



Operator's Permit Application for Massage Establishment

City of South Pasadena

1414 Mission Street, South Pasadena 91030

All massage business owners are required to obtain an Operator's Permit." The application for this permit requires extensive background information about the business owner including: a complete list of businesses owned, occupations, and full employment history of the last eight years, a complete massage permit history, all criminal convictions, and a complete set of fingerprints . An Operator's Permit is valid for one year, and an application to renew it must be filed with the Police Department at least 60 days before it expires. An Operator's Permit for a massage establishment does not authorize the business owner to perform massage work.

The non-refundable filing fee for the Massage Operators Permit Application is \$400.00.

MESSAGE BUSINESS NAME & LOCATION

Name of massage establishment is to be conducted

Address where the massage establishment is to be conducted

Telephone number(s) for the massage establishment

MESSAGE BUSINESS OWNERSHIP

Check and fill in all that apply to the proposed massage business:

Individually Owned

Name

Home Address

City, State, Zip Code

Home Phone

Cell Phone

E-Mail

Website

Partnership: Provide the names and residence addresses of each of the partners, including limited partners (add additional sheets if necessary). Provide a copy of the Certificate of Limited Partnership that was filed with the Secretary of State.

Name (Partner1)

Home Address (Partner 1)

City, State, Zip Code

Name (Partner2)

Home Address (Partner 2)

City, State, Zip Code

Name (Employee)

Home Address (Employee) _____ City, State, Zip Code _____

Check the box that applies

Massage Technician Aide Receptionist Trainee Other (specify)

Name (Employee)

Home Address (Employee) _____ City, State, Zip Code _____

Check the box that applies

Massage Technician Aide Receptionist Trainee Other (specify)

Name (Employee)

Home Address (Employee) _____ City, State, Zip Code _____

Check the box that applies

Massage Technician Aide Receptionist Trainee Other (specify)

Name (Employee)

Home Address (Employee) _____ City, State, Zip Code _____

Check the box that applies

Massage Technician Aide Receptionist Trainee Other (specify)

MESSAGE BUSINESS OWNER AND OPERATOR

The following section requires a complete description of the **owner and operator(s)** who will be principally in charge of the operation of the massage establishment. *On a separate sheet, provide all the residential addresses, telephone numbers, date and place of birth, CA drivers license, CA ID card, social security number, and resident alien card (if applicable), acceptable written proof that the owner and operator is at least eighteen years of age, height, weight, gender, color of hair and eyes of each owner and operator for a minimum of eight (8) years preceding the present address and dates of residences for each address.*

True Name & Aliases	Height, Weight, Hair Color, Eye Color, and Gender
Home Address	City, State, Zip Code
Home Phone	Cell Phone
E-Mail	Date & Place of Birth
Driver's License Number	Social Security Number

On the lines below, describe any other business operated on the same premises as the proposed massage establishment, or within the City or the State, which is owned or operated by the owner or operator.

PROPERTY OWNER/LESSOR

The following section requires information about the owner and Lessor of the property upon which the proposed business is to be conducted. In the event the applicant is not the legal owner of the property. Attach a copy of the lease and a notarized affidavit from the owner of the property acknowledging that a massage establishment will be located on his/her property.

Name	
Home Address	City, State, Zip Code

PREVIOUS BUSINESS/OCCUPATION/EMPLOYEMENT

This section requires a complete business, occupation and employment history for eight (8) years preceding the date of this application, including, but not limited to, any massage establishments or similar type of business history and experience. *Attach additional sheets if necessary.*

Company:	Phone	()
Address		
Position	Supervisor	

Responsibilities			
Date From:		To:	

Company:	Phone	()	
Address			
Position		Supervisor	
Responsibilities			
Date From:		To:	

Company:	Phone	()	
Address			
Position		Supervisor	
Responsibilities			
Date From:		To:	

Company:	Phone	()	
Address			
Position		Supervisor	
Responsibilities			
Date From:		To:	

PREVIOUS MESSAGE PERMITS

This Section requires a complete history of all massage permits. Include any similar type of permit or license that may have been issued by an Agency, Board, City, County, Territory or State; the date of issuance of such a permit or license, whether the permit or license has been or was ever denied, revoked or suspended. Please include whether a vocational

or professional license or permit has been or was ever denied, revoked or suspended, or if the applicant has ever been required to surrender a permit or license as a result of pending criminal charges or in lieu of said permit or license being suspended or revoked.

Permit/License Name:	Issued By:	
Date of issuance:		
Was this license or permit ever <input type="checkbox"/> denied, <input type="checkbox"/> revoked, or <input type="checkbox"/> suspended? If checked, explain why:		
Have you ever surrendered a permit or license as a result of pending criminal charges or in lieu of said permit or license being suspended or revoked? If yes, please explain.		

Permit/License Name:	Issued By:	
Date of issuance:		
Was this license or permit ever <input type="checkbox"/> denied, <input type="checkbox"/> revoked, or <input type="checkbox"/> suspended? If checked, explain why:		
Have you ever surrendered a permit or license as a result of pending criminal charges or in lieu of said permit or license being suspended or revoked? If yes, please explain.		

Permit/License Name:	Issued By:	
Date of issuance:		
Date of issuance:		
Was this license or permit ever <input type="checkbox"/> denied, <input type="checkbox"/> revoked, or <input type="checkbox"/> suspended? If checked, explain why:		
Have you ever surrendered a permit or license as a result of pending criminal charges or in lieu of said permit or license being suspended or revoked? If yes, please explain.		

[Empty rectangular box for signature or stamp]

PREVIOUS CONVICTIONS

This section requires a description of all criminal convictions, including pleas of nolo contendere, within the last ten years including those convictions dismissed or expunged pursuant to Penal Code Section 1203.4, but excluding minor traffic violations, and the date and place of each such conviction and reason therefor.

Have you ever been convicted of any offence other than a minor traffic violation/infraction?

Yes _____ No _____

If the answer is "Yes", you must fully disclose the nature of each conviction, city, date, and disposition on a separate sheet of paper.

ADDITIONAL INFORMATION

The South Pasadena Police Department will take a complete set of fingerprints of the prospective applicant. The applicant is responsible for payment of the fingerprinting fee. The applicant must also submit (2) portrait photographs at least two (2) inches by two (2) inches in size taken within the last month. The owner and/or operator must be at least eighteen (18) years of age.

A Certificate of compliance from any department or agency with authority or jurisdiction over the building in which the massage establishment is to be located, including but not limited to, the city's planning and building department, must be submitted prior to the application's final approval. Any required inspection fees shall be the sole responsibility of the applicant. If the certificates of compliance are not received by the finance director or his or her designee, within ninety calendar days of the date of filing of the application, said application shall be deemed void.

EXAMINATION REQUIRED

The South Pasadena Police Department will also administer a written test dealing with the requirements of the City's Massage Ordinance to ensure a complete understanding of the owner's operator's, manager's or employee's respective duties prior to issuance of an operator's permit or before engaging in work at a massage establishment.

I HEREBY CERTIFY that under penalty of perjury that all information contained in this application is true and correct.

Owner/Operator's Signature: _____ Date: _____

I HEREBY AUTHORIZE the City, its agents and employees to seek verification of the information contained in this application.

Owner/Operator's Signature: _____ Date: _____

Print Name: _____ Date: _____

In accordance with South Pasadena Municipal Code, the Chief of Police or his/her designee shall conduct an investigation to ascertain whether an Owner/Operators permit should be issued as requested. The Chief of Police or his/her designee, shall, within ninety (90) calendar days of receipt of this application, approve, conditionally approve or deny the application. The ninety (90) day period may be extended for up to thirty (30) additional calendar days, if necessary, to complete the investigation.

-----FOR OFFICE USE ONLY-----

Deemed Approved:

Date CUP Obtained: _____

Operator's Exam Score: _____

Verified By: _____

_____ Date

Approved/Denied: _____
Chief of Police

_____ Date

Approved/Denied: _____
Finance Director

_____ Date