with one of the following massage organizations: American Massage Therapy Association, Associated Bodywork and Massage Professionals, International Myomassethics Inc., and/or The National Certification Board for Therapeutic Massage and Bodywork.
 - A certificate from a medical doctor licensed to practice in the State of California, stating you have been examined, within the past 30 days immediately preceding the date of application, and found to be free of any communicable diseases. Must be on Claremont Police Department form.
 - Proof you are at least 18 years of age.
- 3. Submit Permit Application Fee** – Permit application fee is based on the current fee schedule and is paid to the Police Department of the City of Claremont. If you have any questions concerning this fee, the Police Department can be contacted at (909) 399-5411.
- 4. Permit Requirement by Appointment** - The following requirements are done by appointment *ONLY* at the Claremont Police Department with receipt of payment. Please call (909) 399-5411 to make an appointment.
 - Live Scan fingerprints to be performed at the Claremont Police Department only. Applicants must bring valid photo identification as well as application payment fee.
 - Applicants must take a written test to determine their ability. The *examination consists* of questions concerning anatomy, physiology, hygiene, first aid, CPR, contraindication of massage, and the ethics of massage practice, and the practice and theory of massage.
- 5. Permit Approval** – Permit applications shall be reviewed by the Police Department within 120 days unless delayed by fingerprint checking or other factors that require additional investigation to determine the qualification of the applicant. Once the application has been approved, the permit will be issued.

If you have any further questions concerning this process, please contact the Claremont Police Department at (909) 399-5409.

Date: _____



M A S S A G E T E C H N I C I A N P E R M I T

New Application

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

LOCATION OF BUSINESS / EMPLOYEMENT (Required in order to process application)

Business Name: _____
Business Address: _____
Phone: _____

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:
(Attach additional sheet(s) if more space is needed)

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

EMPLOYMENT HISTORY

List all employment 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 To Mo./Yr. Mo./Yr. ___/___ ___/___		
Full-Time Part-Time		Name of Co-Worker(s)
	Title or Duties (for identification purposes)	Telephone #

Reason for Leaving:

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

Reason for Leaving:

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

Reason for Leaving:

ADDITIONAL HISTORY

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. **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

Have you ever worked in a massage establishment that had it's license suspended, revoked or was closed for any violations of law? Yes No

If "yes" please list all such establishments, date of action, and type of action taken against the establishment:

MESSAGE BACKGROUND INFORMATION

List all business and professional licenses you possess 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.

Are you currently a member in good standing with any of these nationally recognized massage organizations?

Certificate or Membership #

- | | | |
|---|--|-------|
| American Massage Therapy Association | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| Associated Bodywork & Massage Professionals | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| International Myomassethics, Inc. | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| National Certification Board for Therapeutic Massage and Bodywork | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |

***Note: You must be a member in good standing with one of the above organizations for the City of Claremont to process your application**

Do you personally plan to accept as payment for services any recognized health plan? Yes No

If "yes", please list health plans you will accept:

Will you be accepting customer payments? 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 technician permit, and forfeiture of fees paid to the City.

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

Signature

Date

***PLEASE ATTACH ALL INFORMATION REQUIRED TO PROCESS THIS APPLICATION. DETAILS OF REQUIREMENTS CAN BE FOUND ON THE COVER PAGE. FOR FURTHER INFORMATION CONTACT THE CLAREMONT POLICE DEPARTMENT AT (909) 399-5409.**

FOR CITY USE ONLY

Received By: _____

Date Received: _____

Fee: _____



Claremont Police Department
570 W. Bonita Avenue
Claremont CA 91711
(909) 399-5407 – Permit Processing Unit

MEDICAL EXAMINATION Massage Therapist

Applicant's Name: _____
(Print)

Date of Birth: _____

Was examined on the following date: _____

The examination revealed that he / she:

Is free of communicable disease Is *NOT* free of communicable disease

Additional Remarks: _____

Medical Facility Information

Signature must be by a California state licensed medical doctor only

Name: _____

Address: _____

City/State: _____

Telephone: _____

Examining Physician: _____
(Print)

(Signature)

California State Medical License No.

**Medical Facility
Stamp/Seal**

